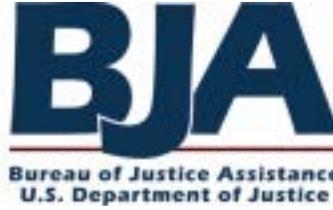


JUVENILE FACILITIES



Auditor Information			
Auditor name: Robert Lanier			
Address: 1825 Donald James Road			
Email: robrunsslow@gmail.com			
Telephone number: (912) 281-1525			
Date of facility visit: June 2, 2015			
Facility Information			
Facility name: Lower Eastern Shore Children's Center			
Facility physical address: 405 Naylor Mill Road, Salisbury, MD 21801			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (443) 523-1621			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Derrick Witherspoon			
Number of staff assigned to the facility in the last 12 months: 66			
Designed facility capacity: 24			
Current population of facility: 23			
Facility security levels/inmate custody levels: staff/hardware secure			
Age range of the population: 14-21			
Name of PREA Compliance Manager: DeWayne Harris		Title:	Asst. Superintendent
Email address: dewayne.harris@maryland.gov		Telephone number:	(443) 523-1546
Agency Information			
Name of agency: Department of Juvenile Services			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: One Center Plaza, 120 W. Fayette Street, Baltimore, MD 21201			
Mailing address: <i>(if different from above)</i>			
Telephone number: (410) 230-3101			
Agency Chief Executive Officer			
Name: Sam Abed		Title:	Secretary of DJS
Email address: Sam.Abed@maryland.gov		Telephone number:	(410) 230-3101
Agency-Wide PREA Coordinator			
Name: Wallis Norman		Title:	Exec. Dir of Juv Opr.
Email address: Wallis.Norman@maryland.gov		Telephone number:	(410) 230-3313

AUDIT FINDINGS

NARRATIVE

Lower Eastern Shore Children's Center (LESCC) is a 24 bed staff and hardware secure detention facility housing male and female youth awaiting court or placement in a treatment facility. The facility is operated and governed by the Maryland Department of Juvenile Services (DJS). There were 425 youth admitted to the facility in the past 12 months. The average length of stay was 17 days. The program offers an array of services typically found in detention facilities, including medical, mental health, educational, substance abuse, case management and food services. The facility utilizes the Challenge Program for behavior management and for instilling prosocial behavior through a system of positive reinforcement and levels, each with additional privileges and other incentives. The facility does not utilize isolation and disciplinary issues are handled through the behavior management program.

The facility is staffed with 66 employees, including DJS employees and Maryland State Department of Education Employees. These include a Superintendent, a Management Associate, two (2) Fiscal Employees, two (2) Group Life Managers, four (4) Resident Advisory Supervisors, Twenty-Five (25) Resident Advisors, a Social Worker, an Addictions Counselor, a Psychologist, a Maintenance Supervisor, two (2) Maintenance Mechanics, two (2) Facility Case Managers, an Education Principal, a Guidance Counselor, a Special Education Teacher, two (2) Teachers, two (2) Teacher's Assistants, an Educational Administrative Assistant, two (2) Food Service Administrators, four (4) Cooks, a Nursing Supervisor, four (4) Registered Nurses, two (2) Electronic Monitoring Officers, a Child Advocate and a Recreation Coordinator. Registered Nurses are on duty daily between the hours of 7:30AM-10:00PM. Sexual Assault Medical Exams are conducted at Peninsula Regional Medical Center where SAFES/SANES are available. Healthcare Staff provide routine health care services, in addition to initial screening and assessments. Youth have access to case management services. They also receive mental health screening during the admissions process. Mental health staff provide initial assessments, assessments for youth reporting prior victimization and referrals for treatment when indicated. Educational staff are provided by the Maryland State Department of Education. Reportedly this move was made to facilitate the transition of youth back into their community schools upon release.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Lower Eastern Shore Children's Center (LESCC) serves as a secure detention facility for male and female youth who are waiting to go to court or be placed in a treatment facility. Located in Wicomico County, LESCC was opened in 2002 and primarily serves youth from the Eastern Shore Region. The average age is between 13-18 years old, although juvenile jurisdiction could remain until the age of 21. Youth under 13 could also potentially be detained pending the court's discretion.

During the admissions and orientation process batteries of assessments are conducted. These include the Youth Vulnerability Assessment Instrument (VAI) to determine the risk of victimization and/or sexually aggressive behavior, the MAYSI, a mental health assessment, the SASSI, a substance abuse and alcohol assessment, a medical screening and assessment, and following admission, educational assessments.

A behavior management program, The Challenge Program is designed for use in the Department's detention and residential treatment facilities. The program is grounded in the principles of positive reinforcement and modeling. It is intended to encourage pro-social behavior and recognizes that behavior is learned and may be shaped with interactions with the immediate physical and social environment. Strategies are designed to elicit positive behavior rather than simply punishing inappropriate behavior. In the Challenge Program youth are awarded points for meeting day-to-day behavioral expectations and are assessed four times each day on the following: Following Staff Instructions, Personal Appearance, Verbally Appropriate, Socially Appropriate and Behavior is "on-task". These points accumulate throughout the day and week. At the end of the week, youth are allowed to purchase rewards using their points. Rewards include tangible and activity rewards. A Level System based on earned points and days, which demonstrate the youth's progress in meeting behavioral and treatment goals, provides additional incentives. Youth meeting the goals and expectations of a particular level as well as the stipulated length of stay within each level, are eligible for promotion to the next level. Youth not meeting the minimum expectations for a particular level may be reduced to a lower level.

The facility consists of one main building housing administrative offices, programmatic space and offices and housing units. The administrative area consists of the master control room and six offices for administrative and support staff.

A secured area of the facility contains additional employee offices for all programs; the education area with classrooms, the clinic and medical area, behavioral health, dining and food services, recreation and intake.

The facility school has sufficient classroom space and is staffed with teachers provided through the Maryland State Department of Education.

The medical and healthcare area consists of an examination room, offices, two additional medical rooms and a records room.

The food services area contained equipment and storage areas typical for juvenile facilities as well as a dining area.

The facility has a gymnasium allowing youth to exercise and recreate during inclement weather.

