

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: May 26, 2016

Auditor Information			
Auditor name: Robert G. Lanier			
Address: 1825 Donald James Road, Blackshear, Georgia 31516			
Email: robrunsslow@gmail.com			
Telephone number: 912-281-1525			
Date of facility visit: April 28, 2016			
Facility Information			
Facility name: Green Ridge Youth Center			
Facility physical address: 10700 Fifteen Mile Creek Road, Flinstone, MD 21530			
Facility mailing address: <i>(if different from above)</i> same as above			
Facility telephone number: 301-478-2930, 3009			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Judith Hood			
Number of staff assigned to the facility in the last 12 months: 12			
Designed facility capacity: 40			
Current population of facility: 39			
Facility security levels/inmate custody levels: Staff Secure-Committed Youth			
Age range of the population: 13 - 21			
Name of PREA Compliance Manager: John Hare		Title: Group Life Manager	
Email address: John.Hare@maryland.gov		Telephone number: 301-478-2930	
Agency Information			
Name of agency: Maryland Department of Juvenile Services			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: One Center Plaza, 120 W. Fayette Street, Baltimore, MD 21201			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 410-230-3100			
Agency Chief Executive Officer			
Name: Sam Abed		Title: Secretary of the Department of Juvenile Services	
Email address: Sam.Abed@maryland.gov		Telephone number: 410-230-3101	
Agency-Wide PREA Coordinator			
Name: Aaron Keech		Title: PREA Coordinator	
Email address: Aaron.Keech@maryland.gov		Telephone number: 301-722-1609	

AUDIT FINDINGS

NARRATIVE

Notices of the upcoming PREA Audit were sent to the PREA Coordinator on March 2, 2016 to forward to the facility for posting. The facility posted the notices on March 15, 2016 and provided photos of multiple posting locations throughout the facility and campus making the notices and contact information accessible to staff, youth, contractors and volunteers. The auditor did not receive any communications as a result of the posted notices.

The Agency PREA Coordinator forwarded the Pre-Audit Questionnaire and flash drive containing Department of Juvenile Services Policies and Procedures, Facility Operating Procedures and other documentation supporting compliance 30 days prior to the audit. The information on the flash drive was very well organized and information was easily accessible. The auditor reviewed all of the information on the flash drive and sent the facility a list of documentation that would need to be reviewed during the on-site audit. The PREA Coordinator was very responsive to all requests for clarification and additional information. The Agency Policies were a pleasure to review. They were very well written, comprehensive and detailed and effectively addressed the agency's approach to prevention, detection, responding and reporting. Not only were the policies an indication of the agency's commitment to PREA, the resources the agency has provided to support PREA is commendable. Examples of this commitment is reflected in the contracts for a variety of interpretive services, the addition of video cameras to enhance viewing and a host of other resources in support of PREA. In short, the depth and scope of the policies promulgated by the Agency indicate that this agency takes sexual safety of its residents very seriously.

By prior arrangement on the evening prior to the audit the auditor met with the Agency PREA Coordinator, the Green Ridge Youth Center Superintendent and Assistant and the Backbone Mountain Superintendent and Assistant Superintendent for dinner. The purpose of this meeting was to introduce the auditor, to answer any questions related to the audit process, to discuss logistics, and to calm staff anxieties over the audit.

The auditor arrived at the Green Ridge Youth Center at 6:30AM, April 28, 2016, to interview staff from the overnight shift prior to their departure from the facility. Following those interviews, the auditor provided a tentative interview and audit schedule. Because introductions had been made the night before and the process already discussed the decision was made to proceed with a tour of the facility. The campus contained a number of buildings and structures housing various components of the facility's programming and services. The campus and facility was observed to be clean and orderly. Youth were well behaved and staff were observed providing direct line of sight supervision. PREA Audit Notices and PREA Posters were observed posted in locations throughout the campus. Posted prominently next to the telephones were instructions for dialing the "hotline 211". Grievance boxes with grievance forms were also observed. Shower and restroom facilities were constructed to limit viewing while youth are showering or using the restroom. Restrooms contained individual stalls with half walls and half doors providing privacy while using the restroom. There were three showers in each unit equipped with PREA Privacy Curtains. The housing unit is "open bay" with beds aligned in a row on both sides of the wall. Video cameras were observed throughout the campus. Some solid doors, some of which were outside of the view of a camera, were observed. The Superintendent and Assistant Superintendent, who were very knowledgeable of where there blind spots were located, stated these doors were not accessible to all staff. Keys were restricted as a measure taken to limit access. They also related that youth are always in direct line of sight of staff. It was suggested that the facility consider placing a sign on these doors restricting access to authorized staff only.

Following the tour, the auditor continued the interviews. The staff of Green Ridge Youth Center were exceptionally helpful and responsive to any request and facilitated the interviews enabling the auditor to make the best use of time.

DESCRIPTION OF FACILITY CHARACTERISTICS

Built originally as a Civilian Conversation Corps Camp, Green Ridge Youth Center has had a variety of uses in its 90-year history. Adjacent to Green Ridge State Forest, the facility occupies 11.1 acres of rural and wooded land. The physical plant is composed of sixteen buildings. Within those 16 buildings, eleven are major buildings used by the youth, including a dormitory, kitchen, recreation/gymnasium, treatment building and education.

Green Ridge is a residential treatment center operated by the Maryland Department of Juvenile Services. It has capacity for forty (40) males between the ages of 13 and 21. The program serves young men who have been committed from the juvenile court system. The length of stay in the program is based upon completing their individual treatment goals and program expectations. The average length of stay is six (6) to nine (9) months.

The Green Ridge Youth Center also operates the Mountain Quest program which is a short term 90 day first time commitment program for ten (10) males between the ages of thirteen (13) and eighteen (18). The program gives youth the opportunity to work on thought patterns and behaviors which will help them become successful upon re-entry to the community. Mountain Quest provides individual mental health and family counseling as needed, social skills, team building and communication skills. Social skills are taught five hours per week to give youth the skills needed for conflict resolution, victim awareness, improved family dynamics and positive self-esteem.

Through the DJS Vision Statement of "Successful Youth, Strong Leaders, Safer Communities: the facility believes in challenging youth daily to change their behaviors and ways of thinking. The facility staff accepts the responsibility of creating a safe and secure environment for the youth under their care.

The facility is staffed with forty-seven (47) full-time employees including contracted services from the Allegany County Health Department. The staff consists of a Superintendent, Assistant Superintendent, Mental Health Therapist/Social Worker, Addiction Counselor, four (4) Case Management Specialists, two (2) Resident Advisor Supervisors, two (2) Resident Advisor Leads, three (3) Group Life Managers, twenty-four (24) Resident Advisors, Coordinator of Recreation and eight (8) other staff including Food Service, maintenance and office support. The facility also has a full time licensed registered nurse assigned from the Allegany County Health Department to provide on-site medical services Monday through Friday. Comprehensive physicals and dental services are conducted at the Western Maryland Health Center. The master's level licensed mental health counselor provides initial assessment and triage protocol to determine each youth's mental health needs.

Green Ridge youth benefit from the following services. The Massachusetts Youth Screening Instrument (MAYSI) and the Substance Abuse Subtle Screening Inventory (SASSI) are administered at intake for every new admission. Each youth's MAYSI and SASSI are scored, assessed and reviewed by mental health services upon admission to determine levels of care. Previous Multidisciplinary Assessment Team's evaluation and recommendations, previous psychiatric and psychological evaluations, reports and a review of the clinical record are conducted to determine a youth's placement. The facility provides individualized rehabilitative and mental health/substance abuse counseling services. Specialized treatment and services include life skills, behavior modification, substance abuse and anger management groups. Behavioral health counselors co-facilitate START groups which focus on anger management and Seven Challenges groups which focus on substance abuse treatment.

A multi-disciplinary treatment team consisting of staff from administration, case management, medical, mental health, substance abuse and direct care supervision determine youth's treatment needs and ensure continuity of treatment services from intake to release. 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 youth relationship, 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, youth 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 youth to practice interpersonal and intended to provide daily opportunities for youth to practice interpersonal and leadership skills. In addition, they 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 youth progress through the program. The CHALLENGE Program systematically provides positive reinforcement through a point and level system and social reinforcement.

Regular family interaction is encouraged with visits, phone calls, family day activities. Home visits support youth reintegrating back into their communities and with their family.

In 2013 the Maryland State Department of Education (MSDE) assumed responsibility for the educational services program and began providing accredited academic and vocational programming services. Youth are provided the same curriculum that is mandated for all schools in Maryland and are instructed by five (5) certified teachers. The school offers a 12month schedule that includes six (6) hours of daily instruction five (5) days a week. From middle school to high school, students are offered the content core classes in English, Mathematics, Science, Social Studies and health and life skills using the curriculum outlined in the Maryland College and Career Readiness Standards. Students are also offered a Career and Technology Education course entitled Career and Research Development I and II with a curriculum also approved by MSDE for all schools. During their studies, the students also have the opportunity to earn certificates that will

increase their employability once released from Green Ridge Youth Center. These certificates which are recognized by their related industries include OSHA 10 and ServSafe. Student enrolled in Green Ridge Youth Center School are working toward their high school diploma by earning credits and when appropriate, they may be preparing to earn their diploma by examination through the General Education Development (GED) Program.

Structured recreation is directed by an assigned recreation specialist at the facility. This programming provides an introduction to a variety of leisure time activities with a focus on skill development and team building. Activities are developed based on youth strengths and interests. Youth have the opportunity to participate in the Department's Intramural program called Changing Habits and Making Progressive Strides (C.H.A.M.P.S.) which offers sports league competitions and academic challenges. Youth also have the opportunity to participate in the adventure based outdoor program called Reflections developed to present the youth with activities such as aquatics, challenge course/ropes activities, hiking, biking, and snow tubing, weather permitting.

All youth are afforded access to recreational, religious and volunteer programs that are focused on youth development. Green Ridge Youth Center participates in numerous community service activities that provide the youth with opportunities to develop self-worth and empathy through restorative justice by helping and giving to others. The youth assist at the LaVale Library with their yearly landscaping project, Heritage Day Festival set ups, cleanup campsites at Rocky Gap State Park and volunteer at the Shelter of Hope where they interact with shelter dogs. The youth also volunteer at Lou Simmons fruit orchard which provides youth the opportunity to learn about agriculture, environmental practices and practical knowledge of horticulture and gardening.

Aftercare planning and ongoing assessment to formulate aftercare recommendations are coordinated with addictions services and case management specialists prior to discharge. Aftercare Plans including individual and family therapy and medication management are explored with the youth's parent or guardians and are identified in the discharge summary narratives.

SUMMARY OF AUDIT FINDINGS

The Agency PREA Coordinator has done a remarkable job in implementing PREA within the agency. DJS Policies are comprehensive and address all aspects of the PREA Standards. In some cases they are multilayered meaning that more than one policy or procedure addresses a specific PREA Standard and/or Sub-Standard. Policies are clearly written and detailed. The “flash drive” was very well organized and contained detailed information documenting compliance with each sub-standard and each standard. It was very evident that this professional takes PREA seriously, that he has an unusual grasp for all aspects of PREA, and with an unusual vision for implementation, assessment and moving forward to make the agency’s approach to prevention, detection, responding and reporting even more effective. When information or clarification was needed prior to, during and following the audit, the PREA Coordinator provided that information expeditiously.

The Green Ridge Superintendent and Assistant Superintendent were very knowledgeable of PREA. They too, were very responsive in providing any requested information and it was evident that they also take PREA very serious. The enthusiasm they exhibited was impressive.

In addition to reviewing all of the documentation that was provided on the flash drive and requested, the auditor selected staff and youth to interview. These included randomly selected staff from all shifts and units, specialized staff and youth from both programs, as well as any other youth who were in a specialized category. The purposes of the interviews were to determine the “practices” at the facility to see if the “practices” were consistent with the policies, procedures and standards, to determine the level of youth and staff knowledge about PREA, especially how to report and to assess, insofar as possible compliance with the standards.

Interviews were conducted with the following staff: Agency PREA Coordinator, Facility Superintendent, Assistant Superintendent/PREA Compliance Manager, Mental Health Staff, Medical Staff, Office of the Inspector General Investigator, DJS Youth Center’s Intake Specialist, Outside Advocacy Staff, three staff who conduct Intake and Risk Screening, two staff who serve on the Facility Incident Review Team, one staff who monitors retaliation, ten randomly selected staff from all shifts and who also serve as first responders and ten youth representing all housing units and programs. A facility volunteer was interviewed via telephone after the conclusion of the on-site audit. A telephone interview was conducted with an Agency Contract Staff.

