

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** 07/29/16

<b>Auditor Information</b>			
<b>Auditor name:</b> Dorothy Xanos			
<b>Address:</b> 914 Gasparilla Dr. NE, St. Petersburg, Florida 33702			
<b>Email:</b> dxconsultants@gmail.com			
<b>Telephone number:</b> (813) 918-1088			
<b>Date of facility visit:</b> June 29-30, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Cheltenham Youth Facility			
<b>Facility physical address:</b> 11001 Frank Tippet Road, Cheltenham, MD 20623			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> (301) 396-5000			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Claude Waters			
<b>Number of staff assigned to the facility in the last 12 months:</b> 140			
<b>Designed facility capacity:</b> 115			
<b>Current population of facility:</b> 56			
<b>Facility security levels/inmate custody levels:</b> Hardware Secure			
<b>Age range of the population:</b> 13-21			
<b>Name of PREA Compliance Manager:</b> Lawrence Smith		<b>Title:</b> Assistant Superintendent	
<b>Email address:</b> lawrence.smith@maryland.gov		<b>Telephone number:</b> (301) 396-4353	
<b>Agency Information</b>			
<b>Name of agency:</b> Maryland Department of Juvenile Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> One Center Plaza, 120 W. Fayette Street, Baltimore, MD 21201			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> (410) 230-3101			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Sam Abed		<b>Title:</b> Secretary of Department of Juvenile Services	
<b>Email address:</b> Sam.Abed@maryland.gov		<b>Telephone number:</b> (410) 230-3101	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Aaron Keech		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> Aaron.Keech@maryland.gov		<b>Telephone number:</b> (301)722-1609	

## AUDIT FINDINGS

### NARRATIVE

The Cheltenham Youth Facility (CYF) is a hundred and fifteen (115) bed hardware secure detention facility for male residents governed by the Maryland Department of Juvenile Services (DJS). The facility located in Prince George's County originally opened in 1870 as the House of Reformation and Instruction for Colored Children. In 1937, it was known as the Cheltenham School for Boys under the State Department of Education. Twelve (12) years later, the facility was renamed Boys' Village of Maryland. The facility took its current name in 1992. CYF primarily serves residents from Anne Arundel, Calvert, Charles, Prince George's and St. Mary's Counties, additional residents detained from other jurisdictions are typically pending transfers to nearby committed placements, special cases and/or disciplinary transfers from other DJS detention facilities. Accordingly, the residents average length of stay is twenty-five (25) days and can be extended if necessary. The average age is between 12 -18 years old although juvenile jurisdiction could remain until the age of 21. There were fifty-six (56) residents at the detention facility at the time of the review.

The detention facility is staffed with one hundred and forty (140) full-time and part-time employees, fifty-three (53) contracted and volunteer staff. The staff consisted of: Superintendent; Assistant Superintendent; (2) Social Work Advisor; (2) Case Management Specialist Supervisor; (11) Case Management Specialists I & III; (7) Resident Advisor Supervisors; (6) Resident Advisor Leads; (7) Residential Group Life Managers I & II; (56) Resident Advisors I & II; (21) Resident Advisor Trainees; (2) Youth Recreation Specialist; Maintenance Supervisor II and (15) other staff (Food Service, Maintenance and Administrative Staff).

The medical staff (DJS & Maxim) consists of a licensed registered nurse supervisor, sixteen (16) full-time and part-time licensed registered nurses and a licensed practical nurse providing nursing services on-site twenty-four (24) hours a day, seven (7) days a week and an on-call physician. Additionally, all nurses are supervised by an on-site registered nurse supervisor who is responsible for coordination of other medical services and medical clinics. The detention facility has contracts with the local hospital for 24 hour emergency needs. A medical physician visits the detention facility weekly. Also, the nurses provide health education and counseling about a variety of health topics. The medical staff provides medical care to include: completing the initial intake assessment, review intake referrals, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Several on-site medical clinics occur including a weekly medical clinic, a weekly mental health clinic, and participation in weekly treatment planning meetings. The dental staff consisted of a dentist and a dental assistant providing dental services several days a week consisting of dental care, cleaning, education, and treatment fillings to extractions. All residents are seen by the dentist at least annually for a wellness check. The facility has contracted an optometrist who provides routine eye exams. Domestic Violence and Sexual Assault Center at Dimensions Health Care is the program identified to provide the victim advocacy services for the residents at the detention center. Prince George's Hospital Center provides the emergency and forensic medical examinations. Glass Behavior Health staff provide the mental health and psychiatric services at the detention facility.