There are three housing units for youth. One unit houses female youth. This unit includes six sleeping rooms, an observation room, shower, laundry room and day room. Two additional living units house male youth. One unit includes six bedrooms, an observation room, a shower room, laundry and a day room. The remaining unit contains 12 bedrooms, an observation room, two shower rooms, a laundry and a day room.

Intake also has an office for interviewing youth during the intake process. The fingerprint machine is housed in that office. There is a property room, two holding cells and a shower room. There is an area in intake for staff to fill out intake paperwork behind a high counter. This holds the control panel to open and close the doors to intake and the secured area for transportation vehicles.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted in the facility on April 20, 2015, six weeks prior to the date of the on-site visit. Posting of the notices was verified by photos received electronically from the DJS PREA Specialist. There were 14 photos representing locations in all of the living units, common areas, medical, and administration. The auditor did not receive any communications from staff, youth or visitors as a result of the notices. The Pre-Audit Questionnaire, DJS Policies, Facility Operating Procedures and supporting documentation was received on May 4, 2015. The documentation that was uploaded to a USB Flash Drive was very well organized and easy to navigate. An initial review of the documentation revealed a PREA Policy that was very comprehensive in scope, detailed, well written and that flowed logically. Additionally the other supporting DJS Policies were very well written. Clarification was requested for several areas. This clarification was responded to expeditiously by the DJS PREA Specialist, whose responsiveness throughout the process was commendable. The DJS PREA Specialist is extremely knowledgeable of PREA and is an outstanding resource for the Department.

Prior to the audit on Monday, June 1, 2015, the auditor met on Sunday, May 31, 2015, with the DJS PREA Specialist and the three Superintendents whose facilities were to be audited during the week (June 1-4). In addition to getting acquainted the auditor, Superintendents, and PREA Specialist discussed the audit process. This meeting was extremely helpful inasmuch as the LESCO Audit would begin at 6:00 AM, Monday, June 1, 2015, to provide an opportunity to interview staff from the third shift. During the meeting with the Superintendents it was agreed that an entrance briefing would be conducted following the 3rd shift interviews. A brief entrance conference was conducted following the interviews. The briefing was conducted with the Facility Superintendent and the DJS PREA Specialist and staff and youth were selected for interviews from the lists provided by the facility. The Superintendent provided the auditor with a complete tour of the facility. The facility was very clean, neat and orderly. All observed youth were well behaved and under the direct supervision of staff. Staff were observed interacting with youth in a positive manner. Audit Notifications were posted throughout the facility. A number of office doors were equipped with windows enabling views inside of offices. Cameras were noticed throughout the facility. The video surveillance system was upgraded in January, 2015. The facility provided documentation indicating there are now 51 cameras located throughout the facility. Some solid doors were observed. Staff reported that keys to these were restricted and youth were not allowed in those areas. Another step that can be taken to further mitigate liability could be that laminated signs be posted on solid doors to areas that do not have camera coverage. The verbiage on the signs could simply be "Authorized Staff Only, No Youth Allowed". Too these are areas that staff would be looking at during unannounced rounds. Cameras were not observed in any shower or toilet areas, resident rooms, or safe rooms. Staff explained that same sex staff supervise showers; that youth shower one at a time; come to the shower clothed and leave clothed. Staff are positioned outside of the shower area but do not view showering youth. PREA Posters were observed throughout the facility and phone numbers for outside sexual abuse reporting and access to support services were posted as well.

There were 23 residents at the facility on the day of the audit. A total of eight residents from each of the three housing units were interviewed. Youth were knowledgeable of the Zero Tolerance Policy and their rights to be free from sexual abuse. They articulated multiple ways to report allegations of abuse. Interviewed youth reported that they could file a grievance with the youth advocate. All youth knew how to use the "hot line" for reporting outside the facility. All stated they would have access to the phone if they needed to report anything. Two interviewed youth stated they had reported prior sexual abuse. Both stated the incidents had been previously reported but that staff reported them again. They also stated they were seen and offered services by mental health either the same day or not later than a few days. Reviewed case files confirmed the allegations were reported again and that youth were seen by mental health either the same day or several days after the disclosure.

Fourteen (14) staff from all shifts, were interviewed. These included the Superintendent, Group Life Manager II and PREA Compliance Manager, medical and mental health staff, resident advisors and resident advisor supervisors. There were no volunteers who were accessible on the day of the audit. The following were interviewed prior to the on-site audit: DJS Deputy Secretary of Operations, DJS PREA Coordinator, the Director of Human Resources and HR Specialist. Interviews consistently revealed that staff are knowledgeable of PREA and their responsibilities related to PREA. Staff were especially articulate about First Responder actions and reporting obligations and procedures.

At the conclusion of the audit, an exit briefing was conducted with the Superintendent, Group Life Manager II/Facility PREA Manager/Retaliation Monitor and the DJS PREA Specialist. Areas where additional information was requested had been provided. Interviews with staff and youth confirmed that practice was consistent with policies and procedures and that youth and staff had the information and tools necessary to prevent, detect and to respond appropriately to allegations of sexual abuse, sexual harassment and sexual misconduct and reporting. No additional information was needed to complete the audit and the facility was found to be in full compliance with all PREA Standards.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is evident that the Maryland Department of Juvenile Services (DJS) takes PREA seriously. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, describes the agency's Zero Tolerance for all forms of sexual abuse and sexual harassment and its approach to preventing, detecting, and responding to reports of alleged sexual abuse and sexual harassment is very detailed, clearly written, comprehensive and flows logically. Additionally the policy includes definitions of prohibited behaviors as well as sanctions for youth, staff, contractors and volunteers found to have violated those prohibitions. The Executive Director of Operations serves as the Agency PREA Coordinator and reports directly to the Deputy Secretary of the Operations Division. This high level designation reflects the seriousness with which the administration takes sexual abuse and sexual harassment and also their commitment to protecting the youth in their care and to the PREA and to all PREA standards. The DJS has a statewide PREA Specialist who works with all the facilities in implementing PREA Standards. The designated PREA Compliance Manager for Lower Eastern Shore Children's Center is a Group Life Manager II who reports directly to the Facility Superintendent. An interview with the Facility PREA Compliance Manager understands the requirements of PREA; that he is committed to PREA; and has sufficient time to perform his PREA related duties. One hundred percent (100%) of the interviewed staff were able to articulate the Agency's Zero Tolerance Policy toward all forms of sexual abuse, sexual harassment and sexual misconduct. Staff responses were impressive and it is evident that they have been trained and have "bought in" to PREA.