Interviews with staff indicated they are very knowledgeable about PREA. It was evident from the interviews that staff at this facility takes sexual assault and the protection of residents seriously and that they have been trained in PREA and that training is ongoing through Muster Meetings during which PREA Topics are covered weekly at a minimum. Staff were so confident as a result of their training that they responded to each question with enthusiasm and certainty and did not hesitate with their responses. Staff understood their roles and responsibilities for reporting any suspicions, allegations, reports or knowledge and indicated that they would take all reports seriously regardless of their source. They understood the reporting process and stated they would do their initial report verbally and immediately to the shift supervisor and that a written report would be completed as soon as possible but in all cases prior to the end of the shift. Another area in which staff were very articulate was staff first responder responsibilities. Every staff, without exception, related that they would immediately separate the alleged victim and alleged perpetrator, notify their immediate supervisor, secure the area/room to protect evidence, advise the youth not to take any action that would degrade or contaminate any evidence, including showering/bathing, brushing their teeth or using the restroom. Staff were also trained in the use of the PREA Kit, to enable them or medical staff, if on duty, to contain evidence that would be turned over to authorized investigators. Staff who conducted intake described an intake process that ensured that youth are provided information on the Agency’s Zero Tolerance Policy and How to Report among other things. Youth at Green Ridge Youth Center receive two Intakes, one conducted by the DJS Youth Centers Intake Specialist and one by the Facility Case Management Specialist. Both of these staff cover the Zero Tolerance Policy and reporting. Both also conduct initial Risk Screenings of all youth. There were not any areas of concern related to any of the questions asked.

Youth interviews likewise were exceptional with the exception of youth’s understanding of the services that are available outside the facility for dealing with sexual abuse if ever needed. Although the youth could not describe who these agencies are or the services they provide, every youth admitted receiving the information during intake. The facility provides each youth with a listing of the outside agencies, the phone numbers to call and the addresses to write. Additionally the facility provides the youth with a list of Child Protective Services Offices, again with contact information. The information is available on the wall, posted prominently next to the telephones in each unit.

Following the on-site audit the auditor reviewed documentation provided before, during and after the on-site audit, as well as notes taken during the tour, notes from interviews and applied the verbiage of each standard to make a determination of a rating for each standard. The auditor reviewed 41 PREA Standards during the audit process and 6 Standards were rated exceeds and 35 were rated “met” standard. There were no standards found to be out of compliance.

Number of standards exceeded: 6

Number of standards met: 35

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.

Summary:

It is evident that the Maryland Department of Juvenile Services (DJS) takes PREA seriously. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, describes the agency’s Zero Tolerance for all forms of sexual abuse and sexual harassment. The agency’s approach to preventing, detecting, and responding to reports of alleged sexual abuse and sexual harassment is very detailed, clearly written, and comprehensive and flows logically. Additionally, the policy includes definitions of prohibited behaviors as well as sanctions for youth, staff, contractors and volunteers found to have violated those prohibitions. Youth, staff, contractors and volunteers are trained in the Zero Tolerance Policy and sign acknowledgments indicating their understanding of the Policy. Emphasis is placed on Zero Tolerance through Department of Juvenile Services Policy, the “What Youth Should Know About Sexual Abuse” brochure provided to youth, the student handbook, the Green Ridge Facility Informational Post Card, the Sexual Abuse Hotline, Dial 211 Posters and other documents available to staff and youth. A memo for record dated March 25, 2016, designated the PREA Coordinator whose purpose was described as being responsible for overseeing agency efforts to comply with the PREA Standards in all of the DJS Facilities. His duties were enumerated and included developing, implementing and overseeing the agency’s efforts to comply with the PREA Standards in all of its facilities. The Departmental Organizational Chart further demonstrates the agency’s commitment to PREA. In the organizational structure the PREA Coordinator reports directly the Inspector General. The OIG’s Office also is responsible for conducting administrative investigations of PREA related allegations and incidents. An additional duty for the PREA Coordinator is to appoint a PREA Compliance Manager for each facility. A list of all facility compliance managers was provided to the auditor. The Green Ridge PREA Compliance Manager is designated in a Memo for Record dated March 28, 2016. The facility organizational chart dated 3/29/2016 indicates that the Facility PREA Compliance Manager is the Group Life Manager, who according to the Facility Organizational Chart, reports directly to the Facility Superintendent in the absence of an Assistant Superintendent. His duties are described in the Memo and include developing, implementing, and overseeing the facilities efforts to comply with the PREA Standards in the facility. Additionally, the Compliance Manager is required to ensure youth are receiving PREA Training during initial intake by the Intake Officer, when the youth first arrives at the facility, when the Child Advocate is on grounds within a week of the youth’s admission, and once a week during their Community Meetings by the Case Manager. Other duties included ensuring staff are receiving PREA training during bi-weekly muster meetings and through the PREA on-line training course.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: Department of Juvenile Services (DJS) RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Agency Policy: Department of Juvenile Services (DJS) RF-715-2 Admissions and Orientation of Youth in DJS Facilities
- ✓ Reviewed the Youth Brochure: “What You Should Know Sexual Abuse”
- ✓ Reviewed Student Handbook/Manual Dated 2015: Green Ridge Youth Center Youth Handbook
- ✓ Reviewed MD Department of Juvenile Services Organizational Chart
- ✓ Reviewed Facility Organizational Chart
- ✓ Staff Interviews
- ✓ Memoranda designating PREA Coordinator and Facility Compliance Manager
- ✓ Sexual Abuse Hotline Dial 211 Poster
- ✓ Green Ridge Youth Center Informational Post Card

Interviews:

An interview with the Facility PREA Compliance Manager indicated he is knowledgeable of the Department’s Policies related to PREA and of the PREA Standards. Although he serves as Assistant Superintendent he related that he has time to perform his PREA related duties and takes them very seriously. During the tour of the facility it was also evident that he knew the locations of the facility’s cameras and that he

had considered where the remaining blind spots in his facility are. He stated that when he has identified issues in complying with a standard he “pulls” and reviews the Department of Juvenile Services Policies, Facility Operating Procedures and consults with the Agency’s PREA Coordinator who provides technical assistance. He stated too that he has the complete support of this administration at the facility in implementing the standards. An interview with the Agency PREA Coordinator confirmed that the Department of Juvenile Services is fully committed to keeping youth safe. The PREA Coordinator is one of the most knowledgeable PREA Coordinators I have ever had the pleasure of working with. His thoughtful responses to all of the questions posed to him reflected a staff person who takes his role very seriously. It also reflected someone who has studied each of the PREA sub-standards and who has developed processes that more than address each requirement. Although the Department has developed policies and procedures and processes that comply with all of the standards and sub-standards, the PREA Coordinator is not content to simply “maintain”. He expressed his desire for the Department to continue to improve and evolve in its efforts to ensure that youth are sexually safe in all of the DJS Facilities.

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.

Summary:

Four reviewed contracts between the Maryland Department of Juvenile Services and private providers contained provisions that required the contractor to comply with the DJS PREA Policy and PREA Standards. Specifically, Articles 19 – Compliance with Laws, specifically requires the Contractor to comply with the Prison Rape Elimination Act. Article 34 – Policies and Procedures states the following: “The contractor and subcontractors shall adhere to the following Juvenile Services Policies and Directives which are incorporated into this Contract by reference with respect to: Reporting and Investigating Child Abuse and Neglect Policy; Incident Reporting Policy; Communicating with Limited English Proficient Persons Policy; Youth Grievance Policy; Accessibility for Youth with Hearing Impairments Policy; Seclusion Policy, Random or Reasonable Suspicion Checks and Child Abuse or Neglect; Elimination and Reporting of Sexual Abuse and Harassment and Criminal Background Investigations Policy.

Reviewed Documentation:

- ✓ Reviewed four (4) MD Department of Juvenile Services contracts for the confinement of residents
- ✓ Staff Interviews

Interviews:

A previous interview with the Agency’s PREA Coordinator confirmed that contracted facilities are monitored by the Maryland DJS for compliance with agency policies and procedures as well as PREA Standards.

An interview with the agency’s contract manager confirmed that the PREA Language is included in all contacts for the confinement of youth. She also related that the agency also requires that the provider allow the agency to monitor the contract for compliance with the provisions of the contract including PREA. She related that at least annually her quality assurance staff monitor the contacted services for compliance with PREA as well as other 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.

Summary:

DJS Policy RF-713-14, Direct Care Staffing, with an effective date of 5/19/14 and DJS Policy 701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, with an effective date of 2/4/15, require each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of youth. Section III. Procedures, of the policy, Paragraph B. Staffing Plan, addresses review of the items required by the standard. Additionally, it requires that the staffing plan identifies all posts and required coverage by shift. Paragraph 6B. requires, “whenever necessary, but not less frequently than once a year, the Facility Administrator, in consultation with the PREA Coordinator, shall assess, determine and document whether adjustments are needed to the staffing plan, prevailing staffing patterns, the facility’s deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit ensure adherence to the Staffing Plan. An annual staffing plan for 2016 requires 4 staff providing supervision in the dorms during the day shift, 4 during the second shift and 2 during the night shift. Reviewed Facility/Staff Ratio Yearly Computation Forms reflect that staffing consistently exceeded the requirements of the facility’s staffing plan. The annual assessment is documented on the Facility Vulnerability Assessment Tool. Vulnerability Assessment Tools documented annual review for 2015 and 2016. The 2016 DJS RF-713-14, Direct Care Staffing Policy, also requires the plan to account for departmental youth to staff ratios, physical plant, video monitoring, and federal standards. Minimum staffing and ratios were predicated on the designed capacity of the facility which is 40 residents. The average daily population since August 20, 2012 documented on the Pre-Audit Questionnaire is 30 residents.

The Facility Staff – to -Youth Ratios Document (Direct Care Staffing Procedure-Appendix 2) approved by the Deputy Secretary for Operations dated March 19, 2014 and March 3, 2015, provided to the auditor, documented required ratios for Green Ridge Youth Services Center of 1:10 during day time hours and 1:16 during night time hours. DJS Policy-RF-713-14 also provides instructions for responding to and documenting exigent circumstances as does Green Ridge Youth Center Facility Operating Procedures (FOP), Exigent Circumstances to Maintain PREA Ratio, with an effective date 5/10/15. The facility reported that there have been no deviations from the minimum staffing levels during the past 12 months. Unannounced rounds are required by DJS Policy RF-703-14, Direct Care Staffing, Supervision and Movement of Youth and Green Ridge FOP Unannounced Rounds at Green Ridge Youth Center, (effective date, 5/10/2015). Unannounced rounds are documented in the facility logbooks and reviewed logbooks as well as interviews with staff indicated unannounced rounds are being made. The PREA Compliance Manager/Group Life Manager and Superintendent have the capability to review camera coverage in various locations of the facility on a random basis as well as when incidents occur. The Department of Juvenile Services Office of Inspector General (OIG) also conducts video reviews weekly that enable them to view, off site, any area of the facility where cameras are located to determine if staff are complying with policies and procedures. An interview with one of the OIG Investigators confirmed that he reviews video on a consistent basis and weekly when he is not tied up on an investigation. He described a process that included randomly selected views as well as specific views to observe movements, search procedures and other requirements. When deficiencies are observed the investigator notifies the facility. DJS Policy RF-703-14, Supervision and Movement of Youth, provides specific instructions for supervising youth. Areas covered in this policy included General Supervision Procedures, Procedures for Supervision of Youth in Living Units/Building, During Group Movements, Showers, Recreational Activities, Dining Hall, School. Health Care and Behavioral Health Services and during Transportation. General procedures require that staff position themselves where they can maintain sight and sound supervision of youth at all times. These procedures provide excellent guidance in how to supervise youth in the care of Residential Advisors. The Facility, in a document dated March 17, 2016, entitled Facility Blind Spots, identified 4 blind spots in the facility. In response to actions taken to mitigate the effect of the blind spots, the facility developed staff positioning and posting procedures as well as youth movement procedures. The reviewed DJS Video Surveillance Systems Listing of Facilities scheduled for camera upgrades, dated February 11, 2015, indicated that Green Ridge Youth Services Center was scheduled to receive 106 additional cameras to be installed during the 1st Quarter of 2016. Newly installed cameras were located throughout the facility. During the tour several solid doors without windows or camera coverage were identified and it was recommended that “Restricted Entry” signs be placed on those doors. The Assistant Superintendent related that staff are positioned to ensure they are able to view youth and staff are required to keep youth in line of sight supervision at all times. Keys are also restricted for certain areas and doors as a means of limiting access.