In 2013, the Maryland State Department of Education (MSDE) assumed responsibility for the educational services and began providing accredited academic services. There are seventeen (17) MSDE educational staff consisting of administrator, teachers, special education teachers, and vocational instructors. Residents participate in educational endeavors through an individual education program that is designed for them. Library services are provided to the residents and they are encouraged to check out books. The program is designed for residents to have the opportunity to learn at the highest level possible. The instructional program encourages the residents to explore their abilities to learn, understand their cultural backgrounds, and enhance their future. The Education Program offers all of the basic courses in areas of Math, Science, Social Studies, English, Career Research Development and Office Systems Management. Students who qualify are able to take the GED. All residents admitted to the detention facility are given the BASI test (Basic Achievement Skills Inventory) in verbal and math. These scores are used to develop an individual learning plan for them. Also, residents are given state mandated tests including PARCC tests for the new Common Core Curriculum and the Middle and High School Assessments. Special Education services are offered to students who qualify and counseling services are offered to all students.

CYF provides vocational programming to residents by utilizing programs such as Ceramics and Silk-Screening. The ceramic studio is open on the weekends to residents, staff and families and the classes are taught by two (2) contracted master artists. Residents learn how to mold and glaze clay into sculptures, and how to utilize the potter's wheel for more technically advanced creations of artistic expression. This increases residents problem solving, decision making skills and provides a constructive outlet to work with their hands. Residents then present their finished pieces of art to their parents & staff as a token of appreciation. The Silk-Screening program offers residents the opportunity to learn a vocational trade that can possibly be financially successful for them in the future. Residents learn how to navigate a computer to design and print creations such as tote bags, t-shirts and signs. By gaining experience with the silk-screening process, residents develop self-confidence & learn how to be a team player. Several of the t-shirts are used for the DJS's annual events such as Employee Appreciation, Victim Awareness week, and recreational tournaments.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Cheltenham Youth Facility (CYF) located in Prince George's County was designed and had the capacity of one hundred and fifteen (115) residents. The detention facility's physical plant has a number of buildings that are both within a fenced secure area and outside of the fenced area. The nine (9) buildings located within the fenced, secure area composes the primary community of the residents. The fenced secure area has a main entrance controlled by security. There is an administration building with staff offices, school building with classrooms, offices and chapel area, cafeteria and dining building, intake and medical area with offices, mental health area, gymnasium, maintenance area, vocational area, orientation cottage, three (3) housing/cottages and indoor & outdoor recreational areas.

The newly constructed Cheltenham Youth Detention Center (CYDC) is a seventy-two (72) bed detention center under construction, will replace the existing detention center located on the campus of the adjacent Cheltenham Youth Facility. The Center will serve male residents primarily from Prince George's, Anne Arundel, Charles, Calvert and St. Mary's Counties. The Center is sited on approximately twenty-four (24) acres. The CYDC is a single building that includes an administrative area, master control, medical and mental health suite, admission and release area, training rooms, gymnasium, and education classrooms. The outdoor recreation area consists of several basketball courts located between the housing units in addition to a football size field and walking/running track. There are six (6) housing units with each unit having twelve (12) individual rooms. The facility is projected to begin operations in August 2016. The Cheltenham Youth Detention Center is a state of the art detention facility whose design reflects modern best practices. The Center (CYDF) is a one-story, steel and masonry structure with a brick, concrete masonry unit, and pre-cast concrete facade located on predominately flat terrain.

CYF is designed to meet the needs of detained residents. Through the DJS vision statement of "Successful Youth, Strong Leaders, Safer Communities" this detention facility believes in challenging residents daily to change their behaviors and ways of thinking. The detention facility staff accepts the responsibility of creating a safe and secure environment for the residents under their care. Upon admission, residents begin the orientation process and are expected to complete the Massachusetts Youth Screening Instrument (MAYSI), a mental health assessment, the Substance Abuse Subtle Screening Inventory (SASSI), a substance and alcohol assessment. The residents complete a Vulnerability Assessment Instrument to determine risk of victimization and/or sexually aggressive behavior. During the intake process residents are given a brief overview of the detention facility expectations and are permitted to make a telephone call to a parent and/or guardian. After the intake process, the residents are referred to the medical department for an initial medical examination. Medical services are available on-site 24 hours a day 7 days a week.

All residents at risk for an out of home placement receive diagnostic evaluations conducted by the Multi-disciplinary Assessment Staffing Team (MAST). This team works in conjunction with the community case manager, resident and family to determine an appropriate court recommendation for the resident. Residents are provided both individual and group counseling to prepare them for placement or return to the community. Case Managers maintain contact with parents, community case managers, public defenders, and court officials as necessary.