Standard 115.312 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of DJS policy on Compliance Laws describes the contractors obligations to comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act. DJS has entered into/renewed five (5) contracts for confinement of residents in the past twelve (12) months. These contractors are monitored by DJS to ensure compliance with the PREA standards.

Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-713-14, Direct Care Staffing, with an effective date of 2/15/14 and DJS Policy 701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, with an effective date of 2/4/15, require each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of youth. DJS RF-713-14, Direct Care Staffing, requires the plan to account for departmental youth to staff ratios, physical plant, video monitoring, and federal standards. The reviewed facility staffing plans for 2014 and 2015 provide for minimum direct care staffing levels of 4-4-3 for each shift, 1st, 2nd and 3rd respectively with staff to youth ratios of 1:6 during days and 1:12 at night, absent exigent circumstances. Minimum staffing and ratios were predicated on an average daily population of 24 however the documented average daily population for the past 12 months was 21. DJS Policy-RF-713-14 also provides instructions for responding to and documenting exigent circumstances as does Lower Eastern Shore Children's Center Facility (LESCC) Operating Procedures (FOP), Exigent Circumstances to Maintain PREA Ratio, with an effective date 12/1/14. The facility reported that there have been no deviations from the minimum staffing levels during the past 12 months. Unannounced rounds are required by DJS Policy RF-703-14, Direct Care Staffing, RF-703-14, Supervision and Movement of Youth and LESC FOP Unannounced Rounds (effective date, 12/1/13). Unannounced rounds were documented in the reviewed logbooks and confirmed through staff interviews. Reviewed shift reports indicated that all direct care staff to youth ratios were maintained. Interviewed staff were aware of the minimum staff to youth ratios. All of the interviewed staff stated the minimum ratios are always maintained and that the facility has a mechanism for calling staff to report back to the facility if needed as well as allowing staff to volunteer to stay over if needed.

Standard 115.315 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policies, LESC FOPs including the following: (DJS- RF-715-14, Admissions and Orientation of Youth in DJS Facilities, effective 5/27/14; DJS-RF-712-14, Searches of Youth, Employees, and Visitors, effective 11/5/14, LESC FOP Searches of Youth, Employees and Visitors, 4/1/15; LESC FOP Limits to Cross Gender Viewing and Searches, effective 2/1/14; FOP Shower Procedures, effective 4/16/15) and a Pat Down Search Training Brochure, March 2015, prohibit cross gender pat down searches except in exigent circumstances. They also prohibit cross gender strip or cross gender visual body cavity searches of residents and prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determine the resident's genital status. The reviewed Pat- Down Search Training Brochure and three reviewed training rosters indicated that staff were being trained in conducting pat down searches and in professionally searching transgender and intersex youth. One hundred percent (100%) of interviewed staff and youth stated that the facility does not conduct cross gender pat down searches. Staff were able to relate the PREA requirements related to cross gender strip or cross gender visual body cavity searches of residents All stated emphatically that they are not permitted to search a transgender or intersex resident for the sole purpose of determining the resident's genital status. Every interviewed youth stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. Staff were able to describe what an exigent circumstance would be and all were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed policies, procedures and other provided documentation indicate that the DJS and this facility take seriously their responsibilities for ensuring that residents with disabilities and Limited English Proficiency (LEP) are provided equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. Policies and procedures prohibit reliance on youth interpreters or resident readers except in limited circumstances where delay could compromise the youth's safety, the performance of first responder duties, or the investigation of a youth's allegations. The facility reported that they have not had any occasions where they have utilized resident interpreters or resident readers during the past twelve months. Reviewed policies included the following: DJS-RF-715, Admission and Orientation of Youth in DJS Facilities, effective 5/27/14; MGT-625-14, Nondiscrimination of Youth, effective 12/22/14; MGT-627-14, Communications with Limited English Proficiency, 12/22/14; and OPS-911-15, Accessibility for Youth with Hearing Impairments, effective 1/15/15. An email from the Director, Office of Fair Practices/Equal Employment Opportunity, dated 3/25/13, directed facility staff to utilize the following contracted services for interpretive services: On-Site Services: AdAstra Incorporated; Telephonic Interpretive Services: Language Line Solutions and Written Translation Services: Schreiber Translations, Incorporated. Flash Cards for a multitude of languages to identify the language used by the youth and to identify the interpretive services needed are used, if needed, during the admissions process. Regional LEP Coordinators are identified as contacts for assistance with LEP residents. Resident Advisor Staff, who perform admissions and intake duties, were all able to report how they would access interpretive services if they were needed. Interviews with youth and staff indicated that youth are not permitted to serve as interpreters. Youth were also aware that if they needed interpreter services, an interpreter would be called to come to the facility.

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed policies, procedures and provided documentation and interviews indicated that the Maryland DJS has a comprehensive and multilayered system for conducting background checks on employees, contractors and volunteers. DJS Policy HR-410-15, effective 3/13/15; COMAR 12.10.01.05B, Criminal History Investigation Requirements; Maryland State Department of Education Juvenile Services Education Program, Revised 9/26/13; DJS Policy HR-01-10, Random Reasonable Suspicion Checks of Child Abuse and Neglect, effective 7/7/10; and OPI, SD D1211-03-02, Selection and Certification Standards for Mandated Positions, effective 6/18/03 documented compliance with all requirements of this standard. Initial Background Checks minimally include the following: criminal history record checks, child abuse and neglect checks and sex offender registry checks through Child Protective Services and the Children's Electronic Social Services Information Exchange (CHESSIE), best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse and a driving records check. Policies also require additional random background checks of 5% of all employees annually (who were not previously randomly selected within the past 12 months) and checks based on reasonable suspicion of child abuse and neglect. The Department also has the unique ability to receive alerts at any time an employee is arrested. Documentation related to background checks and clearances is maintained in the DJS State Office. Interviews with the Facility Superintendent and the DJS PREA Specialist confirmed the background check process described in the above narrative.