Reviewed Documentation:

- ✓ Reviewed MD Department of Juvenile Services Policy RF-713-14 Direct Care Staffing, III. B Staffing
- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards

- Compliance, III.A.8, Supervision
- ✓ Reviewed 2014 and 2015 Facility Vulnerability Assessment
- ✓ Reviewed 2014 and 2015 Staffing Plan
- ✓ Reviewed Blind Spot List
- ✓ Reviewed Camera Listing
- ✓ Reviewed Policy Number RF-713-14 Direct Care Staffing
- ✓ Reviewed Staff Schedules
- ✓ Reviewed Video Surveillance System
- ✓ Reviewed Facility Staff-to-youth Ratio Sheets
- ✓ Reviewed Facility Operating Procedure: Exigent Circumstance
- ✓ Reviewed Policy Number RF-703-14 Supervision and Movement of Youth
- ✓ Reviewed Unannounced Rounds Logbook Documentations
- ✓ Reviewed Facility Operating Procedure: Unannounced Rounds
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

Interviewed staff were aware of the minimum staff to youth ratios as well as the minimum staffing for each shift. All of the interviewed staff stated the minimum ratios and post minimums are always maintained. Staff at the facility stated they are often required to work overtime to meet the minimums. Staff reported that there is a schedule that identifies when staff can expect to have to work overtime, which they indicated was the result of staff vacancies. The Superintendent related that the annual staffing plan is currently determined by posts, programming needs, special needs, the population being served and consideration of transportation needs. She indicated that these needs have to be considered and adjustments made on a daily basis to meet the needs. She related that the ratios required for Green Ridge are 1:10 during awake hours and 1:16 during sleeping hours. She related that the video camera installation was completed in September, 2015 and that she currently has approximately 162 cameras. An interview with the OIG Investigator confirmed that OIG conducts weekly video reviews off site to determine if staff are complying with policies and procedures. When deficiencies are observed, the investigator notifies the facility.

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.

Summary:

DJS Policies, Green Ridge Youth Center Facility Operating Procedures including the following: (DJS- RF-715-14, Admissions and Orientation of Youth in DJS Facilities, effective 12/19/14; DJS-RF-712-14, Searches of Youth, Employees, and Visitors, effective 11/5/2014, Green Ridge FOP, Limits to Cross Gender Viewing and Searches, effective 5/10/2015; FOP Shower Procedures, effective 5/20/2015; FOP Searches of Youth, Employees and Visitors at Green Ridge Youth Center, and a slide presentation entitled: "Pat Down Search Training Brochure" 2016, clearly prohibit cross gender viewing and cross gender pat down searches except in exigent circumstances. They also prohibit cross gender strip or cross gender visual body cavity searches of residents and prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determine the resident's genital status except in exigent circumstances. The reviewed Pat-Down Search Training Brochure states in Paragraph 4 that staff shall not conduct cross gender pat down searches except in exigent circumstances. When an employee of the same gender as the youth to be searched is not available, staff will keep the youth under constant visual supervision until a same gender employee is available to perform the search, unless the Facility Superintendent or designee

determine that an exigent circumstance exists that threatens the safety and security of the facility. The exigent circumstance will be documented and approved by the Superintendent. The training brochure also prohibits searches for the sole purpose of identifying genital status and requires that when conducting pat down searches of transgender or intersex residents, the resident shall be asked to identify the gender of staff who they would feel most comfortable conducting the search. Training further instructs the student that searches, when possible, should be conducted in view of surveillance cameras. The training brochure also stated that two staff had to be present when conducting pat down searches absent exigent circumstances that had to be approved by the Facility Administrator and the circumstances documented in the log book. The reviewed training curriculum, "Guidance in Cross Gender and Transgender Pat Searches" was comprehensive discussing the effects of trauma, sensitivity to the effects of that trauma and how to avoid re-victimizing youth with professional search techniques and procedures. A sample of provided training rosters indicated that 69 staff have been trained in conducting pat down searches and in professionally searching transgender and intersex youth. The Limits on Cross Gender Viewing Green Ridge FOP and Green Ridge Showering Procedures FOP describe and require same gender searches and same gender showering procedures. Male staff are tasked with monitoring but not viewing youth during showers, performing bodily functions, changing clothes and during searches. Transgender and intersex residents are allowed to shower alone. The procedures are clear and specific and require youth to report to showers clothed and to depart the showers clothed. Agency Policies, Local Facility Operating Procedures and the training brochure clearly demonstrate the lengths the Facility goes to limit any cross gender viewing absent exigent circumstances. They also emphasize professionalism and sensitivity all youth, and especially transgender and intersex youth.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Facility Operating Procedure: Limits to Cross-Gender Viewing and Searches – Dated: 5/10/2015
- ✓ Reviewed Facility Operating Procedure: Search of Youth, Employees and Visitors – Dated 5/10/2015
- ✓ Reviewed Agency Policy RF-712-14: Searches of Youth, Employees and Visitors
- ✓ Reviewed Facility Operating Procedure: Shower Procedures –Dated 5/20/2015
- ✓ Reviewed Agency Policy RF-715-14: Admissions and Orientation of Youth in DJS Facilities
- ✓ Reviewed Facility Pat Down Search Steps
- ✓ Reviewed Facility Staff Education and Training Rosters
- ✓ Reviewed Agency Policy RF-703-14: Supervision and Movement of Youth
- ✓ Pat Down Search Brochure
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

100% of the interviewed staff stated that cross gender searches are prohibited at Green Ridge Youth Center (an all-male facility) except in exigent circumstances. They were also able to describe examples of exigent circumstances. Administrative approval would be required prior to authorizing a cross gender search and the exigent circumstances would have to be documented. If a male staff was not available to conduct the search, female staff would be required to monitor the youth until a male staff was available to conduct the search. All of the interviewed staff related they had received training in conducting cross gender pat down searches as well as searching transgender youth in a professional manner. Staff stated that shower procedures require male staff to supervise the shower process. Youth are required to go to the showers either in robes or other clothing covering their bodies. There are three shower stalls, all equipped with PREA shower curtains. Youth disrobe in the shower or in a bathroom stall and leave the shower robed or clothed. One male staff is positioned in the bathroom area to deter youth from leaving the shower to interfere with any other youth showering but not viewing anyone. Ten of 10 interviewed youth confirmed the search process; the showering procedures and that female staff announce their presence by saying, "female on the hall or female in deck". All youth stated they are never naked in view of any staff, male or female.

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.

Summary:

Reviewed policies included the following: DJS-RF-715, Admission and Orientation of Youth in DJS Facilities, effective 12/19/14; MGT-625-14, Nondiscrimination of Youth, effective 12/22/14; MGT-627-14, Communications with Limited English Proficiency, 12/22/14; and OPS-911-15, Accessibility for Youth with Hearing Impairments, effective 1/15/15.

Reviewed policies, procedures and other provided documentation indicates that the Department and this facility take their responsibilities for ensuring that residents with disabilities and with Limited English Proficiency are provided equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment seriously. These policies and procedures also prohibit reliance on youth interpreters or resident readers except in limited circumstances where delay could compromise the youth's safety, the performance of first responder duties, or the investigation of a youth's allegations. The facility reported that they have not had any occasions where they have utilized resident interpreters or resident readers during the past twelve months.

A Memo dated March 25, 2013 from the Director of the Office of Fair Practices/Equal Employment Opportunity and the Limited English Proficiency Language Coordinator directed staff to utilize the following contracted services for interpretive services: On-Site Services: AdAstra Incorporated; Telephonic Interpretive Services: Language Line Solutions and Written Translation Services: Schreiber Translations, Incorporated. Flash Cards for a multitude of languages to identify the language used by the youth and to identify the interpretive services needed are used, if needed, during the admissions process. Contracts for interpretive services were reviewed. American with Disabilities Act Coordinators are designated in each facility and Regional LEP Coordinators are designated and identified as contacts for assistance with limited English proficient residents.

Reviewed Documentation:

- ✓ Reviewed Limited English Proficiency – LEP Coordinators for Areas, Facilities and Private Providers
- ✓ Reviewed Youth Brochure: What You Should Know
- ✓ Reviewed Agency Policy Number OPS-911-15 Accessibility for Youth with Hearing Impairments
- ✓ Reviewed Agency Policy Number MGT-627-14 Communication with Limited English Proficient Persons
- ✓ Reviewed Agency Policy Number RF-715-14 – Admissions and Orientation of Youth in DJS Facilities
- ✓ Reviewed Facility DJS Superintendent and ADA's/LEP's Coordinators List
- ✓ Reviewed Student Handbook/Manual Dated 2015: LESCC Standard Youth Handbook
- ✓ Reviewed Agency Policy Number MGT-625-14: Nondiscrimination of Youth
- ✓ Reviewed Agency Policy Number RF-715-14: Admissions and Orientation of Youth in DJS Facilities
- ✓ Staff Interviews
- ✓ Youth Interviews
- ✓

Interviews:

10 of 10 randomly selected staff, including staff who perform Intake, related that they would not allow a resident to serve as an interpreter or reader for another youth, unless it was an emergency. When asked what they would do if they encountered a disabled or limited English Proficient Youth, staff stated they had telephone numbers for professional interpretive services that they would use. None of the interviewed youth were disabled or limited English Proficient however youth related they were asked if they were disabled or unable to understand the language.

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.

Summary:

Reviewed policies, procedures and provided documentation and interviews indicated that the Maryland DJS has a comprehensive and multilayered system for conducting background checks on employees, contractors and volunteers. DJS Policy HR-410-15, effective 3/13/15; COMAR 12.10.01.05B, Criminal History Investigation Requirements; Maryland State Department of Education Juvenile Services Education Program, Revised 9/26/13; DJS Policy HR-01-10, Random Reasonable Suspicion Checks of Child Abuse and Neglect, effective 7/7/10; and OPI, SD D1211-03-02, Selection and Certification Standards for Mandated Positions, effective 6/18/03 documented compliance with all requirements of this standard. Initial Background Checks minimally include the following: criminal history record checks, child abuse and neglect checks and sex offender registry checks through Child Protective Services and the Children's Electronic Social Services Information Exchange (CHESSIE), best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse and a driving records check. Policies also require additional random background checks of 5% of all employees annually (who were not previously randomly selected within the past 12 months) and checks based on reasonable suspicion of child abuse and neglect. The Department also has the unique ability to receive alerts at any time an employee is arrested. Documentation related to background checks and clearances is maintained in the DJS State Office. Seventy-Five reviewed PERA-Mandated Disclosure Forms confirmed that all employees, volunteers and contractors are asked if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile or other institution; have you ever been convicted of engaging or attempting to engage in sexual activity in the community that was (1) facilitated by force, overt or implied threats of force, or coercion or 2) Circumstances where the victim did not consent or was unable to consent or refuse; and lastly, have you ever been civilly or administratively adjudicated to have engaged in the activity described earlier.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Agency Policy Number HR-410-15 Background Investigations Policy
- ✓ Reviewed PREA Mandated Disclosures for Medical and Mental Health Staff
- ✓ Reviewed Hiring Process Letter Attachment
- ✓ Reviewed Agency Policy Number HR-01-10 Random or Reasonable Suspicion Checks of Child Abuse or Neglect
- ✓ Staff Interviews

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.

Summary:

The reviewed Pre-Audit Questionnaire indicated that there have been no expansions or modifications to existing the existing facility since August 20, 2012 or since the last PREA Audit.

A Memo from the Agency PREA Coordinator dated March 25,2016 stated that because of safety and security concerns, sensitive information relating to physical plant, photographs, building schematics and video monitoring system will be disclosed on the day of the on-site portion of the audit. Additional material was provided and schematics were provided and reviewed on the day of the on-site visit.

The reviewed DJS Video Surveillance Systems Chart indicated that Green Ridge Youth Center was schedule to have 106 additional video cameras installed in the first quarter of 2016.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Video Surveillance System Upgrades Log
- ✓ Reviewed Solution to Address Blind Spot/Corrective Action Report
- ✓ Facility Layout with of Cameras
- ✓ Reviewed Camera Listing
- ✓ Reviewed Camera Repairs Emails
- ✓ Staff Interviews

Interviews:

An interview with the Facility Superintendent indicated that there have been no substantial modifications to the facility since 2012. She did relate that the video camera project increasing the numbers of video cameras in the facility was completed in September 2015.