The DJS behavior management program, CHALLENGE incorporates evidence based principles to promote the development of pro-social skills. The program promotes clear behavioral expectations within a structured daily routine, the development of respectful staff and resident relationships, positive role modeling by staff, and de-escalation strategies to manage inappropriate behavior. Behavioral expectations are clearly delineated for desired behaviors that are reinforced through social praise, resident leadership roles, program points, and tangible reinforcers. A distinguishing element of the CHALLENGE program's daily routine is the community meeting. Community meetings are intended to provide daily opportunities for residents to practice interpersonal and leadership skills. In addition, residents are expected to promote a sense of community by teaching the importance of community responsibility, teamwork, and good citizenship. Leadership roles within the community are earned as the residents progress through the program. The CHALLENGE program systematically provides positive reinforcement through a point and level system and social reinforcement.

The recreation program keeps residents active & engaged throughout the day, while also providing a variety of leisure activities. The C.H.A.M.P.S (Changing Habits and Making Progressive Strides) sports league among the various detention centers offers residents a chance to compete against other residents in various sports and educational outings. Residents actively participate in basketball tournaments, track & field events, jeopardy competitions, & Spelling Bees among their peers. There are three (3) faith based volunteer groups which provide spiritual guidance and bible study classes on a weekly basis. Throughout a resident's stay regular family interaction is encouraged with visits, phone calls and family day activities.

## SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted by May 18, 2016, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the Maryland Department of Juvenile Services (DJS) PREA Coordinator. The photographs indicated notices were posted in various locations throughout the detention facility including the secure entrance area, administration building, school building and chapel area, kitchen and dining building, intake and medical area, mental health area, gymnasium, maintenance area, vocational area, and housing buildings. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by May 31, 2016. The documents, which were uploaded to a USB flash drive, were detailed, organized and easy to navigate. The initial review revealed limited additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address some of the standards. After a discussion with the DJS PREA Coordinator documentation would be provided during the on-site visit. Additional supporting documentation was provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on June 29-30, 2016. An entrance briefing was conducted with the Superintendent, Assistant Superintendent, Resident Group Life Managers II, Office Specialist II, and DJS PREA Coordinator. During the briefing, it was explained the audit process and a tentative schedule for both days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire detention facility was conducted including secure entrance area, administration building with offices, school building with classrooms, offices, library, and chapel area, vocational area, kitchen and dining building, intake, master control and medical building, mental health area, gymnasium, maintenance area, and five (5) housing units/cottages. During the tour, residents were observed to be under constant supervision of the staff while involved in various activities. Several buildings at the detention facility were clean and well maintained and it was obvious staff took pride in their working areas. Adjacent to this program is a newly built detention facility that staff and residents will transition into in the next several months and this auditor had an opportunity to tour it. Notification of the PREA audit was posted in all locations throughout the detention facility as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There are cameras installed in a number of areas throughout the detention facility. There were no cameras installed in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in the housing units did allow for privacy.

During the two (2) day on-site visit, there were a total of fifty-six (56) residents in the detention facility. There are five (5) housing units/cottages. Residents were randomly selected for the interview process. A total of twelve (12) residents were interviewed on the first day of the audit. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, family member, and the hot line. The community victims' advocacy service and telephone number is available to the residents. There is evidence of the DJS PREA Coordinator's efforts to obtain a Memorandum of Understanding to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Twenty-three (23) staff including those from all three (3) shifts, supervisory staff, contracted staff (teachers), Superintendent, Assistant Superintendent, child advocate, case management and intake staff, medical and mental health staff were interviewed during the on-site visit. The DJS Deputy Secretary of Operations, DJS PREA Coordinator, the Director of Human Resources had been interviewed prior to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the DJS PREA Coordinator, Superintendent, Assistant Superintendent, Resident Advisor Supervisor, Resident Advisor II, Resident Group Life Manager I & II and Office Specialist II. Additionally, another exit briefing via telephone was held several days later with the DJS Deputy Secretary of Operations, two (2) DJS Executive Directors, DJS PREA Coordinator, the Assistant to the Deputy Secretary of Operations, Superintendent, and Assistant Superintendent. At both exit debriefings, it was discussed additional documentation was required for three (3) standards and it was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the DJS PREA Coordinator. This auditor reviewed all requested information and this detention facility is in full compliance with the PREA Standards.