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS has not acquired any new facilities since August 20, 2012. LESCC provided a list of 42 video cameras, their locations and an assessment of their functionality as well as a facility schematic demonstrating their locations. Documentation was also provided to indicate areas where cameras are reportedly needed. Blind Spots were identified and documented in a report/assessment conducted in April, 2014. Documentation provided by DJS (DJS Video Surveillance Systems) indicated that LESCC's video surveillance system was updated in January 2015. The Facility Superintendent related he conducts a vulnerability assessment annually to determine blind spots. These were documented for 2014 and 2015. He also related staff are monitoring the cameras in the control room and that they report malfunctioning cameras. He stated that his new video camera system has the capacity to retain videos for six months.

Standard 115.321 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed documentation and interviews confirmed that the Office of Inspector General (OIG) conducts administrative investigations however initially the OIG, Child Protective Services and Maryland State Police work together to determine if the investigation is administrative or criminal. Criminal Investigations are conducted by the Maryland State Police. Investigators follow a uniform protocol for collecting evidence (Maryland State Police Guidelines for Submitting Physical Evidence, revised 12/2012). Although the facility reported that they did not have any allegations in the past 12 months requiring a forensic exam, the Department has been proactive in identifying medical facilities with SAFE/SANES as well as documenting attempts to enter into MOUs with the Life Crisis Center in Salisbury, MD. Reviewed documentation included definitions of what constituted a qualified employee and a list of qualified staff, with contact information, who would serve in the roles of Sexual Assault Responders when needed. Exams are provided with no cost to the victim. One hundred percent (100%) of the interviewed staff were knowledgeable of the agencies responsible for conducting investigations of allegations of sexual abuse, sexual harassment and sexual misconduct. Staff related that the following would be notified on receiving an allegation of sexual abuse, sexual harassment, sexual misconduct or allegations of retaliation for reporting abuse: Child Protective Services (CPS), Office of Inspector General (OIG), and the Maryland State Police. An OIG Investigator, in an interview, described that office's responsibility related to conducting investigations. OIG is the agency responsible for conducting administrative investigations while the Maryland State Police conduct all criminal investigations.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policies and procedures are replete with requirements to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.B, Reporting, in addition to requiring reporting of knowledge, suspicion and information related to allegations of sexual abuse, harassment and retaliation also instructs staff to report allegations made verbally, in writing, anonymously and by third parties. Section III.D, Investigations of that same policy require reports to be made to Child Protective Services (CPS), Maryland State Police (MSP) and the Office of Inspector General (OIG). The Office of Inspector General (OIG) is the unit responsible for conducting administrative investigations and the Maryland State Police (MSP) will investigate all criminal allegations. DJS OPS-913-15, Reporting and Investigating Child Abuse and Neglect. Effective 3/11/15 also addresses the requirements to report as well as investigation responsibilities by each unit (CPS, OIG and MSP). The facility reported one allegation of sexual abuse and sexual harassment received in the past 12 months. The Maryland DJS Website contains instructions on reporting allegations of sexual abuse to the DJS Office of Inspector General and provides a phone number. Additionally the website provides easy access to DJS Policies RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance and DJS-OPS-913-15, Reporting and Investigating Child Abuse and Neglect. Thirteen (13) of Thirteen (13) interviewed staff were able to explain the reporting and referral process. They also, without exception, knew the agencies that would be notified in response to an allegation of sexual abuse, sexual harassment and sexual misconduct. An interview with an Office of Inspector General Investigator confirmed the process.

Standard 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, III.A.5, Employee Training, requires PREA Training upon initially becoming an employee of DJS (entry level training) and annually, as well as refresher training. The Facility's FOP, Employee Training for PREA, effective 6/1/14, requires the following training for employees: 1) 8 hours PREA at the DJS Entry Level Academy (entry level training) 2) PREA On Line annually, including the zero tolerance policy and 3) Training during at least 2 All Hands Meetings. A review of 4 Units of required training confirmed that all 11 items required in this standard are covered and the training was observed to be comprehensive and repetitive, which was effectively presented. A review of sampled electronically maintained training rosters as well as staff interviews confirmed that staff are receiving their required PREA Training. One hundred percent (100%) of the thirteen (13) interviewed staff were able to articulate an array of PREA Topics they had received in training. More importantly staff consistently were able to discuss PREA in terms of prevention, detection, reporting and response and their roles in each of those areas. Explanations of the training they received were consistent with the training matrix and associated policies and procedures. Staff also related that they would take every allegation seriously and report it.

Standard 115.332 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PRE Juvenile Facilities Standards Compliance, III.6.a and b, requires that volunteers and contractors are trained in the Zero Tolerance Policy and reporting. They are also required to complete the training required in the DJS PREA Mandated Training Document, Appendix 2 which requires training in DJS Policy RF-701-15 and that they complete the Youth Development Orientation. The Youth Development Orientation provides training in the following: Zero Tolerance Policy, Reporting and Investigating Child Abuse and Neglect, PREA Policy (701-15), Incident Reporting and Confidentiality, and CPS Reporting of Child Abuse/Neglect. A list of 4 volunteers was provided as the current active volunteers at the facility. A review of all four volunteer's contracts confirmed they had been made aware of the facilities requirements for confidentiality and reporting through Child Protective Services. Volunteers acknowledge their understanding of PREA and PREA requirements by signing and dating. The Certified PREA Auditor was unable to contact any of the volunteers to interview however interviewed contract personnel confirmed the content of the training they received. This training was consistent with the training requirements for volunteers and contractors. The interviewed contract staff also confirmed that they had received the on-line specialized training provided by the National Institute of Corrections (NIC) for medical and mental health staff