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.

Summary:

Reviewed documentation and interviews confirmed that the Office of Inspector General (OIG) conducts administrative investigations however initially the OIG, Child Protective Services and Maryland State Police work together to determine if the investigation is administrative or criminal. Criminal Investigations are conducted by the Maryland State Police. Investigators follow a uniform protocol for collecting evidence (Maryland State Police Guidelines for Submitting Physical Evidence, revised 12/2012). The facility reported that in the past 12 months they have not had any allegations or incidents requiring a forensic exam. The Department has been very proactive in identifying medical facilities with SAFE/SANES as well as documenting attempts to enter into MOUs with outside advocacy organizations. The Family Crisis Resource Center is unable to provide victim advocate services to respond to the Western Maryland Regional Medical Center when residents are in need of support and crisis intervention services. Western Maryland Regional Medical Center provides Forensic Nurse Examiners. The Agency, in response to this need, trained volunteer DJS Staff to become Sexual Assault Responders, some of whom

will serve as victim advocates. The PREA Coordinator developed a Response Chart listing the staff who are qualified to respond. The staff are listed by region along with contact information. A Memo from the PREA Coordinator instructed the Green Ridge Youth Center to utilize the DJS Western Region Qualified Staff Members List of DJS Sexual Assault Responders (SARS) Support Staff. SARS staff will respond to the facility or meet the resident at the hospital to provide support services. Reviewed documentation also included definitions of what constituted a qualified employee. The PREA Coordinator provided an email dated February 2, 2015 from the Department of Juvenile Services Medical Director stating that the Department does not charge for health care that they receive either on site or off site. Lists of Maryland Rape Crisis Recovery Centers are posted and contact information provided to the residents. Documents listed below as well as interviews with staff confirmed that all of the elements of PREA Standard 115.321, Evidence Protocol and Forensic Medical Examinations are compliant.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Facility Email Free Medical Exams
- ✓ Reviewed Facility Sexual Assault Responder Support Staff (SARS) Notification
- ✓ Reviewed State Law: Maryland Forensic Exam Regulations Effective 12-19-2008
- ✓ Reviewed MSP forensic Sciences Division Guidelines for Submitting Physical Evidence
- ✓ Reviewed MSP State Police General Order (Prison Rape Elimination Act)
- ✓ Reviewed Maryland VAWA Forensic Compliance Guidelines
- ✓ Reviewed COMAR Regulation 10.27.21.03
- ✓ Reviewed Maryland Coalition Against Sexual Assault (MCASA) Sexual Assault Forensic Examiners/Forensic Nurse Examiners (SAFE/FNE)
- ✓ Reviewed Qualified Staff Member List (DJS Sexual Assault Responder/Support Staff Training List)
- ✓ Reviewed SAFE Nursing List Verification Letter
- ✓ Reviewed Maryland Rape Crisis Recovery Centers List
- ✓ Reviewed Emails to Set Up Agency Staff Victim Advocate Training
- ✓ Reviewed RCC Life Crisis Center Letter
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

An interview with an Office of the Inspector General Investigator confirmed that he has completed the National Institute of Corrections Specialized Training for Investigators. He also related that his investigations are administrative in nature. He stated that anytime a PREA incident is alleged Child Protective Services, the OIG and the Maryland State Police conduct their respective investigations with the Maryland State Police conducting criminal investigations. The investigation process described by the PREA Compliance Manager and the Superintendent described an investigatory process that was consistent with DJS Policies. An interview with the medical staff at Green Ridge confirmed that her role in an allegation of abuse would be to provide first aid as needed and to use the PREA Kit to preserve evidence contained on the youth and his clothing.

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.

Summary:

DJS Policies and procedures are replete with requirements to report all allegations, knowledge and suspicions of sexual abuse, sexual

harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.B, Reporting, in addition to requiring reporting any knowledge, suspicion and information related to allegations of sexual abuse, harassment and retaliation also instructs staff to report allegations made verbally, in writing, anonymously and by third parties. Section III.D, Investigations, of that same policy require reports to be made to Child Protective Services (CPS), Maryland State Police (MSP) and the Office of Inspector General (OIG). The Office of Inspector General (OIG) is the unit responsible for conducting administrative investigations and the Maryland State Police (MSP) will investigate all criminal allegations. DJS OPS-913-15, Reporting and Investigating Child Abuse and Neglect, Effective 3/11/15, also addresses the requirements to report as well as investigation responsibilities by each unit (CPS, OIG and MSP). DJS OPS-913-15 provides guiding principles to ensure youth under the custody of DJS are protected from abuse or neglect. The first guiding principle states that “to ensure that youth under the care of DJS are protected from abuse or neglect, every employee shall report any suspected abuse or neglect, both verbally and in writing, to the proper authorities.” It further states that there shall be a timely investigation by the appropriate authorities of each suspected incident of abuser neglect. This policy is comprehensive and provides specific directions and procedures for staff to follow relative to their obligation and requirement to report. Procedures include general procedures, requiring reporting verbally and in writing to the Department of Social Services-Child Protective Unit; to investigation to determine abuse or neglect; verbally and in writing to the State Police or law enforcement to determine criminal charges and to the DJS Office of the Inspector General (OIG) which shall complete an administrative investigation. This policy goes on to address specific requirements related to reporting for medical, behavioral health, educators and human services workers and other facility staff. Directions are then provided for the Shift Commander or designee upon receiving a report; the facility superintendent; the regional director or designee and contracted residential service providers. The facility reported three allegations of sexual abuse and sexual harassment received in the past 12 months. Documentation was provided related to these incidents to confirm that they were reported and investigated as required. The Maryland DJS Website contains instructions on reporting allegations of sexual abuse to the DJS Office of Inspector General and provides a phone number. Additionally, the website provides easy access to DJS Policies RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance and DJS-OPS-913-15, Reporting and Investigating Child Abuse and Neglect.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Agency Policy OPS-913-15 Reporting and Investigating Child Abuse and Neglect
- ✓ Reports of Investigations of Allegations of Sexual Abuse
- ✓ Staff Interviews

Interviews:

Interviews with the Facility Superintendent and PREA Compliance Manager confirmed the investigation process. Notifications are made to Child Protective Services, the Office of the Inspector General and to the Maryland State Police. In an interview with an Office of the Inspector General Investigator the investigator related that he is responsible for conducting Administrative Investigations but also works cooperatively with the Maryland State Police. He stated that he provides them with any information that he has secured related to an allegation. The OIG Investigations related that his investigations are administrative in nature. He stated that anytime a PREA incident is alleged Child Protective Services, the OIG and the Maryland State Police conduct their respective investigations with the Maryland State Police conducting criminal investigations.

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.

Summary:

DJS Policy RF-701-15, III.A.5, Employee Training, requires PREA Training upon initially becoming an employee of DJS (entry level training) and annually, as well as refresher training. The Facility's FOP, Employee Training for PREA, effective 5/10/2015, requires the following training for employees: 1) 8 hours PREA at the DJS Entry Level Academy (entry level training) which consists of a four modules overview of the PREA Policies and the PREA Response Kit Video which shows the evidence protocols 2) Yearly NIC Specialized Online NIC Training for Mental Health and Medical employees. 3) PREA On Line annually, including the zero tolerance policy and 4) During daily muster meetings various PREA Topics will be discussed and 5) During at least two staff meeting a year, the Superintendent and/or PREA Compliance Manager of Green Ridge Youth Center will go over the PREA Policy, Reporting and Investigating Child Abuse and Neglect and Random or reasonable Suspicion Checks of Child Abuse or Neglect and lastly all direct care staff will have annual in-service PREA Training. A review of 4 Units of required training confirmed that all 11 items required in this standard are covered. A review of 31 sampled training records confirmed that they had either completed the Entry Level Training (8 hours) and/or Annual PREA Training (8 hours). Multiple Staff Education and Training Forms documenting PREA training during Musters indicated staff are being provided refresher and on-going PREA Training during the muster periods.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Appendix 2 PREA Mandated Training
- ✓ Reviewed Keeping Kids Safe Power Point
- ✓ Reviewed Zero Tolerance: DJS Response to Compliance with the PREA In-House Staff Training Power Point
- ✓ Reviewed Facility Operating Procedure: Employee Training (PREA)
- ✓ Reviewed Maryland Department of Juvenile Services PREA Module Quizzes
- ✓ Reviewed 8 Hours Employee Training Modules 1-4
- ✓ Reviewed 8 Hours Employee Training Sign in Sheets
- ✓ Reviewed Pat Down Search Training Staff Roster
- ✓ Reviewed End of Shift Debriefing Forms
- ✓ Reviewed Agency Policy MGT-622-14 – Staff Training
- ✓ Reviewed Multiple Staff Education and Training Forms Documenting Muster Training on a Variety of PREA Topics
- ✓ Reviewed Refresher Training Materials

Interviews:

Interviews with randomly selected and specialized staff confirmed that they are receiving the PREA Training required by policy. Staff were very knowledgeable of PREA. Without coaching and prompting, they were able to respond to each of the questions included on the Interview questions for randomly selected and specialized staff. Staff were confident in their responses and responses were comprehensive and indicated a training program that keeps PREA fresh on their minds. All of the interviewed staff stated that in addition to their entry level training and annual refresher training they receive training weekly in their muster meetings by discussing different PREA topics. Staff were especially knowledgeable of the reporting process for staff and youth and their roles as first responders.

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.

Summary:

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facilities Standards Compliance, III.6.a and b, requires that volunteers and contractors are trained in the Zero Tolerance Policy and reporting. They are also required to complete the training required in the DJS PREA Mandated Training Document, Appendix 2 which requires training in DJS Policy RF-701-15 and that

they complete the Youth Development Orientation. The Youth Development Orientation provides training in the following: Zero Tolerance Policy, Reporting and Investigating Child Abuse and Neglect, PREA Policy (701-15), Incident Reporting and Confidentiality, and CPS Reporting of Child Abuse/Neglect. The facility provided a list containing the name of one volunteer. The signed contract between the volunteer and the facility contained an acknowledgment that the volunteer received and reviewed the DJS Policy, Elimination and Reporting of Sexual Abuse and Harassment, Incident Reporting Policy and Reporting and Investigating Child Abuse and Neglect.

Provided documentation indicated that contractors receive the same training that regular employees receive. Volunteers receive training in the Zero Tolerance Policy as well as reporting requirements and procedures for reporting.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Agency Policy, Confidentiality
- ✓ Reviewed Volunteer and Inter Placement and Service Contracts
- ✓ Reviewed Facility Orientation and Training
- ✓ Reviewed Agency Policy Number OPS-913-15 Reporting and Investigating Child Abuse and Neglect
- ✓ Reviewed Agency Policy Number OPS-900-15 Incident Reporting – DJS Programs
- ✓ Reviewed Agency Policy Number OPS-908-14 Volunteer Services
- ✓ Reviewed Green Ridge Volunteer List and Schedule
- ✓ Volunteer Interviews

Interviews:

A contracted employee, in an interview, indicated that she received entry level training and annual refresher training. She understood her role as a mandated reporter and was able to elaborate on a number of topics that she had been trained on.

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.