Number of standards exceeded: 1

Number of standards met: 40

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.**

The initial review of the Department of Juvenile Services (DJS) Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) outlines how each facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided guidelines for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. It is evident the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care throughout the State of Maryland.

DJS has a designated juvenile PREA Coordinator who works statewide to implement the PREA Standards and who indicated he has sufficient time and authority to develop, implement and oversee compliance efforts of thirteen (13) residential and detention facilities. The Assistant Superintendent is designated as their detention facility's PREA Compliance Manager who indicated he has sufficient time to oversee the detention facility's PREA compliance efforts and perform other duties as assigned. It was evident during the staff interviews, staff had been trained and were knowledgeable of DJS Agency's Zero Tolerance Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements.

### **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 (25.3) 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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); DJS Policy RF-703-14 (Supervision and Movement of Youth); DJS Policy RF-713-14 (Direct Care Staffing) required each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring, and federal standards. Additionally, CYF Facility Operating Procedures (FOP) dated 9/17/15 & 5/25/16 contained information identifying the detention facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts. During the initial documentation review, the detention facility staff-to-youth ratios list of all DJS detention and residential facilities signed on 3/24/16 & 3/2/15 by the Deputy Secretary for Operations identified the detention facility's staffing ratio as 1:8 during the resident waking hours and 1:16 during resident sleeping hours.

CYF's staffing plan was developed, implemented and approved on 9/11/15 and their staffing plan's annual review was on 3/18/16. Both staffing plans were found to be in compliance with this standard. During the initial documentation review, the detention facility did not report deviations from the staffing plan during the past 12 months. Minimum staff ratios are always maintained, the detention facility has a mechanism in place for call outs and staff volunteer to stay over if needed. CYF is a secure detention facility and utilizes constant video and staff monitoring to protect the residents from sexual abuse and harassment. The Superintendent, Assistant Superintendent, or assigned Shift Commanders conduct and document unannounced rounds on all shifts and in all areas of the detention facility to monitor and deter staff sexual abuse and harassment on a daily basis. The unannounced rounds had limited documentation in the log books. Documentation, Superintendent and staff interviews confirmed the process takes place in the detention facility, however, the staff did not document in detail the unannounced information and it was apparent there was no clear direction as to what or how it should be documented in the logbooks. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the detention facility is in full compliance with this standard.

### **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.**

The initial documentation review of DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); DJS Policy RF-715-14 (Admissions and Orientation of Youth in DJS Facilities) and RF-712-14 (Searches of Youth, Employees and Visitors) required each facility to maintain protocols on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, opposite gender announcing when entering dorm/housing areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Additionally, several CYF Facility Operating Procedures (FOP) and Post Order dated 9/16/15, 9/17/15 & 5/24/16 to comply with the requirements at the detention facility level.

In March 2015, DJS had developed a pat down search brochure containing pictures and descriptions of how to conduct pat down searches in compliance with this standard. The training brochure was updated in March 2016 with additional pat down searches information for staff. A review of the training brochure, training documentation and staff interviews confirmed the training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. All residents 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. There were no cross-gender pat-down searches conducted during the past 12 months. Most staff and resident interviews indicated that female staff entering the housing units consistently announce themselves. The Superintendent established a post order with detailed information on the shower procedures for the bathroom/shower area of each housing unit/cottage. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that female staff are prohibited from entering the bathroom/shower area while residents are showering. All staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Most staff could identify the DJS policy on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining that resident's genital status.

### **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.**

The initial review of the DJS Policy RF-715-14 (Admissions and Orientation of Youth in DJS Facilities); MGT-625-14 (Non discrimination of Youth); MGT-627-14 (Communication with Limited English Proficient Persons) and OPS-911-15 (Accessibility of Youth with Hearing Impairments) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of each facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the varied policies indicate each facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident's safety. DJS has established contracts for statewide services to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. DJS has developed flash cards in various languages requesting for an interpreter that is provided to a resident during the admission process. DJS has assigned LEP Coordinators located in the various regions to assist all facilities and private providers with limited English proficient residents. There are postings throughout the detention facility in English and Spanish and staff have access to the LEP Coordinators.