Standard 115.333 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and LESCC FOP, Resident Training for PREA, require that youth are trained on admission in the Zero Tolerance Policy and in reporting sexual abuse and sexual harassment. Youth are also provided the "What You Should Know" pamphlet, providing youth with information about sexual abuse, harassment and retaliation and actions the youth should take if they had become a victim, including how to report it. Within 10 calendar days youth are required to have received comprehensive age appropriate education including the youth's rights to be free from sexual abuse and sexual harassment and retaliation, reporting and the agency's response to allegations. The FOP requires, that youth will receive bi-weekly training by case managers. Reviewed documentation, including sign in sheets and acknowledgment statements indicated that youth were receiving the education and training as required. The facility also utilizes the End The Silence Series for youth education. A review of documentation contained in resident files, randomly selected, as well as interviews with youth and intake staff confirmed that youth were provided orientation information the same day of admission. Interviews with intake staff confirmed that youth are provided the required PREA information on the day of admission. One hundred percent (100%) of the eight (8) interviewed youth stated that during the admissions process they received information on the Agency's Zero Tolerance Policy and how to report sexual abuse, sexual harassment and allegations of retaliation and were provided a brochure entitled, "What You Should Know" explaining how to report sexual abuse, sexual harassment and retaliation and actions for victims to take. They also stated that the Case Manager's provide education continuously. Residents were obviously well informed about PREA and all were able to respond with clarity about the information they have been and continue to be provided on an ongoing basis.

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, OPS-913-15, Reporting and Investigating Child Abuse and Neglect require reports of allegations of sexual abuse, sexual harassment and retaliation to Child Protective Services, DJS Office of Inspector General and to the Maryland State Police. The Maryland State Police investigates allegations determined to be criminal and OIG investigates allegations determined to be administrative. There are six OIG staff who conduct investigations in DJS Facilities. Documentation was provided to confirm the six named investigators that have completed the Specialized Training provided by the National Institute of Corrections (NIC). The reviewed General Order, 01-14-004, Maryland State Police requires that "Troopers who conduct investigations of alleged sexual contact with prisoners will have received training that meets PREA Standards." The agency does not conduct criminal investigations. An interview with an Office of Inspector General Investigator confirmed that OIG Investigating staff are required to complete the National Institute of Corrections, on-line specialized training for investigators conducting investigations in confinement settings. He also related that a number of investigators have had prior law enforcement experience and training in investigation procedures.

Standard 115.335 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Mandated Training, Appendix 2, DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, identifies the medical staff, contracted and employees and mental health staff, contracted and employees, who are required to complete the NIC Specialized Medical Care, Sexual Assault Victims in Confinement Settings and the NIC Specialized Behavioral Health Care Sexual Assault Victims in Confinement Settings. The facility identified 7 medical and mental health staff and provided 7 NIC Certificates, documenting that they all had completed the NIC Specialized Training. Interviews with medical and mental health staff confirmed that they understood the requirement for specialized training through the NIC. They also stated they had completed the training as required. Interviews with a facility nurse and social worker indicated they both had completed the required specialized training offered through the National Institute of Corrections. The nurse was able to articulate even more specialized training including how to use the PREA Response Kit. She also stated that all of the nurses have completed the NIC Specialized training for medical staff.

Standard 115.341 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policies RF-715-14, Admissions and Orientation of Youth in DJS Facilities and DJS Policy RF-716-13, Classification of Youth in DJS Residential Facilities address screening for risk for victimization or sexual abusiveness upon admission or transfer to another facility. LESCC utilizes the Vulnerability Assessment Instrument (VAI), an objective screening instrument, to screen for risk for victimization or sexual abusiveness. The VAI is administered within 72 hours of intake. It is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents who score “vulnerable” to victimization OR “sexually aggressive” are placed in an alert system (High Alert Status) and staff access to this information is limited and disclosed on a “need to know” basis. Policies provide for reassessment to be conducted not more than 60 days from the initial VAI and “throughout the youth’s stay”. Reviewed Vulnerability Assessments and Reassessments indicated that practice was consistent with policy. All of the six (6) interviewed intake staff stated the VAI is administered during the admissions process and on the same day as the admission. The process they described is consistent with the standards. Interviews are conducted in a private area of the intake area. Staff indicated that if they have access to historical information related to a specific youth they would definitely consider that as well as interviews with the youth. Staff related the VAI is used in tandem with the Housing Classification Instrument to determine the most appropriate housing decision. Youth reporting prior victimization, according to staff, would be referred for a follow-up with medical or mental health. Although there have been no transgender or intersex youth admitted to the facility, staff were aware of giving consideration for the resident’s on views of their safety in placement and programming assignments.

Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed DJS Policies and LESCC Facility Operating Procedures thoroughly describe the screening and assessment process (Classification Assessments; Vulnerability Assessment Instrument – VAI) and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to make and inform housing decisions, bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse (DJS Policy Rf-716-13, Classification of Youth in DJS Residential Facilities; DJS Policy 7’5-13, Admission and Orientation of Youth in DJS Facilities; LESCC FOP, Housing Plan for At Risk Youth). There were three youth in the past 12 months who reported prior victimization. All were seen by mental health as required. The facility does not utilize isolation. Policies and procedures require that residents at risk for sexual victimization may only be placed in isolation as a last resort and only if less restrictive measures are inadequate to keep them and other residents safe and then only until an alternative means of keeping all residents safe can be arranged. Policy and procedures prohibit placing LGBTI residents in particular housing, beds or other assignments based solely on their identification or status. Policies and procedures prohibit that a resident’s status or identification be considered an indicator of likelihood of being sexually abusive. The facility has not had any transgender or intersex residents admitted to the facility but policies and procedures require that housing and program assignments are made on a case by case basis. Interviewed staff described how information derived through the Vulnerability Assessment Instrument, Housing Classifications, as well as interviews, records reviews and other accessible information, including the youth’s own views would be used in making housing assignments and in protecting youth. They also related that this information would be shared only on a “need to know” basis.

Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Youth who are detained at LESCC have multiple internal ways to report sexual abuse and sexual harassment, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Youth are informed that they may report to a trusted adult, parent/legal guardian, youth advocate, their attorney and by using the grievance process. These reports may be made verbally, in writing and through the grievance process. Externally, youth are provided instruction on how to access the sexual abuse hotline (211) as a way to report allegations of sexual abuse and sexual harassment anonymously to an entity that is not a part of the DJS. Reporting procedures are made available to youth in the Student Handbook. Instructions for accessing the Sexual Abuse Hotline are posted at the phones and through posters accessible throughout the facility. An interview with the DJS PREA Specialist indicated that youth cannot be detained in LESCC solely for civil immigration purposes.