Summary:

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and FOP, Resident Training for PREA at Green Ridge Youth Center, require that youth are trained, on admission, in the Zero Tolerance Policy and in reporting sexual abuse and sexual harassment. Youth will view the PREA “Youth Orientation Video” and sign the video acknowledgment form. Youth at Green Ridge undergo two intake processes. Youth who are to be admitted to Green Ridge must first go through an intake process conducted by the DJS Youth Center Intake Specialist prior to admittance to the facility. During this Intake, youth are provided a copy of the “What You Should Know Brochure” and the Zero Tolerance Policy is read to the youth. After the DJS Intake Staff goes over the Zero Tolerance policy, the youth signs the first acknowledgment form indicating receipt of the information in the policy. A listing of outside support services, along with contact information, are given to youth at intake/admissions (MCASA List). In addition to giving the youth the list during the Intake/Admissions Process, the list is posted next to the phones and discussed in PREA Groups. In addition to that Intake process, upon admission to Green Ridge, the youth receives his Intake into the Green Ridge Program. During this intake the youth is also provided the “What You Should Know” brochure again and the contents explained by the Green Ridge Intake Staff Person and at times by the Facility Case Management Specialist. The youth is also provided additional information about sexual abuse, harassment and retaliation and actions the youth should take if they had become a victim, including how to report it. The PREA Sections of the Student Handbook are gone over with the youth. The youth is asked questions about any disabilities he may have. To provide information regarding outside advocacy services, the facility provides the youth with a list of outside advocacy organizations, rape crisis centers and child protective

offices. Contact information including phone numbers and mailing addresses are included on the Information Sheets given to the youth as a part of intake. Within 10 calendar days after Intake the Child Advocate meets with the youth and goes over the Zero Tolerance Policy. In addition to verbal and written information provided to the youth, youth are required to watch the “PREA Video” that contains more vital PREA Related information. Bi-weekly training at the facility is required and will be taught by the Facility Case Management Specialist during scheduled community meetings. The Case Management Specialist is required to explain, once again, how to report Child Abuse or Sexual Harassment. Youth also have access to the student handbook that provides youth with multiple ways to report suspected or alleged incidents of sexual abuse and harassment, including verbal and written reports or the use of the youth phone system. Youth are required to have received comprehensive age appropriate education including the youth’s rights to be free from sexual abuse and sexual harassment and retaliation, reporting and the agency’s response to allegations. Reviewed documentation, including sign in sheets and acknowledgment statements, as well as interviews with staff and youth, indicated that youth were receiving the education and training as required. The facility also utilizes the End the Silence Series for youth education. A review of documentation contained in resident files, randomly selected, as well as interviews with youth and intake staff confirmed that youth were provided orientation information the same day of admission. The educational process provided by the agency and the Green Ridge Youth Center is effective and ensures that youth understand that the Agency has a zero tolerance for any form of sexual activity in the facility. To it ensures that youth understand how they can report sexual abuse and sexual harassment and that they can do so without fear of retaliation.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed DJS PREA Posters
- ✓ Reviewed What You Should Know Pamphlet (English and Spanish) and Youth Sign in Sheet
- ✓ Reviewed Comic Book (Billy speaks Out)
- ✓ Reviewed Comic Book (Carlos Questions)
- ✓ Reviewed Comic Book (Charlie’s Report)
- ✓ Reviewed Comic Book (Mary’s Friend)
- ✓ Reviewed Comic Book (Sheila’s Dilemma)
- ✓ Reviewed End Silence Facilitators Guide
- ✓ Reviewed Youth Acknowledgement Statement
- ✓ Reviewed Facility Operating Procedure Resident Training for PREA
- ✓ Reviewed Youth Acknowledgement Statement of the Youth Grievance Policy
- ✓ Reviewed Youth Zero Tolerance Sign Off Sheets for Current Population
- ✓ Reviewed PREA Orientation Video Sign in Sheet (Youth)
- ✓ Staff Interviews
- ✓ Youth Interviews
- ✓ Youth Education within 72 Hours
- ✓ MCASA List of outside support organizations, with contact information

Interviews:

Interviews with the Department’s Intake Staff person and the Facility’s Intake Staff confirmed the process required in policy. A prior interview with a DJS Child Advocate also confirmed that the youth receives the advocate’s orientation which includes the Zero Tolerance Policy and the Grievance System. One hundred percent (100%) of the interviewed youth described an extremely multilayered educational process, being provided information in writing and verbally. All interviewed youth were able to explain the multiple ways they can report sexual abuse or sexual harassment both internally and externally as well as through third parties and anonymously.

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.

Summary:

Agency 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, require reports of allegations of sexual abuse, sexual harassment and retaliation to Child Protective Services, the DJS Office of Inspector General (OIG) and to the Maryland State Police. The Maryland State Police investigates allegations determined to be criminal and OIG investigates allegations determined to be administrative. There are 8 OIG staff who conduct investigations in DJS Facilities. A memorandum for record from the Agency PREA Coordinator identified 2 OIG Investigators who serve the Green Ridge Youth Center. Documentation was provided to confirm that these 2 investigators have completed the Specialized Training provided by the National Institute of Corrections (NIC). Additionally, documentation was provided to confirm that they had also received Admissions and Orientation Training, PREA Refresher and Pat Searches training. This was documented on signed training rosters dated March 22, 2016 and March 25, 2016. The reviewed General Order, 01-14-004, Maryland State Police, requires that "Troopers who conduct investigations of alleged sexual contact with prisoners will have received training that meets PREA Standards. The agency does not conduct criminal investigations.

Reviewed Documentation:

- Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- Reviewed Agency Policy: OPS-913-15 Reporting and Investigating Child Abuse and Neglect
- Reviewed Department of Social Services Western Region Facility Contacts for Child Abuse Allegations
- Reviewed Maryland State Police Barracks
- Reviewed Maryland State Police Operations Directive Dated 7/1/2014
- Staff Interviews
- Reviewed Certificates documenting NIC Training, Investigating Sexual Abuse in a Confinement Setting

Interviews:

An interview with an Office of the Inspector General Investigator indicated he was very knowledgeable of investigative techniques and processes. He stated he had completed the National Institute of Corrections Specialized Training.

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.

Summary:

The PREA Mandated Training, Appendix 2, DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, identifies the medical staff, contracted and employees and mental health staff, contracted and employees, who are required to complete the NIC Specialized Medical Care, Sexual Assault Victims in Confinement Settings and the NIC Specialized Behavioral Health Care Sexual Assault Victims in Confinement Settings. Documentation provided to the auditor indicated that mental health and medical staff have completed the required NIC Specialized Training. Documentation was also provided through sampled training documents, that medical and mental health staff have also received training in the agency's PREA Policy, DJS, RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment PREA Juvenile Facility Standards.

Reviewed Documentation:

- ✓ Reviewed SAFE Nurse Listing for the Allegany County -Western Maryland Regional Medical Center
- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Appendix 2-PREA Mandated Training
- ✓ Staff Interviews
- ✓ Reviewed PREA: Behavioral Health Care for Sexual Assault Victims in A Confinement Setting
- ✓ Reviewed PREA: Medical Heath Care for Sexual Assault Victims in a Confinement Setting

Interviews:

Interviews with medical staff and the case management specialist confirmed that they understood the requirement for specialized training through the NIC. They also stated they had completed the training as required.

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.

Summary:

DJS Policies RF-715-14, Admissions and Orientation of Youth in DJS Facilities and DJS Policy RF-716-13, Classification of Youth in DJS Residential Facilities, address screening for risk for victimization or sexual abusiveness upon admission or transfer to another facility. Green Ridge Youth Center utilizes the Vulnerability Assessment Instrument (VAI), an objective screening instrument, to screen for risk for victimization or sexual abusiveness. The screening instrument is administered within 72 hours of intake and periodically throughout a youth’s confinement. It is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Green Ridge also uses the Housing Classification Assessment to determine the youth’s supervision level and special needs while the Vulnerability Assessment Instrument (VAI) determines the youth’s risk of being victimized sexually or being sexually aggressive toward others. Housing assignments for youth and supervision levels are based on a number of identified criteria, including vulnerability to victimization and/or sexually aggressive behaviors or being the perpetrator of such behaviors. Information obtained in either instrument is disclosed on a “need to know” basis. A review of 10 Vulnerability Assessment Instruments identified 8 youth who were rated as low risks and 2 were rated as medium. Multiple housing assessments were also reviewed and were completed in a manner consistent with policy. These policies also provide for reassessment to be conducted not more than 60 days from the initial VAI and “throughout the youth’s stay”. The auditor reviewed multiple case files containing the required Vulnerability/Risk Assessments. Documentation on the assessments indicated they were completed on the day of admission. Additionally, multiple examples of reassessments were also included in the file. Reviewed Vulnerability Assessments and Reassessments indicated that practice was consistent with policy. Noteworthy is the fact that the Department has an Intake Staff Person who conducts Intake and Assessments on youth who have been committed to the DJS prior to their formal admission into any facility. During that Intake, the Facility Case Management Staff conducts his initial intake and vulnerability screening. Then, following a determination that the youth is suitable for the program and the youth is formally admitted, another Intake is conducted as well as another vulnerability/risk screening.

Reviewed Documentation:

- ✓ Reviewed Youth Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk
- ✓ Reviewed DJS Housing Classification Assessment
- ✓ Reviewed DJS Housing Re-Assessment Form
- ✓ Reviewed Agency Policy RF-715-14 Admissions and Orientation of Youth in DJS Facilities
- ✓ Reviewed Agency Policy RF-716-13 Classification of Youth in DJS Residential Facilities
- ✓ Green Ridge Youth Center Facility Operating Procedure, Housing Plan for At-Risk Youth

- ✓ Reviewed Youth Housing Classification Assessments
- ✓ Reviewed Youth Housing Classification Re-Assessments
- ✓ Reviewed Youth Vulnerability Assessments
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

The DJS Youth Center Intake Specialist described his screening process. He related that prior to a youth’s arrival he conducts a file review and checks for any indicators of violence, vulnerability and special needs. He related that he goes over the intake paperwork with the youth, not only to provide information, but also to develop rapport with the youth prior to administering the screening instrument. The facility intake staff stated that he reviews the youth’s files, any social history information that is available, his offense history, as well as behavioral health or medical information that may be available. He also reviews any self- reported information. Reassessments, according to the intake staff, are conducted minimally every 60 days however reassessments may be conducted after home visits, after any major event during the youth’s stay and any other time information becomes available that may indicate the need to reassess.

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.

Summary:

Reviewed DJS Policies and Green Ridge Facility Operating Procedures thoroughly describe the screening and assessment process (Classification Assessments; Vulnerability Assessment Instrument – VAI) and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to make and inform housing decisions, bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse (DJS Policy Rf-716-13, Classification of Youth in DJS Residential Facilities; DJS Policy 7’5-13, Admission and Orientation of Youth in DJS Facilities; Green Ridge FOP, Housing Plan for At Risk Youth at Green Ridge Youth Center). The Pre-Audit Questionnaire Report provided by the facility indicated that there were three youth who reported prior victimization in the past 12 months. Documentation confirmed all were seen by mental health in compliance with policies and PREA Standards. The facility does not utilize isolation. Policies and procedures require that residents at risk for sexual victimization may only be placed in isolation as a last resort and only if less restrictive measures are inadequate to keep them and other residents safe and then only until an alternative means of keeping all residents safe can be arranged. Residents who may be placed in isolation as a result of being at risk for sexual victimization would have access to services including education and special education, daily large muscle exercise and daily visits by medical and mental health staff. Policy and procedures prohibit placing LGBTI residents in particular housing, beds or other assignments based solely on their identification or status. Reviewed policies and procedures also prohibit that a resident’s status or identification be considered an indicator of likelihood of being sexually abusive. The facility has not had any transgender or intersex residents admitted to the facility but policies and procedures require that housing and program assignments are made on a case by case basis. The facility provided a color coded bed chart for both the Mountain Quest Program and General Population Program depicting where youth determined to be at risk as a result of the Classification and/or Vulnerability Assessment Instrument would be assigned a bed. The most vulnerable youth are bedded strategically closer to the staff desk to enable staff to monitor them more easily.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Agency Policy: RF-716-13 Classification of Youth in DJS Residential Facilities
- ✓ Reviewed Facility Operating Procedure Dated 4/1/2015 Housing Plan for At-Risk Youth

- ✓ Reviewed DJS Housing Classification Assessment
- ✓ Reviewed DJS Housing Re-Assessment Form
- ✓ Reviewed Agency Policy RF-715-14 Admissions and Orientation of Youth in DJS Facilities
- ✓ Reviewed Agency Policy RF-716-13 Classification of Youth in DJS Residential Facilities
- ✓ Reviewed Youth Housing Classification Assessments
- ✓ Reviewed Youth Housing Classification Re-Assessments
- ✓ Color Coded Bed Chart for Mountain Quest and General Population
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

See interview for 115.341

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.