DJS policy directives requires each LEP Coordinator and ADA Coordinator to complete monthly reports identifying the assistance for residents and parents/guardians whose first language is not English and assistance for residents with hearing impairments provided at each facility. These reports are submitted to the Director or designee of the Office of Fair Practices to ensure these accommodations are provided to the residents and their families. Maryland State Department of Education (MSDE) provides education to the residents at the detention facility. The teachers could provide residents with disabilities with various services on an as needed basis. Staff training documentation and youth handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Additionally, all residents are provided with a pamphlet on "What You Should Know About Sexual Abuse and Harassment." Both the handbook and pamphlet are available in Spanish. Staff and resident interviews confirmed the detention facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); HR- 410-15 ( Background Investigations Policy) and HR-01-10 (Random or Reasonable Suspicion Checks of Child Abuse or Neglect) contained all the elements required by this standard and all background checks are conducted initially on new employees, randomly selected on current employees, and promotion decisions of the agency. DJS has an extensive background screening requirements and has a system in place that any current employee arrested, the Director of Human Resources is notified via email immediately. Also random selection checks are completed each quarter, HR will provide a computer generated list of 5% of employees who have not been selected for a CPS check within the previous 12 months to the OIG. All new employees initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, child abuse and neglect check (Child Electronic Social Service Information Exchange), sex offender registration check, driving records check and 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. Additionally, contractors who have contact with residents have documented criminal background checks. A sampled review of staff's electronic HR records contained the documented criminal background checks and the questions regarding past misconduct (PREA Mandated Disclosure form) were asked and responded to during the hiring process. The interview with the Director of Human Resources prior to the on-site visit confirmed staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, contractors who have contact with residents have documented criminal background checks.

#### **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.**

Cheltenham Youth Facility (CYF) did not have a substantial expansion since August 20, 2012. CYF is being replaced by Cheltenham Youth Detention Center (CYDC) that is under construction located on the campus adjacent to CYF. Additionally, the initial documentation review contained a list (DJS Video Surveillance System) that contained installation dates of all detention and residential facilities. The detention facility upgraded their cameras and video surveillance system in November 2012 to address any blind spots in the detention facility. During the tour, the video surveillance system was observed in the master control area and cameras were observed throughout the detention facility. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the detention facility.

#### **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.**

The initial review of the COMAR Regulation; Maryland State Police (MSP) Guidelines for Physical Evidence; DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); Sexual Assault Responder Support Staff (SARS) Notification Protocol; Maryland VAWA Forensic Compliance Guidelines and a list of the Maryland Rape Crisis and Recovery Centers established by Maryland Coalition Against Sexual Assault (MCASA) contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policies requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and some staff interviews confirmed Maryland State Police (MSP), DJS Child Protective Services (CPS) and Office of Inspector General (OIG) conducts the criminal and administrative investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. CPS will contact the appropriate local law agency to co-investigate. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. There is evidence of the DJS PREA Coordinator's efforts to obtain a Memorandum of Understanding from Domestic Violence and Sexual Assault Center at Dimensions Health Care to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams at the detention facility. Prince George's Hospital Center provides the emergency and forensic medical examinations at no financial cost to the victim. Documentation was provided that the medical examiners at Prince George's Hospital Center are SAFE certified. The detention facility has identified at least eighteen (18) mental health staff that can provide confidential emotional support to residents who are victims of sexual abuse and who had been trained on the PREA standards.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required 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. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to the DJS Child Protective Services (CPS) for investigation and determination of child abuse and Maryland State Police (MSP) for the determination of criminal charges. Staff refer all allegations of sexual abuse and harassment to the Office of Inspector General (OIG) for completion of an administrative investigation. The PREA policy can be found on the Maryland state's website. The parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report. CYF had received four (4) allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse, sexual harassment and sexual misconduct. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the detention facility is in full compliance with this standard.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and MGT-622-14 (Staff Training), CYF Facility Operating Procedures (FOP) dated 5/25/16 requires PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees statewide contains all eleven (11) topics consistent with this standard’s requirements and is tailored to all facilities with male and female resident populations. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff are required to sign “Staff and Training Education” forms for all the different DJS Training Modules and tested upon completion of the initial PREA training. A review of all staff and training education forms as well as staff interviews confirmed that staff are receiving their required PREA Training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. Additionally, all employees receive training during weekly Muster staff meetings. Employee training records are maintained electronically.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); OPS-900-15 (Incident Reporting - DJS Programs); OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) and OPS-908-14 (Volunteer Services) requires volunteers, interns and contractors who have contact with residents to receive PREA training. All volunteers, interns and contractors receive the PREA training and sign the PREA mandated disclosure form upon completion of the PREA training they received. Documentation confirmed they are aware of the detention facility’s requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training.