Standard 115.352 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a multilayered grievance process enabling timely response and layers of review. DJS Policies RF701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and OPS 907-14 Youth Grievance, describe the orientation youth receive explaining how to use the grievance process to report allegations of abuse. The orientation to the grievance process is provided by the youth advocate. Policies describe an unimpeded process and allow for other individuals to assist a youth in filing a grievance or to file grievances themselves on behalf of youth. Youth are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. DJS Policy requires emergency grievances to be resolved within 8 hours with a written response within 48 hours. A reviewed letter from the Director of the Child Advocate Unit stated there have been no emergency grievances in the past 12 months. The facility also stated there have been no allegations of sexual abuse or sexual harassment reports using the grievance process in the past 12 months. Interviewed youth were aware of the grievance process and 100% of those interviewed related they had confidence in the grievance process and especially in the credibility of the youth advocate in responding to them.

Standard 115.353 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJD Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, LESCC FOP Youth Rights: Accessibility to Telephone Calls and LESCC FOP Youth Rights: To Legal Counsel and Outside Support Services, as well as reviewed and observed posters, dialing Instructions for the Sexual Abuse Hotline, reviewed flyers pertaining to sexual abuse all provided multiple ways for youth to access outside support services. The facility is working on a MOU with the Life Crisis Center for Rape Crisis and Victim Advocacy Services and this was documented in several emails. An interview with the DJS PREA Specialist indicated the facility does not detain youth solely for civil immigration purposes. Youth are able to communicate with their legal representative via phone, mail and through visitation. The facility provides two calls to parents weekly, provides for the toll free hotline to report sexual abuse, permits parental visitation and letter writing to parents/legal guardians. Interviewed youth are very articulate when asked to explain how they can access outside confidential support services. Youth were well versed and educated in the multiple ways, internally and externally, for reporting and how to access outside confidential support services. Staff interviews also confirmed staff are equally aware of how youth can access outside confidential support services.

Standard 115.354 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency Policies provide for third party reporting and instruct staff to accept third party reports. Youth are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, youth advocate or attorney. Third party reporting is discussed in DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.7.e and in DJS OPS-913-15, Reporting and Investigation of Child Abuse and Neglect, III.A.2. The public is encouraged to make third party reports. This is done with the LESCC Orientation Post Card that encourages parents/legal guardians to report allegations. The Facility Administrator's Phone Number is provided on the post card. The DJS website also encourages third party reporting by providing the telephone number for reports. Twelve (12) of thirteen (13) interviewed staff were able to describe how reports may be made by third parties. All interviewed youth were aware of their rights to report through third parties and each youth was able to describe and identify who a third party would be. Youth reported they are able to access their parent(s)/legal guardian(s) and their attorneys as well as their case managers.

Standard 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policies are replete with requirements for staff to report all allegations, knowledge, information and suspicions regarding sexual abuse and sexual harassment or retaliation against a youth or staff for reporting. These include DJS RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, OPS 913-15, Reporting and Investigating Child Abuse and Neglect, OPS-900-15, Incident Reporting. Additionally the policies explain in detail the reporting process for staff. The Family Law Article .07.07.02.00 and COMAR .04 identifies facility staff as mandated reporters. One hundred percent (100%) of interviewed staff stated they were mandated reporters. They also quickly stated they would make a report of any knowledge, suspicion or information or allegation of sexual abuse and all were knowledgeable of the reporting process, including reporting to Child Protective Services, the Office of Inspector General, and the Maryland State Police.

Standard 115.362 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, III.C.1 Interventions, requires immediate response and actions to be taken on learning that a youth is subject to a substantial risk of imminent sexual abuse. The facility reported that one youth was identified as having been in substantial risk of imminent sexual abuse in the past 12 months. Thirteen (13) of thirteen (13) interviewed staff were able to articulate, without hesitation, the expectations and requirements of DJS Policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff reported, first of all, that in all cases of allegations of sexual abuse, sexual harassment, sexual misconduct, as well as allegations or reports that a resident may be in substantial risk of imminent sexual abuse, that they would take all allegations and reports seriously. They stated they would then ensure the youth was separated immediately from the alleged perpetrator. This would be accomplished either by having the youth remain with them until decisions could be made, move the youth or alleged perpetrator to another room or to another unit and later, if needed, transfer the perpetrator or the youth to another facility. If the alleged perpetrator was a staff, the staff would be placed on no contact, moved to another unit, placed on administrative leave or transferred to another shift, unit or facility. All staff reported they would take this action immediately upon receiving the allegation. The Superintendent related the youth subject to imminent risk would be seen by mental health and counseling would be provided as indicated. All of the interviewed youth reported that they feel safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse. Interestingly every interviewed youth reported that there were staff at the facility that they would trust to make a report if they were fearful of becoming a potential victim of sexual abuse.

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Although the facility reported they have not had any incidents in which a youth being admitted to the facility reported any allegations of sexual abuse at the sending facility or program, DJS Policies and Procedures clearly address the procedures to be used if such an allegation was made. These include DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and DJS OPS-900-15, Incident Reporting. These procedures require the Facility Administrator, upon receiving an allegation that a youth was sexually abused while confined at another facility, to notify the Facility Administrator where the alleged abuse occurred and to report it in accordance with DJS Policies. The Facility Superintendent related during an interview that he has not had any youth reporting sexual abuse while at another facility or program during the past 12 months. When asked what his responsibilities would be in the event a youth did make such an allegation he stated he would notify the sending facility's Superintendent or Director, complete an incident report and report the allegations to the appropriate DJS Staff, Child Protective Services, Office of Inspector General and to the Maryland State Police and ensure the youth was seen by medical and mental health.

Standard 115.364 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff first responder duties are specific and clearly stated in DJS Policy Rf-701-15, Elimination and Reporting of Sexual Abuse and Harassment, III.C, Interventions, #2a-c and LESCO FOP First Responder and Coordinated Response. Actions to be taken by first staff responding to a report of sexual abuse included separating the alleged victim from the alleged abuser; preserving the crime scene (staff may use the First Responder's Kit) where timeframes would allow for collecting physical evidence, requesting that the alleged victim not take any action that could destroy physical evidence and ensure that the alleged abuser does not take action to destroy or compromise any potential physical evidence. Staff were really impressive in articulating the steps they would take as first responders. Every interviewed staff, without hesitation, described actions they would take immediately. These steps were all consistent with DJS Policies and Facility FOPs. It was clearly evident that staff have been trained in their responsibilities as first responders.