Summary:

The residents of the Green Ridge Youth Center have multiple internal ways to report sexual abuse and sexual harassment, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. All youth are informed upon admission of the zero tolerance policy and how to report sexual abuse. Also during orientation, youth are provided with the “What You Should Know” brochure. The contents of the brochure, including reporting sexual abuse are included. Youth are provided access to a student handbook which, again, provides information on how youth may report sexual abuse. Youth are advised that they can report sexual abuse or harassment anonymously to a party that is not part of the Department using the youth phone system. Instructions for use of the youth phone system are posted in each living unit. Detailed instructions for dialing and also posted at the phone is a Sexual Abuse Hotline Dial 211 Information Sheet. The information contained in this posting advises youth that the hotline was created so that they would be able to report sexual abuse and sexual harassment confidentially outside the facility. Also posted are toll-free numbers and addresses of community programs that will accept reports of abuse and provide supportive counseling. During the intake process, youth are given a copy of the outside community based programs dealing with sexual abuse. It also contains the names, addresses and phone numbers of these organizations. Youth are also provided a list of Child Protective Services Offices with complete contact information. Youth are encouraged in multiples ways to report any form of sexual abuse or sexual harassment. Too, they are advised that if they feel threatened in any manner to report it immediately. A poster reiterates that reports may be made to the case manager, unit staff, medical staff, teachers, supervisors, child advocate, parents/guardians or to any other trusted adult. Highlighted in red on the poster is a statement that youth may also report sexual abuse and sexual harassment using the Sexual Abuse Hotline. Youth are also advised that they may report to a trusted adult, parent/legal guardian, youth advocate, their attorney and by using the grievance process. These reports may be made verbally, in writing and through the grievance process. Externally, youth are provided instruction on how to access the sexual abuse hotline (211) as a way to report allegations of sexual abuse and sexual harassment anonymously to an entity that is not a part of the DJS. A previous interview with the DJS PREA Coordinator indicated that youth cannot be housed in Green Ridge solely for civil immigration purposes. Multiple samples of youth acknowledgment statements were provided for review indicating that youth are indeed advised multiple times and in multiple ways how to report. Residents at Green Ridge are provided numerous ways to report sexual abuse. All interviewed youth were able to identify multiple ways that they could report at this facility.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance

- ✓ Reviewed Sexual Abuse Hotline (Dial 211) Guidelines
- ✓ Reviewed Agency Policy: RF-715-14 Admissions and Orientation of Youth in DJS Facilities
- ✓ Reviewed LESCC Standard Youth Handbook
- ✓ Reviewed Agency Policy OPS -913-15 Reporting and Investigating Child Abuse and Neglect
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

Every interviewed youth was able to describe multiple ways to report allegations of sexual abuse and sexual harassment. Every interviewed youth stated that he had at least one trusted staff member and over half related they had a number of staff with whom they felt comfortable enough to report. Youth consistently stated too that they trusted the DJS Advocate and would report it to that staff as well. Youth indicated they had confidence in the grievance process and several who had filed grievances concerning non-PREA related issues stated the “grievance lady” had responded to them and had attempted to help them resolve their issues. Every youth was aware of the hotline “211” and related they could access the phone without impediment.

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.

Summary:

The facility has a multilayered grievance process enabling timely response and with layers of review. DJS Policies RF701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and OPS 907-14 Youth Grievance, describe the orientation youth receive explaining how to use the grievance process to report allegations of abuse. The orientation to the grievance process is provided by the youth advocate. Policies describe an unimpeded process and allow for other individuals to assist a youth in filing a grievance or to file grievances themselves on behalf of youth. OPS-907-15, III.A.4 states that third parties, including fellow youth, staff, family members, attorneys and outside advocates shall be permitted to assist youth in filing requests for administrative remedies and to file such requests on behalf of a youth. If a third party, other than a parent/legal guardian/custodian files such a request, the facility may require as a conditions of processing the request, the alleged victim’s consent to have the request filed on his/her behalf and may also require the alleged victim to pursue any sequential steps in the administrative remedy process. If a youth declines to have the request processed, the Youth Advocate, will document the youth’s decision to decline. Parents/Guardians may file a grievance on behalf of the youth however such a grievance shall not be conditioned upon the youth agreeing to have the request filed on the youth’s behalf. Youth are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. DJS Policy requires emergency grievances to be resolved within 8 hours with a written response within 48 hours. The facility reported on the Pre-Audit Questionnaire that there have been no allegations of sexual abuse or sexual harassment reports using the grievance process in the past 12 months.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Agency Policy Number OPS-907-14 Youth Grievance
- ✓ Reviewed Agency Policy Number RE-715-14 Admissions and Orientation of Youth in DJS Facilities
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

One hundred percent of interviewed youth understood the grievance process. They also stated that they do not have to ask a staff for a grievance form, nor do they have to return the grievance to a staff. The DJS Advocate handles youth grievances. Every youth stated they have talked with the Advocate during their stay and each one stated they had confidence that if they had to file a grievance relating to sexual abuse she would take it seriously and “help” them. Youth stated that the Advocate was the individual who explained the process to them. Several youth stated they had filed grievances but none were related to PREA. Each youth stated the Advocate responded to them and tried to help them resolve their concerns and complaints.

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.

Summary:

DJD Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, Green Ridge Youth Center FOP, Youth Rights: Accessibility to Make Telephone Calls and Green Ridge Youth Center FOP, Youth Rights: Access to Legal Counsel and Outside Support Services, as well as reviewed and observed posters, dialing Instructions for the Sexual Abuse Hotline and reviewed flyers pertaining to sexual abuse all provided multiple ways for youth to access outside support services. The agency PREA Coordinator has provided multiple emails documenting the agency’s efforts to secure a MOU with local Rape Crisis Centers to provide for advocacy services to youth who are victims of sexual assault. The auditor reviewed memos dating back from 2014 to the Executive Director of the Family Crisis Resources Center in Cumberland, Maryland. The original memo from the DJS Executive Director for Residential Services outlined the services needed ensure youth at DJS facilities were being provided all of the forensic and support services required by the PREA Standards. Several Memos from the FCRC responding to DJSs ongoing efforts to secure a MOU for services from the FCRC indicated the issue was still a funding issue however these issues were anticipated to be worked out by October 2015. In the interim period, the DJS PREA Coordinator was extremely proactive in trying to develop alternatives. Qualified Volunteer Staff who were qualified to do so were trained by the Maryland Coalition Against Sexual Assault and Turn Around Incorporated. Training occurred in December 2015 and March 31, 2016 and a list of those staff were provided. Additionally, the PREA Coordinator provided Green Ridge YSC specific instructions for contacting qualified SARs Staff in the Western Region. During the admissions process, youth are provided a list of statewide support organizations. This list includes contact information, including the organization’s name, mailing addresses and phone numbers. Additionally, youth are provided a list of all of the Maryland Child Protective Services Offices. This list also contains the mailing addresses and phone numbers. Both lists are also posted in the facility next to the phones and are easily accessible to the youth.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed MD DHMH PREA website for Posters
- ✓ Reviewed Sexual Abuse Hotline Flyers
- ✓ Reviewed Youth “What You Should Know About Sexual Abuse and Harassment
- ✓ Reviewed GTL Official Notice Dialing Instructions for phones
- ✓ Reviewed Maryland Coalition Against Sexual Assault Rape Crisis Recovery Centers
- ✓ Reviewed SAFE Nurse Listing for Green Ridge YSC
- ✓ Reviewed Facility Operating Procedure dated 5/10/2015 Youth Rights – Accessibility to Make Telephone Calls
- ✓ Reviewed Facility Operating Procedure dated 5/10/2015 Youth Rights: Access to Legal Counsel and Outside Support Services
- ✓ Reviewed Agency Policy Number RF-01-06 Residential Services – Youth’ Rights – Access to Legal Counsel
- ✓ Multiple Emails documenting ongoing efforts (since 2014) to secure Community Advocacy Services for Juvenile Victims of Sexual Abuse

- ✓ Professional Credentials for Qualified Staff
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

An interview with the DJS PREA Coordinator indicated the facility does not detain youth solely for civil immigration purposes. Youth are able to communicate with their legal representative via phone, mail and through visitation. The facility provides two calls to parents weekly, provides for the toll free hotline to report sexual abuse, and permits parental visitation and letter writing to parents/legal guardians. Staff stated that youth have access to the phones 24/7 to report sexual abuse or sexual harassment. Interviewed youth also related they have unimpeded access to the phones and each one was aware of the posted instructions for calling.

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.

Summary:

Agency Policies provide for third party reporting and instruct staff to accept third party reports. Youth are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, youth advocate or attorney. Third party reporting is discussed in DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.7.e and in DJS OPS-913-15, Reporting and Investigation of Child Abuse and Neglect, III.A.2. The public is encouraged to make third party reports. This is done with the Green Ridge Youth Center Orientation Post Card that encourages parents/legal guardians to report allegations. The Facility Administrator’s Phone Number is provided on the post card. The DJS website also encourages third party reporting by providing the telephone number for reports.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Facility Online Third-Party Reporting process
- ✓ Reviewed Green Ridge Youth Center Orientation Poster Card
- ✓ Reviewed Agency Policy Number OPS-913-15 Reporting and Investigating Child Abuse and Neglect
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

Interviewed staff were aware of who third parties are and understood, as well, that third parties may make reports of sexual abuse or sexual harassment. Staff stated unequivocally that they would take all third party reports seriously and would respond to them just as they would any suspicion, knowledge or report of sexual abuse. In responding to the questions related to the ways youth are able to report, youth understood that third parties may make reports for them or may help them in making reports.

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.

Summary:

DJS Policies are replete with requirements for staff to report all allegations, knowledge, information and suspicions regarding sexual abuse and sexual harassment or retaliation against a youth or staff for reporting. These include DJS RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, OPS 913-15, Reporting and Investigating Child Abuse and Neglect and OPS-900-15, Incident Reporting. Additionally, the policies explain in detail the reporting process for staff. The Family Law Article .07.07.02.00 and COMAR .04 identifies facility staff as mandated reporters. Green Ridge Staff are required by policy and procedures to report immediately and in accordance with the Incident Reporting Policy and Procedures and Reporting and Investigating Child Abuse and Neglect Policy and Procedures any knowledge, suspicion or information they receive regarding any incident of sexual abuse or harassment that occurred in a facility involving a youth, whether or not it is a part of the Department; retaliation against any youth or staff who reported such an incident or nay staff neglect or violation of responsibilities that may have contributed to any incident or retaliation. OPS-900-15 Incident Reporting, in III.C Reporting Process -DJS Facilities, requires that employees involved in or having knowledge of an incident shall immediately report the incident to the Shift Commander. OPS-915-15, Reporting and Investigating Child Abuse and Neglect, III.A.1, reiterates the requirement for staff to “report”. It further requires the following: 1) Reporting verbally and in writing to the Department of Social Services-Child Protective Services Unit to determine abuse or neglect 2) Reporting verbally and in writing to the State Police or law enforcement to determine criminal charges and 3) Reporting to the DJS Office of Inspector General for administrative investigation. Agency employees, in this policy, are also required to accept reports made verbally, in writing, anonymously and through third parties. Reviewed incident reports confirmed that the allegations were reported immediately to supervisors after which appropriate notifications were made, including reports to Child Protective Services, the Office of the Inspector General and to the Maryland State Police.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Incident Reporting Form
- ✓ Reviewed Agency Policy Number OPS-900-15 Incident Reporting – DJS Programs
- ✓ Reviewed Agency Policy Number OPS-915-15 Reporting and Investigating Child Abuse and Neglect
- ✓ Reviewed COMAR Standard – Reporting Suspected Child Abuse or Neglect
- ✓ Reviewed Title 07 Department of Human Resources – subtitle 01 Social Services Administration/Chapter 02 Child Protective Services (Family Law Article)
- ✓ Staff Interviews

Interviews:

Staff were aware of their status as Mandated Reporters. Each interviewed staff stated they would take all allegations seriously regardless of how the report was made or even if they suspected sexual misconduct or sexual abuse. Each interviewed staff described in detail and step by step the actions they would take upon having knowledge of a real, suspected or alleged act of sexual abuse.

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.

Summary:

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, III.C.1 Interventions, requires immediate response and actions to be taken on learning that a youth is subject to a substantial risk of imminent sexual abuse. DJS Policy requires that Staff having knowledge or suspicions of alleged sexual abuse or harassment take seriously all statements from youth that they have been the victim of alleged sexual abuse or harassment and respond supportively and non-judgmentally; that they immediately inform the Shift Commander/designee and ensure that the youth and the alleged perpetrator are physically separated so there is no possibility of contact. Policy also requires that if the alleged aggressor is a staff, the shift commander, or designee must remove the staff from having contact with all youth. Separation is required to be maintained until the investigation is completed and the staff receives administrative clearance to resume regular duties. The facility has designated the PREA Compliance Manager as the retaliation monitor. The facility reported 3 allegations in the past 12 months in which the facility determined that a resident was subject to substantial risk of imminent sexual abuse. Documentation was provided demonstrating youth were contacted as required to determine if they believed or were concerned in any manner that were being retaliated against.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Facility Operating Procedure dated 4/1/2015 Housing Plan for At-Risk Youth
- ✓ Reviewed Green Ridge Facility Incident Reports for “actions taken”
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

The Superintendent, in an interview, stated that Green Ridge Youth Center staff would meet with the youth immediately upon receiving an Incident or Knowledge of an Incident to find out if the youth was concerned about or was experiencing any form of retaliation. She also indicated if retaliation was suspected, a safety plan would also be developed. The PREA Compliance Manager is the facility’s designated retaliation monitor. He related that a safety plan would be developed for the youth and housing changes and program changes would be made to ensure the youth and the alleged perpetrator did not have contact with each other. Safety Plans are put into effect whether retaliation is an issue or not. The safety plan is used to track and monitor retaliation and to keep the victim protected against retaliation. Mental Health staff are to assess and monitor the victim and perpetrator. He stated that housing changes would be made as well. He also related that he would meet with the youth after any PREA incident to make contact and to see if the youth was concerned about retaliation. He stated he would monitor and meet with the youth at least twice a week for the first 30 days, then weekly for the next 30 days if needed and continue to monitor for at least 90 days but longer if needed.