### **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.**

Standards Compliance) and CYF Facility Operating Procedures (FOP) dated 5/25/16 requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the intake staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. During the initial intake, the assigned staff reviews this information verbally with the resident and a hard copy is provided to them for future reference. After the review with the resident, he is asked to sign various forms which include: a written youth acknowledgment form, youth grievance policy, zero tolerance policy to name a few, verifying receipt for all information regarding orientation to the detention facility. Documentation of resident's signatures were reviewed and confirmed during resident interviews. Residents are provided a CYF Youth Handbook and pamphlet which includes information on prevention/intervention, self-protection, reporting and treatment/counseling and all available in Spanish. Additionally, residents during the orientation process see a video presentation on PREA at the detention facility. All residents interviewed stated they received this information the same day they arrived at the detention facility and identified the receipt of the handbook & pamphlet. Staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis. The detention facility utilizes the END SILENCE comic book series (Billy Speaks Out, Carlos' Question, Charles' Report, Mary's Friend, and Sheila's Dilemma).

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and Maryland State Police (MSP) OPS 13.03 (Operation Directive) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Maryland State Police (MSP) for criminal investigations and Office of Inspector General (OIG) for administrative investigations. All OIG Investigators under go an extensive training prior to conducting administrative investigations which includes the NIC PREA Investigating Sexual Abuse in a Confinement Setting Course. The detention facility does not conduct administrative or criminal investigations; however, documentation was reviewed indicating that PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement are provided by CPS. There are eight (8) investigators statewide who conduct investigations for OIG and five (5) of the investigators are assigned to the Central and Southern Region of Maryland. All eight (8) investigators have completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting Course and the four (4) hour PREA In-service training refresher requirements.

### **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 initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation contained all the training completed by all forty-five (45) contracted medical and mental health staff. It was evident through the medical and mental health staff interviews they had received the basic PREA training provided to all staff and the specialized training offered by NIC. All mental health staff completed the NIC PREA Behavioral Health Care for Sexual Assault Victims in a Confinement Setting Course. All medical staff completed the NIC PREA Medical Health Care for Sexual Assault Victims in a Confinement Setting Course. The medical staff do not conduct forensic examinations.

#### **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.**

The initial review of the DJS Policy RF-715-14 (Admissions and Orientation of Youth in DJS Facilities) and RF-716-13 (Classification of Youth in DJS Residential Facilities) requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness within 72 hours. All residents are screened within twenty-four hours upon arrival at the detention facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. The "Vulnerability Assessment Instrument" (VAI), Housing Classification Instrument, FIRIRST (medical) forms are 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 are reassessed at a minimum sixty (60) days and throughout their stay at the detention facility. The detention facility's policies limits staff access to this information on a "need to know basis". Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each resident upon admission to the detention facility. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health. Although there have been no transgender or intersex residents admitted to the detention facility within the past year, staff were aware of giving consideration for the resident's own 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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-716-13 (Classification of Youth in DJS Residential Facilities) and CYF Facility Operating Procedures (FOP) dated 5/25/16 precludes gay, bi-sexual, transgender and intersex residents being placed in a housing unit/pod, bed or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process 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 determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The intake staff utilize various forms and any other pertinent information during the resident's admission process. Also, the intake staff utilize a "Cottage Bed Roster" to place residents in a specific sleeping assignment according to their risk level (low, medium or high). Staff interviews described how information is derived from the various forms and the initial medical and mental health/substance abuse screening forms to determine placement and risk level. There are three (3) cottages with single cells, infirmary and orientation housing areas. Isolation is not utilized at the detention facility as a means of protective custody. The intake staff have been provided with a "Housing Classification Assessment/Re-Assessment User's Guide to assist intake, case management and other detention staff on how to complete the assessment forms correctly and accurately.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-715-14 (Admissions and Orientation of Youth in DJS Facilities) and OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephone line (GTL-211), placing a written complaint in the grievance box and third party. While touring the entire detention facility, colorful large postings of the PREA information (called PREA Zone) with the hotline number and victim advocate services were observed in the administrative area, kitchen and dining area, education area, infirmary area, intake and tour office area, orientation area, gymnasium, chapel area, and three (3) cottages. Reporting procedures are provided to residents through the handbook and pamphlets. Resident interviews indicated several ways to report sexual abuse and sexual harassment. They can directly pick up and dial "211" (hot line), speak with a staff they trust or third party. Most residents identified the grievance box and the Child Advocate as a means to report sexual abuse and sexual harassment. Most resident and staff interviews along with the resident's handbook, supporting documentation and posted signs verified compliance with this standard.