Standard 115.365 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DJS and Facility have very thorough and specific actions to take when an allegation of sexual abuse is made. DJS Policy, RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance; LESCC FOP, First Responder's and Coordinated Response clearly enumerate the actions to be taken by each discipline or involved staff person. These include the following: The First Responder, Medical, Shift Commander, Behavioral Health Staff, Facility Administrator, and OIG. Plans include instructions for accessing SAFEs/SANes and Victim Advocates, how to access Child Protective Services and telephone numbers for accessing the State's Attorney. The Coordinated Response Plan is dated March 11, 2015. The plan, in addition to actions to be taken by specific staff and departments, contains an attachment of SAFE Programs in Maryland as well as telephone numbers for Child Protective Services and the State's Attorney. Interviewed staff, including the Facility Superintendent, Mental Health, Medical and line staff described their roles as part of the Coordinated Response Effort at LESCC. In addition to local responders, they also related they have access to the Sexual Assault Response Team (SART), a team of medical and mental health staff, trained in their specific responding roles. A list of staff available for the SART with contact numbers and specific roles is available. SAFEs/SANes are reported to be available at the local hospital.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation was provided for three (3) Memorandum of Understanding (Agreement) and the agreements are consistent with provisions of PREA standards 115.372 and 115.376. The first is: MOU for Bargaining Unit E Preamble - The State of Maryland (Employer) has entered into Memorandum of Understanding (Agreement) with AFT Healthcare-Maryland, AFT, AFL-CIO Local 5197 (the Union). The second is: MOU for Bargaining Unit G Preamble - The State of Maryland (Employer) has entered into Memorandum of Understanding (Agreement) with the Maryland Professional Employees Counsel/AFT/AFL-CIO Local 6197 (the Union). And the third is: MOU for Bargaining Unit H Preamble - The State of Maryland ("Employer") has entered into Memorandum of Understanding ("Agreement") with the American Federation of State, County and Municipal Employees, AFL-CIO and Teamsters ("Union").

Standard 115.367 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy prohibits retaliation against any staff or youth for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. Policy requires the Office of Inspector General (OIG) to monitor the conduct or treatment of youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. Things the OIG staff would monitor would include youth disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. Policy also requires prompt action to remedy it by reporting it to the Facility Administrator and the Assigned Executive Director and Deputy Secretary of Operations. Indicators that a youth may be a victim of retaliation would include such things as behavioral changes, youth disciplinary reports and housing and program changes. Monitoring would be continued beyond 90 days if needed. The Facility PREA Compliance Manager also monitors retaliation if it occurs at LESCO. The facility reported there were no incidents of retaliation in the past 12 months. The Facility PREA Compliance Manager related, in an interview, that he also serves as the facility's retaliation monitor. Although he was not specific and detailed with regard to his duties as monitor he was able to describe the things he would be observing and monitoring that might indicate some form of fear of retaliation. He stated he would observe demeanor, disposition, body language as well as discipline reports. He would look for similar reactions with staff who may be experiencing retaliation. None of the interviewed youth or staff report having been the victim of retaliation and they were not aware of anyone, staff or youth, who had been. The facility provided documentation of having retrained the Facility Retaliation Monitor in his duties related to monitoring retaliation.

Standard 115.368 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Post-allegation protective custody procedures are addressed in DJS Policies and in LESCO FOP, Housing Plans For At Risk Youth. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III. Post-Allegation Protective Custody, identifies four (4) options that may be used to protect youth. These include: use of seclusion/isolation, housing reassignment, separation from the general population in self-contained intensive services unit or through a transfer to another facility. Facility procedures related to the use of seclusion or isolation comply fully with PREA Standards. Seclusion/isolation may be used only as a last resort and then only after lesser restrictive means are inadequate to keep the victim/abuser/all others safe. Additionally these may be used only until alternative means of keeping all youth safe can be arranged. The facility director will ensure that justifications for these decisions are documented. Procedures written in DJS Policy RF-716-13, Classification of Youth in DJS Facilities, III.B, Placement of Youth I Housing, Bed, Programs, Education and Work Assignments reiterate the requirements of PREA Standard 115.368. The LESCO reported that there have been no youth who have made allegations of sexual abuse who have been secluded or isolated during the past 12 months. Staff and the Facility Superintendent related that the facility does not use isolation. The facility utilizes the Challenge Program to modify behavior and that program does not include the use of isolation.

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.D, PREA Investigations, paragraphs 1-7 require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to Child Protective Services (CPS) for investigation and determination of child abuse; to the Maryland State Police (MSP) for determination of criminal charges and to the Office of Inspector General (OIG) for completion of an administrative investigation. Several reviewed incident reports indicated the facility reported the incidents as required. The DJS Policy also states that the departure of the alleged abuser or victim from the employment of the facility or the Department does not serve as a basis for terminating and investigation. Reports are required to be maintained by the Department as long as the alleged abuser is incarcerated or employed by the department, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention. The facility reported that there were no sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012. An interview with the Office of Inspector General Investigator indicated that OIG investigates administrative allegations and the Maryland State Police investigates criminal allegations.

Standard 115.372 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The reviewed Title 17, Department of Budget and Management, Subtitle 04 Personnel Services and Benefits, Chapter 05, Disciplinary Actions, .01, Disciplinary Actions Generally, paragraph D states "the standard of proof in all disciplinary actions is a preponderance of evidence." An interview with the OIG investigator indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the Facility Superintendent in consultation with legal and his/her supervisory staff and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence.

Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency (DJS) policy, RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, III.E. Youth Notifications, requires that any resident who makes an allegation that he or she suffered sexual abuse is informed in writing using the Youth Notification of Investigative Outcome Form, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. This policy further requires that following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving youth on youth allegations of sexual abuse, the facility will inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The facility reported one investigation of alleged resident sexual abuse that was completed by the agency or facility in the past 12 months and provided documentation that one youth was notified. They also reported that there was one investigation by an outside agency and that that youth was notified of the results of the investigation. After a review of several incident reports related to both allegations of staff on youth sexual abuse and youth on youth sexual abuse it could not be determined if one of the reports had been made to a youth. The Facility in reviewing incidents reports had already discovered that there were issues with notifications. The facility provided a written document (Corrective Action Plan) stating that when they discovered the training issues involving the PREA Compliance Manager and Shift Supervisors, they were retrained in DJS Policy RF-715-15. The PREA Compliance Manager was able to explain a notification process that was consistent with DJS Policy.

Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy, RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III. G. Disciplinary Sanctions for Staff, Paragraphs 1-5 clearly articulates sanctions for staff up to and including termination for violating agency sexual abuse and sexual harassment policies. All disciplinary sanctions also must be in keeping with Maryland State Personnel Policies and Procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the Maryland State Police, unless the activities were not clearly criminal. The facility reported there have been no staff terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies nor have there been any staff disciplined, short of termination, for violations during the past 12 months. Lastly the facility reports that there have been no occasions in the past 12 months where staff have been reported to law enforcement or licensing boards following their termination or resignation prior to termination for violations of agency sexual abuse or sexual harassment policies. The Facility Superintendent articulated the disciplinary actions and sanctions and these were consistent with DJS Policies and Procedures.

Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.H. Corrective Actions for Contractors and Volunteers provides for the following corrective actions as a result of contractors or volunteers violating agency policies regarding sexual abuse and sexual harassment: Volunteers or Contractors may be prohibited from further contact with youth and reported to law enforcement, unless the violation was clearly not criminal. The facility reported that there have been no cases or incidents where contractors or volunteers have violated any sexual abuse or sexual harassment policies and procedures in the past 12 months. Interviews with the Facility Superintendent indicated that volunteers and contractors, in addition to being prohibited from further contact with youth and reported to law enforcement, unless the violation was clearly not criminal, would also be reported to relevant licensing bodies.

Standard 115.378 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residents at LESCC, found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. These include therapy counseling or other interventions designed to address and correct the underlying reasons for their conduct. The facility reported that there have been no administrative or criminal findings of guilt for resident on resident sexual abuse that have occurred at the facility in the past 12 months. Policy states that residents are disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Youth may also be referred for prosecution if indicated. Interviews with youth and staff indicated the facility does not use isolation. Additionally they reported the facility uses the Challenge Program to address the underlying causes of behavior and sanctions would be imposed based on the precepts of the program. The Superintendent related that youth may also be referred for prosecution if the allegations were criminal.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III. F, On-Going Medical and Mental Health Services, Paragraphs 1-8, require that medical and mental health evaluation and, as appropriate, treatment, is offered to all youth victimized by sexual abuse. Youth who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 calendar days of admission/screening. All known youth on youth abusers are required to have a mental health evaluation within 60 calendar days of learning of the abuse history and offer treatment, when appropriate. Youth are not charged for services and information related to past victimization and abusiveness, in accordance with policy, is strictly limited to medical and mental health staff and other DJS Staff to inform treatment plans and security management decisions, including housing, bed, work, educational and program decisions. The facility provided documentation that three youth had reported prior sexual victimization during the past twelve months. Documentation provided confirmed youth were seen well before the 14 days required by the standards. Interviewed mental health staff, the facility Superintendent and PREA Compliance Manager stated that a youth disclosing prior victimization would be seen by mental health generally the same day they are admitted for their mental health screening and follow up well within the 14 day time frames. They also understood the same requirement would apply to youth alleged to have perpetrated sexual abuse. Two youth who were interviewed reported to the auditor that they had reported prior victimization. Both youth stated mental health followed up expeditiously and generally the same day. Documentation confirmed the youth were seen for follow up prior to 14 days and that the allegations were reported again, even if they had been previously reported. Interviewed youth related they were helped by their mental health encounters.

Standard 115.382 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy provides for and requires access to emergency medical and mental health services. The reference for this is DJS Policy, 701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance. Policy also requires victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Lists of hospitals and rape crisis facilities are provided, along with contact information. An interview with a facility nurse and mental health staff confirmed that youth have immediate access to emergency medical and mental health services. The local hospital provides SAFES/SANES. Youth alleging sexual abuse would be seen immediately by facility medical staff after which they would be taken to the hospital for a forensic exam. The facility nurse related the hospital would provide sexually transmitted disease prophylaxis as well as timely access to emergency contraception.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15 provides for On-Going Medical and Mental Health Care for Sexual Abuse Victims and Abusers. Services are provided at no cost to the victim regardless of whether or not the victim cooperates with the investigation or names the abuser. Victims of the sexual abuse will be transported to the local hospital where they will receive treatment and where physical evidence can be gathered. An interview with the facility nurse also indicated youth who became pregnant as a result of a sexual assault would be offered timely information related to lawful decisions related to pregnancy.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance and LESCC FOP Sexual Abuse Incident Review Team, Dated June 1, 2014, require reviews of incidents at the conclusion of all investigations, except those determined to be unfounded. Members named in policy and in the FOP include Assistant Superintendents and other upper level management staff including line supervisors, investigators, medical and mental health staff. The LESCC FOP designates the Superintendent, Group Life Manager(s), Case Manager(s), Education Staff, Medical and Mental Staff. The facility may access the input of the investigator via phone. Interviews with members of the incident review team indicated they are knowledgeable of the process and the requirements of the policy and the PREA Standard, 115.386, Sexual Abuse Incident Reviews.

Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-900-15 (Incident Reporting - DJS Programs) requires the collection of accurate, uniform data for every allegation of sexual assault. The DJS PREA Coordinator collects all data relating to PREA. DJS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to this standard.

Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The reviewed Annual Report, completed May 28, 2015, indicated compliance with the standard and included all of the required elements. The DJS Annual Report is posted on the DJS Website for public review. The facility monitors collected data to determine and assess the need for any corrective actions. The 2014 annual report was readily available on the DJS website.

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Robert Lanier

July 11, 2015

Auditor Signature

Date