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.

Summary:

DJS Policies and Procedures clearly address the procedures to be used if such an allegation was made. These include DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and DJS OPS-900-15, Incident Reporting. These procedures require the Facility Administrator, upon receiving an allegation that a youth was sexually abused while confined at another facility, to notify the Facility Administrator where the alleged abuse occurred and to report it in accordance with DJS Policies.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed DJS Facilities and Offices Map
- ✓ Reviewed Agency Policy Number OPS-900-15 Incident Reporting – DJS Programs
- ✓ Reviewed Facility Operating Procedure Date First Responder’s and Coordinated Response
- ✓ Staff Interviews

Interviews:

The Superintendent related that upon receiving an allegation that a youth was sexually abused at another facility prior to coming to Green Ridge she would process that allegation just as any other allegation. She stated that Green Ridge would initiate an incident report regardless of whether or not one had been done. She also stated Green Ridge would then contact the Superintendent of the other facility. She said she would ensure that the incident is or has been investigated.

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.

Summary:

Staff first responder duties are specific and clearly stated in DJS Policy Rf-701-15, Elimination and Reporting of Sexual Abuse and Harassment, III.C, Interventions, #2a-c and Green Ridge FOP, First Responder’s and Coordinated Response. The local operating procedures are comprehensive and specify in detail the roles of staff having knowledge or suspicions of alleged sexual abuse or harassment, first staff responding to an incident, medical staff, behavioral staff and the facility administrator. The actions to be taken are comprehensive and specific, providing clear guidance for staff during an incident of alleged sexual abuse or sexual harassment. The FOP begins by instructing the staff having knowledge or suspicions of alleged sexual abuse or harassment to “take seriously all statements from youth that they have been the victim of alleged sexual abuse or harassment and respond supportively and non-judgmentally.” Immediately the victim is separated from the alleged perpetrator so that there is no possibility of contact. Staff are required to secure the area pending investigation and collection of evidence by the Maryland State Police. Further actions initially include ensuring that neither the victim or alleged perpetrator take any actions that could destroy or degrade any potential evidence and of course notify the shift commander. Staff have been trained to

use the “PREA Response Kit” to ensure that evidence on the person of the victim and perpetrator are not lost or degraded. Shift Commander roles and responsibilities include immediate notifications to medical and mental health, contacting the child advocate, qualified staff member or qualified community-based organization staff member, report the incident to the Maryland State Police and DJS Office of Inspector General as well as notifying staff in the chain of command. Medical is responsible for providing emergency measures as indicated, preserving evidence and reporting the incident to Child Protective Services as well as providing relevant information in a timely manner. Behavioral Health meets with the youth as soon as possible to provide crisis intervention and referrals to community based support organizations.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Facility Operating Procedure date March 6,2015, Staff First Responder’s and Coordinated Response to Sexual Abuse and Harassment Incidents
- ✓ Staff Interviews

Interviews:

Randomly selected staff as well as specialized staff and administrators were confident in their responses to questions about first responding. Staff related they would, following the immediate notification to their supervisors, separate the youth, secure the area/room where the alleged sexual abuse took place, and utilize the PREA Response Kit to ensure that evidence on the victim and the alleged perpetrator’s clothing, body, hair etc. are not lost or degraded.

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.

Summary:

The DJS and Green Ridge Facility have very thorough and specific actions to take when an allegation of sexual abuse is made. DJS Policy, RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance and Green Ridge FOP, Staff First Responders and Coordinated Response to Sexual Abuse and Harassment Incidents, dated March 6, 2015, address the responsibilities of all parties in a comprehensive and specific manner. The Staff First Responders and Coordinated Response to Sexual Abuse and Harassment Incidents FOP clearly enumerate the actions to be taken by each discipline or involved staff person. These include the following: The First Responder, Medical, Shift Commander, Behavioral Health Staff, Facility Administrator, and OIG. Plans include instructions for accessing SAFEs/SANEs and Victim Advocates, how to access Child Protective Services and telephone numbers for accessing the State’s Attorney. The Coordinated Response Plan is dated March 6, 2015.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Facility Sexual Assault Responder Support Staff (SARS) Notification (Written Institutional Plan).
- ✓ Reviewed Facility Operating Procedure dated 6/1/14 First Responder’s and Coordinated Response
- ✓ Staff Interviews

Interviews:

Interviews with direct care staff, other randomly selected staff, medical and mental health staff and administrators confirmed that these staff are aware of their first responder duties but also each individual department/team member was able to articulate their specific role upon receiving an allegation of sexual abuse.

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.

Summary:

DJS provided the auditor with three (3) applicable Memoranda of Understanding (Agreements). The agreements are consistent with provisions of PREA Standards, including PREA Standard 115.372 and 115.376. These MOUs included the MOU for Bargaining Unit E Preamble. The state (as employer) entered into a MOU with AFT Healthcare-Maryland, AFT, AFL-CIO Local 5197 (Union). Additionally, another MOU is for Bargaining Unit G Preamble in which the State (as Employer) entered into a MOU (Agreement) with the Maryland Professional Employees Counsel/AFT/AFL-CIO Local 6197 (Union). The last MOU provided was for Bargaining Unit H Preamble in which the State (Employer) entered into a MOU with the American Federation of State, County and Municipal Employees, AFL-CIO and Teamsters (Union). Staff are State Employees and are subject to the personnel rules governing state employees. There was no language in the collective bargaining MOUs preventing the state from taking action as a result of an allegation of sexual abuse, including placing staff on no contact, administrative leave or termination. State employees are required to comply with the Maryland Department of Juvenile Justice Standards of Conduct and Disciplinary Process. Section 4.5.3 Third Category Infractions identifies infractions that are cause for termination of employment. 4.5.3.1.06 States specifies the following as one of the infractions: “An indicated finding by Child Protective Services of physical or sexual child abuse.”

Reviewed Documentation:

- ✓ Reviewed MOU for Bargaining Unit E, Unit G, and Unit H
- ✓ The Maryland Department of Juvenile Justice Standards of Conduct and Disciplinary Process
- ✓ Staff Interviews

Interviews:

Interviews with the PREA Coordinator and the Superintendent confirmed that staff, although in unions, are state employees and may be placed on “no contact status”, administrative leave or termination.

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.

Summary:

Agency policy prohibits retaliation against any staff or youth for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. Policy requires the Office of Inspector General (OIG) to monitor the conduct or treatment of youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. Things the OIG staff would monitor would include youth disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. Policy also requires prompt action to remedy it by reporting it to the Facility Administrator and the Assigned Executive Director and Deputy Secretary of Operations. Indicators that a youth may be a victim of retaliation would include such things as behavioral changes, youth disciplinary reports and housing and program changes. Monitoring would be continued beyond 90 days if needed. The facility provided documentation of the advocate interviewing a youth as a part of PREA Retaliation Monitoring and a number of contact sheets documenting retaliation checks. The Pre-Audit Questionnaire reported that there have been no cases of retaliation in the past 12 months. The PREA Compliance Manager is the designated Facility Retaliation Monitor.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Agency Policy Number OPS-913-15 Reporting and Investigating Child Abuse and Neglect
- ✓ Reviewed Facility Letter on Agency Protection Against Retaliation
- ✓ Reviewed Retaliation Monitoring Check Sheets
- ✓ Reviewed the Child Advocate Retaliation Monitor Check
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

Interviews with the Facility Retaliation Monitor and the Green Ridge Superintendent indicated that the monitor would make contact with the youth to determine if the youth had any concerns or apprehension that he might be retaliated against. He also stated a Safety Plan would be developed for both the victim and the alleged perpetrator to ensure they did not come into contact with each other and to ensure that the victim is not retaliated against. Retaliation tracking is completed by the Facility Compliance Manager and the youth advocate with OIG. Both monitor in conjunction with each other and as a means of a “checks and balances” approach. He related that housing changes as well as program and educational changes were options as well as moving the perpetrator to another dorm or facility. If the alleged perpetrator was a staff, the PREA Compliance Manger and the Superintendent indicated the staff might be placed on administrative leave until the investigation was concluded. None of the interviewed youth reported any retaliation. They and staff were aware that staff and youth have the right not to be retaliated against for making a report.

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.

Summary:

Post-allegation protective custody procedures are addressed in DJS Policies and in FOP, Housing Plan for at Risk Youth at Green Ridge Youth Center. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards

Compliance, III. Post-Allegation Protective Custody, identifies four (4) options that may be used to protect youth. These include: use of seclusion/isolation, housing reassignment, separation from the general population in self-contained intensive services unit or through a transfer to another facility. Facility procedures related to the use of seclusion or isolation comply fully with PREA Standards. Seclusion/isolation may be used only as a last resort and then only after lesser restrictive means are inadequate to keep the victim/abuser/all others safe. Additionally, these may be used only until alternative means of keeping all youth safe can be arranged. The facility director will ensure that justifications for these decisions are documented. Procedures written in DJS Policy RF-716-13, Classification of Youth in DJS Facilities, III.B, Placement of Youth I Housing, Bed, Programs, Education and Work Assignments reiterate the requirements of PREA Standard 115.368. The Green Ridge Youth Center reported that there have been no youth who have made allegations of sexual abuse who have been secluded or isolated during the past 12 months. No isolation rooms were observed during the tour of the facility.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Agency Policy: RF-716-13 Classification of Youth in DJS Residential Facilities
- ✓ Reviewed Facility Operating Procedure dated May 10,2015, Housing Plan for At-Risk Youth at Green Ridge YouthCenter
- ✓ Staff Interviews

Interviews:

Interviewed youth and staff reported that isolation or seclusion is not used at this facility.

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.

Summary:

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.D, PREA Investigations, paragraphs 1-7 require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to Child Protective Services (CPS) for investigation and determination of child abuse; to the Maryland State Police (MSP) for determination of criminal charges and to the Office of Inspector General (OIG) for completion of an administrative investigation. The agency provided a listing of agencies responsible to conducting investigating child abuse allegations in the Western Region. These include the Child Protectives Services Office serving Allegany County and the Maryland State Police, Allegany County – Barrack C in Cumberland, Maryland. Contact information was provided on the chart. A memo from the Agency PREA Coordinator indicated that the Office of Inspector General employs eight investigators to conduct administrative investigations relating to sexual abuse and harassment. Three reviewed Investigative Reports confirmed that in each case the following were notified: Office of Inspector General, Child Protective Services and the Maryland State Police. Documentation confirmed that Child Protective Services either screened out the case or the youth was older than 18. The Maryland State Police confirmed that criminal charges were not going to be filed in any of the three cases. The DJS Policy also states that the departure of the alleged abuser or victim from the employment of the facility or the Department does not serve as a basis for terminating and investigation. Reports are required to be maintained by the Department as long as the alleged abuser is incarcerated or employed by the department, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention. The facility reported that there were no sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012.

Reviewed Documentation:

- ✓ Reviewed Investigative Reports (15-132555, 15-132464 and 15- 132209)

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Staff Interviews

Interviews:

Interviews with the Superintendent, the PREA Compliance Manager and an Office of the Inspector General Investigator confirmed the process for reporting and investigating allegations of sexual abuse and sexual harassment. Notifications are made to the Child Protective Services, the OIG and the Maryland State Police. The Maryland State Police investigates allegations that appear criminal and the Office of the Inspector General Investigator conducts administrative investigations. The administrative investigation, according to the OIG Investigator is a “fact finding” investigation resulting in a report that presents the facts and allows the superintendent to determine if disciplinary actions are forthcoming. The OIG investigator stated he, at times, works together with the Maryland State Police and he shares the information and evidence he has with them.

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.