### **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 initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-715-14 (Admissions and Orientation of Youth in DJS Facilities) and OPS-907-14 (Youth Grievance) describes

the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in the locked grievance boxes located in various areas of the detention facility. Residents 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. The assigned Child Advocate will review the complaint within 24 hours and advise the resident of the outcome or status of the investigation. An interview with the Child Advocate confirmed the grievance procedure at the detention facility. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the grievance box. Residents indicated they would contact a trusted staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints. There have been no grievances relating to sexual abuse or sexual harassment received in the past 12 months.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-10-05 (Youth's Right - Telephone Calls Policy); RF-01-06 (Youth's Right - Access to Legal Counsel) and CYF Facility Operating Procedures (FOP) dated 7/31/15 & 9/17/16 ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is evidence of the DJS PREA Coordinator's efforts to obtain a Memorandum of Understanding with Domestic Violence and Sexual Assault Center at Dimensions Health Care to provide the victim advocacy services for the residents at the detention facility. Prince George's Hospital Center provides the emergency and forensic medical examinations at no financial cost to the victim. Documentation was provided that the medical examiners at Prince George's Hospital Center is SAFE certified. There have been no calls from residents to outside services in the past 12 months. Resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The detention facility provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The detention facility's postings contained information of the outside services. Resident interviews revealed knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. Additional education has been provided to the residents on victim advocate services. Since the initial review and on-site visit, the documentation was received prior to the submission of this report. The information was reviewed by this auditor and the detention facility is in full compliance with this standard.

### **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.**

An initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) identifies Department's third party reporting process and instruct staff to accept third party reports. DJS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, the staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information (post card). The orientation post card is available in Spanish. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the detention facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

### **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.**

The initial review of the DJS 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); OPS-900-15 (Incident Reporting - DJS Programs); COMAR Standard and Family Law Article identified the reporting process for all staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff are mandated reporters and random staff interviews confirmed the program's compliance with this standard. All staff receive information on clear steps on how to report sexual misconduct and to maintain confidentiality through the facility protocol and/or training. The staff would complete a "Incident Report" form with the details of any incidents that would occur in the detention facility in compliance with this standard. Additionally, interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires that immediate action be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Superintendent and other random selected staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk

of imminent sexual abuse. Staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this detention facility and none had ever reported to staff that they were at substantial risk of imminent 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.**

The initial review of the 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 Superintendent, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the head of the other facility where the alleged abuse occurred and to report it in accordance with DJS policies and procedures. Also, according to policy and procedure the Superintendent is to immediately report the incident in accordance with the Incident Reporting Policy and Procedures and the Reporting and Investigating Child Abuse and Neglect Policy and Procedures for investigation and complete an incident report. The Superintendent has received no allegations that a resident was abused while neither confined at another facility nor were there any allegations received from another facility during the past 12 months.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and CYF Facility Operating Procedures (FOP) dated 5/25/16 requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There have been four (4) allegations of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused. Also, every interviewed staff, without hesitation, described actions they would take immediately and these steps were all consistent with DJS policies and procedures. It was 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 initial review of the DJS Coordinated Response Plan dated 5/25/16 and CYF Facility Operating Procedures (FOP) dated 5/25/16 provides a written coordinated response system to coordinate actions taken in response to an incident of sexual assault among staff first responders, administration, executive staff and contacting medical and mental health outside sources. DJS Coordinated Response Plan provides the staff with clear actions to be taken by each discipline for accessing, OIG, administration, law enforcement, rape crisis center, victim advocate services, parent/guardian and a number of other individuals. Interviews with the Superintendent, Assistant Superintendent and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

### 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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. DJS policies and procedures prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. The Assistant Superintendent is responsible with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. This monitoring would include resident disciplinary reports, bedroom and program changes, negative performance reports as well as reassignments of staff. There is documentation of the Assistant Superintendent monitoring all the residents involved with the four (4) alleged sexual abuse investigations until the residents left the detention facility. There were no incidents of retaliation in the past 12 months.

**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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-716-13 (Classification of Youth in DJS Facilities) and CYF Facility Operating Procedures (FOP) dated 5/25/16 contained information on post-allegation protective custody or guidelines for moving a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The detention facility restricts any isolation placement, however, CYF has the capabilities to isolate a resident as a last resort. There have been no residents who have alleged sexual abuse in the past 12 months. The residents would be placed in another housing unit or staff would be placed on "no contact with youth."

**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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the DJS Child Protective Services (CPS) for investigation and determination of child abuse and Maryland State Police (MSP) for the determination of criminal charges. Staff refer all allegations of sexual abuse and harassment to the Office of Inspector General (OIG) for completion of an administrative investigation. There have been no reported investigations that appeared to be criminal and referred for prosecution of alleged

staff's or residents inappropriate sexual behavior that occurred in this detention facility in the past 12 months. Additionally, there have been no sustained allegations of conduct that appear to be criminal that were referred for prosecution in the past 12 months. It was evident, the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the detention facility, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

### **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 initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) contains all the elements of the standard and DJS Office of Inspector General (OIG) investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with the Superintendent indicated that they conduct fact finding investigations and make conclusions following their investigations (which are administrative in nature) and provide the information to DJS for consultation with legal and human resources to determine disciplinary actions.

### **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 initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires that any resident who makes an allegation that he suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. DJS has a "Youth Notice of Investigation Outcome" form to notify the resident. The policies further requires that following a resident's allegation that a staff member who has committed sexual abuse against the resident, the detention facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's housing area; the staff member is no longer employed at the detention facility; CYF learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the detention facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, OIG notifies the Superintendent who will then inform the resident whenever the detention facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the detention facility. There have been four (4) reported investigations of alleged staff or resident's inappropriate sexual behavior that occurred in this detention facility during the past 12 months. The Superintendent and the DJS PREA Coordinator validated their technical knowledge of the reporting process during their interviews.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and DJS Standards of Conduct and Disciplinary Process requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with DJS policy 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 local law enforcement, unless the activities were not clearly criminal. No employee has been terminated in the past 12 months for violation of the detention facility's sexual abuse or harassment policies. The Superintendent interview validated his technical knowledge of the reporting process was consistent with DJS policy 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) and OPS-908-14 (Volunteer Services) requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during interviews with the Superintendent and Director of Human Resources. There have been no volunteers or contractors reported in the past 12 months.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) 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. CYF staff provides each resident with a youth handbook that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy, counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the detention facility in the past 12 months. The Superintendent indicated that residents 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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) require that medical and mental health evaluation and as appropriate, treatment is offered to all residents victimized by sexual abuse. Residents who report prior sexual victimization or 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 days of admission/screening. Medical and mental health staff complete various admission screening forms (i.e. Admission Health Screening and Nursing Assessment, Youth Admission Intake Questionnaire, Behavioral Health Notification Form etc.) during the initial intake process. There were no residents who disclosed prior victimization during their initial screening process. Medical and mental health staff interviews confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers.

**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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) 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 and crisis intervention services. The medical staff have a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the direct care staff. Additionally, documentation provided confirmed treatment services are provided to every victim

without financial cost. Domestic Violence and Sexual Assault Center at Dimensions Health Care is the program identified to provide the victim advocacy services for the residents at the detention facility. Prince George's Hospital Center provides the emergency and forensic medical examinations.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to Prince George's Hospital Center where they will receive treatment and where physical evidence can be gathered by a certified SAFE medical examiner. There have been four (4) investigations of alleged resident's inappropriate sexual behavior that occurred in this detention facility in the past 12 months. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused. Additionally, the staff complete the "Victim Safety/Trauma Plan for Alleged Sexual Abuse and Harassment" form and provide the information to the mental health staff.

### **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.**

The initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); CYF Facility Operating Procedures (FOP) dated 5/25/16 and Memo dated 5/27/16, requires a Sexual Abuse Incident Review of every sexual abuse allegation at the conclusion of all investigations, except those determined to be unfounded within thirty (30) days. CYF Sexual Abuse Incident Review Team consists of the Superintendent, Assistant Superintendent, Behavioral Health Program Director, Nursing Supervisor, (2) Group Life Manager II, Case Management Specialist Supervisor, and OIG Investigator. There have been four (4) investigations of alleged staff or resident's inappropriate sexual behavior that occurred in this detention facility in the past 12 months. A review of the documentation confirmed the Superintendent conducted a Sexual Abuse Incident Team Review meeting on all four (4) investigations. Staff interviews confirmed they would document their review on the Sexual Abuse Incident Team Review form that captures all aspects of an incident.

### 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.**

The initial review of the 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 2014 – 2015 Annual Reports revealed both were completed in accordance with 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 initial review of the DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2014-2015 Annual Reports indicated compliance with the standard and included all of the required elements. The 2014-2015 Annual Reports are posted on the DJS Website for public review and readily available. The DJS PREA Coordinator monitors collected data to determine and assess the need for any corrective actions.

### 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.**

The initial review of the 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.

Dorothy Xanos

July 29, 2016

Auditor Signature

Date