Summary:

The reviewed Title 17, Department of Budget and Management, Subtitle 04 Personnel Services and Benefits, Chapter 05 Disciplinary Actions, .01, Disciplinary Actions Generally, paragraph D. states “the standard of proof in all disciplinary actions is a preponderance of evidence.” Maryland State Personnel and Pensions Code Annotated 11-101, Division I- State Personnel, Title 11-103 Miscellaneous Provisions (a) Standard of Proof states that “Except as otherwise provided, the appointing authority has the burden of proof by a preponderance of the evidence in any proceeding under this subtitle. The head of a principal unit, the Secretary and the Office of Administrative Hearing shall apply that standard of proof in appeals under this subtitle.”

Interviews:

A previous interview with an OIG Investigator indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the Facility Superintendent in consultation with legal and his/her supervisory staff would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence. An interview with an OIG Investigator during this audit confirmed the same process.

Reviewed Documentation:

- ✓ Maryland State Personnel and Pensions Code Annotated 11-101
- ✓ Title 17 Department of Budget and Management, Subtitle 04, Personnel Services and Benefits, Chapter 05, Disciplinary Actions
- ✓ Staff Interviews

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.

Summary:

The agency (DJS) policy, RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, III.E. Youth Notifications, requires that any resident who makes an allegation that he or she suffered sexual abuse is informed in writing using the Youth Notification of Investigative Outcome Form, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. This policy further requires, in compliance with PREA Standard, 115.373, that following a resident’s allegation that a staff member has committed sexual abuse against the resident, the facility informs the resident (unless the allegations are “unfounded” whenever the staff member is no longer posted within the resident’s unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving youth on youth allegations of sexual abuse, the facility will inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The facility reported one investigation of alleged resident sexual abuse that was completed by the agency or facility in the past 12 months and provided documentation that one youth was notified. They also reported that there was one investigation by an outside agency and that that youth was notified of the results of the investigation.

The facility provided examples of youth notifications of the results of an investigation. In each case the youth and his parents/legal guardians were also provided a letter informing them of the outcome of the investigations. Interestingly enough notifications were provided for all three investigations even though the results of each investigation were “unfounded”.

Reviewed Documentation:

- ✓ Reviewed Youth Notices of Investigation Outcome Form
- ✓ Reviewed Youth Notice Form
- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Facility Letter on Reporting to Residents
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

Interviews with the Superintendent and PREA Compliance Manager confirmed that youth are notified of the outcome of an investigation at the conclusion of an investigation.

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.

Summary:

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

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Agency Policy Standards of Conduct and Disciplinary Process
- ✓ Staff Interviews

Interviews:

The Superintendent indicated, in an interview, that she would follow the DJS Policies. The alleged staff perpetrator would be placed on administrative leave and based on a substantiated finding would follow DJS personnel policies with regard to appropriate sanctions up to an including termination. The presumptive sanction would be termination.

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.

Summary:

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.H. Corrective Actions for Contractors and Volunteers, provides for the following corrective actions as a result of contractors or volunteers violating agency policies regarding sexual abuse and sexual harassment: Volunteers or Contractors may be prohibited from further contact with youth and reported to law enforcement, unless the violation was clearly not criminal. DJS Policy OPS-908-14, Volunteer Services, Paragraph K, provides for termination of volunteer services for any reason, including violation of DJS Policies, Standards or Regulations/The facility reported that there have been no cases or incidents where contractors or volunteers have violated any sexual abuse or sexual harassment policies and procedures in the past 12 months.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Agency Policy Number OPS-908-14 Volunteer Services
- ✓ Staff Interviews

Interviews:

The Superintendent indicated the contractor or volunteer would be removed from the campus immediately until the investigation was completed.

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.

Summary:

Residents at the Green Ridge Youth Center found to have violated any of the agency’s sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. These include therapy, counseling or other interventions designed to address and correct the underlying reasons for their conduct. The facility reported that there have been no administrative or criminal findings of guilt for resident on resident sexual abuse that have occurred at the facility in the past 12 months. Policy states that residents are disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Youth may also be referred for prosecution if indicated.

The facility reported on the Pre-Audit Questionnaire that there have been no administrative or criminal findings or resident on resident sexual abuse that have occurred at the facility in the past 12 months. Too, in the past 12 months the Pre-Audit Questionnaire reported that there have been no residents placed in isolation as a disciplinary sanction for resident on resident sexual abuse.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Staff Interviews

Interviews:

Interviews with the Superintendent and PREA Compliance Manager confirmed that youth, who were not charged criminally, would be sanctioned through the Challenge Program along with a major behavioral review.

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.

Summary:

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III. F, On-Going Medical and Mental Health Services, Paragraphs 1-8, require that medical and mental health evaluation and, as appropriate, treatment, is offered to all youth victimized by sexual abuse. Youth who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 calendar days of admission/screening. All known youth on youth abusers are required to have a mental health evaluation within 60 calendar days of learning of the abuse history and offer treatment, when appropriate. Policy requires that the evaluation and a treatment of victims includes follow up services, treatment plans and when necessary, referrals for continued care following their transfer to or placement in other facilities or their release into the community. These services are consistent with continued care services in the community. Youth are not charged for services and information related to past victimization and abusiveness, in accordance with policy, is strictly limited to medical and mental health staff and other DJS Staff to inform treatment plans and security management decisions, including housing, bed, work, educational and program decisions.

The facility provided documentation indicating that one youth had reported prior sexual victimization during the past twelve months. A spreadsheet was provided that documented the date the youth reported the prior victimization, the date referred to medical and mental health for a follow-up visit. Notes provided by medical and mental health indicated that the youth was seen by both medical and mental health on the same date the disclosure was made.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Victim Safety Trauma Plan for Reportable Incidents
- ✓ Reviewed Behavioral Health Referral Form
- ✓ Reviewed Admission Health Screening and Nursing Assessment Form
- ✓ Green Ridge Youth Center PREA Certified Audit "Residents who disclosed any prior sexual victimization (March 26, 2015)
- ✓ Staff Interviews

Interviews:

Interviews with mental health and medical staff indicated that youth complete initial health related and mental health questions at intake and through the MAYSI at Intake. Medical completes an additional medical screening instrument. Mental Health and Medical Staff confirmed that any youth reporting prior victimization or prior sexual aggression are provided a follow meeting as required.

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.

Summary:

DJS Policy provides for and requires access to emergency medical and mental health services. The reference for this is DJS Policy, 701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance. Policy also requires that victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Lists of hospitals and rape crisis facilities are provided, along with contact information.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Safety Plan for Alleged Sexual Abuse
- ✓ Reviewed facility email dated 2/2/2015 RE: Free Medical Exams for Youth Behavioral Health Referral Response Form for Clinicians)
- ✓ Reviewed Admission Health Screening and Nursing Assessment Form
- ✓ Staff Interviews

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.

Summary:

DJS Policy RF-701-15 provides for On-Going Medical and Mental Health Care for Sexual Abuse Victims and Abusers. DJS Policy RF- 701-15, III. G, Ongoing Medical and Mental Health Services, requires the facility to offer medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse. Youth, who upon admission or at any point in their stay, reporting prior victimization or having been a perpetrator are offered a follow-up meeting with a medical and mental health practitioner within 14 calendar days of admissions screening, including follow-up services, treatment plans and referrals for continued care following their transfer to or placement in other facilities or their release into the community. Services will be consistent with the community level of care. Emergency and ongoing medical and treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident. Evaluation of known abusers are required to be completed within 60 calendar days of learning such abuse history and offer treatment when deemed appropriate. Evaluation and treatment of victims. Services are provided at no cost to the victim regardless of whether or not the victim cooperates with the investigation or names the abuser. Victims of the sexual abuse will be transported to the local hospital where they will receive treatment and where physical evidence can be gathered. Green Ridge offers medical and mental health evaluations and, as appropriate, treatment to all youth who have been victimized by sexual abuse or who have perpetrated sexual abuse.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Safety Plan for Alleged Sexual Abuse
- ✓ Reviewed facility email RE: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abuser Corrective Action Plan
- ✓ Staff Interviews
- ✓ Youth Interviews

Interviews:

The Licensed Mental Health staff person related that youth would report prior victimization on the MAYSI Screening Instrument. She stated that she goes over the responses to the MAYSI on the same day and meets with all youth and with any youth who may have reported prior victimization or prior sexual aggressiveness.

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.

Summary:

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance and Green Ridge FOP Sexual Abuse Incident Reviews, Dated May 10, 2015, require reviews of incidents at the conclusion of all investigations, except those determined to be unfounded. Members named in policy and in the FOP include Assistant Superintendents and other upper level management staff including line supervisors, investigators, medical and mental health staff. The Green Ridge FOP designates Upper Level Management officials with input from line supervisors, investigators and medical and mental health care practitioners. Reviewed Sexual Abuse Incident Team Review Forms documenting the incident reviews for all three investigations of alleged sexual abuse documented the following participants: Superintendent/Designee, Group Life Managers, Resident Advisor Supervisor, Case Manger Supervisor, OIG Investigator (Via phone), Medical and Mental Health. The team also reviews incidents that are “unfounded” in addition to those that are substantiated and unsubstantiated. One of the reviews documented the need for an additional camera.

Reviewed Documentation:

- ✓ Review Sexual Abuse Incident Team Review From
- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Review Incident Review Team Members
- ✓ Reviewed facility letter on Sexual Abuse Incident Review Team Corrective Action dated May 1, 2015
- ✓ Reviewed facility email dated 2/21/2014
- ✓ Reviewed facility Operating Procedure dated 6/1/2014 Sexual Abuse Incident Review Team
- ✓ Reviewed Sexual Abuse Incident Team Report
- ✓ Reviewed email dated 1/12/2015
- ✓ Staff Interviews

Interviews:

Interviews with the Superintendent and PREA Compliance Manager confirmed that all sexual abuse and sexual harassment incidents are reviewed following the conclusion of the investigation. The committee considers all of the items required by the standards. The Office of the Inspector General Investigator was knowledgeable of the incident review process and related, in an interview, that he is involved in reviewing incidents with the facility when he is available. The OIG Investigator stated that he participates in the Incident Review Team as he is able.

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.

Summary:

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 collection of accurate, uniform data for every allegation of sexual assault. Paragraph L. Data Collection and Review, L.3 Data Collection, requires that each facility administrator/designee ensures that Incident Reports are entered into the Department's Incident database in accordance with the Incident Reporting Policy and procedures and the Reporting and Investigating of Child Abuse Policy and Procedures. Additionally, subparagraph b. states that the Department's research unit shall aggregate the incident based sexual abuse data at least annually. The Department in compliance with subparagraph c. requires the Department to maintain, review and collect data as need from all available incident based documents, including reports, investigative files and the sexual abuse incident reviews. It also requires that DJS PREA Coordinator collects all data relating to PREA. DJS Has a data collection instrument to answer all questions for the US Department of Justice Survey of Sexual Abuse Violence. A review of the annual report and the SSV Report indicated compliance with the standard.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Reviewed Agency Policy Number OPS-900-15 Incident Reporting – DJS Programs
- ✓ Staff Interviews
- ✓ SSV Reports

Interviews:

The Agency's PREA Coordinator indicated, in an interview, that he collects and shares collected and aggregated data at Superintendent Meetings and not just at the end of the year in the Annual Report. Additionally, he provides a monthly report to Superintendents

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.

Summary:

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment, revised June 29, 2015 requires the PREA Coordinator to review data collected and aggregated pursuant to Section III.K.3, Data Collection, to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, procedures, practices and training, including identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of findings and corrective actions for each facility, as well as the Department as a whole. The reviewed Annual Report-Completed May 28, 2015, indicated compliance with the standard and included all of the required elements. The Annual Report is posted on the DJS Website <http://www.djs.state.md.us/prea.asp>.

Reviewed Documentation:

- ✓ Reviewed Agency Annual 2015 Report
- ✓ Reviewed Link to Website to view DJS
- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards

- Compliance
- ✓ Staff Interviews

Interviews:

The PREA Coordinator, in an interview, related that data collected is definitely reviewed and analyzed to determine if policies or procedures need to be changed, to determine if additional training is required and to determine any other corrective actions needed.

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.

Summary:

DJS requires, in DJJ Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Facility Standards Compliance, that data is collected, securely retained for 10 years and that all personal identifiers are removed. The reviewed data indicated that all personal identifiers are removed.

Reviewed Documentation:

- ✓ Reviewed Agency Policy: RF-701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance
- ✓ Staff Interviews

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.

R. Lanier

May 26, 2016

Auditor Signature

Date