PREA Facility Audit Report: Final

Name of Facility: Charles H. Hickey, Jr. School
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 07/31/2024

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Natasha Mitchell	**Date of Signature:** 07/31/2024

AUDITOR INFORMATION	
Auditor name:	Mitchell, Natasha
Email:	nshaferdu@gmail.com
Start Date of On-Site Audit:	06/05/2024
End Date of On-Site Audit:	06/06/2024

FACILITY INFORMATION	
Facility name:	Charles H. Hickey, Jr. School
Facility physical address:	9700 Old Harford Road , Baltimore, Maryland - 21234
Facility mailing address:	

Primary Contact

	Tonaza Burgess
	tonaza.burgess@maryland.gov
	410-663-7688

Facility PREA Compliance Manager	
Name:	Tamara Miller
Email Address:	tamara.miller@maryland.gov
Telephone Number:	O: 410-663-7602

Facility Health Service Administrator On-Site	
Name:	Olorunkemi Feyisola
Email Address:	olorunkemi.feyisola@maryland.gov
Telephone Number:	443-963-5187

Facility Characteristics	
Designed facility capacity:	72
Current population of facility:	69
Average daily population for the past 12 months:	57
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	13-21
Facility security levels/resident custody levels:	Secure detention
Number of staff currently employed at the facility who may have contact with residents:	195
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	28
Number of volunteers who have contact with residents, currently authorized to enter the facility:	42

AGENCY INFORMATION	
Name of agency:	Maryland Department of Juvenile Services
Governing authority or parent agency (if applicable):	
Physical Address:	217 East Redwood Street, Baltimore, Maryland - 21202
Mailing Address:	
Telephone number:	18886397499

Agency Chief Executive Officer Information:	
Name:	Vinny Schiraldi
Email Address:	vinny.shiraldi@maryland.gov
Telephone Number:	4102303101

Agency-Wide PREA Coordinator Information			
Name:	Aaron Keech	**Email Address:**	aaron.keech@maryland.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-06-05
2. End date of the onsite portion of the audit:	2024-06-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor contacted the SANE clinic at Mercy Medical and Turnaround, Inc., which will provide advocacy services if requested by a youth and is the agency all Charles Hickey residents can contact if they are seeking support services outside of the facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	72
15. Average daily population for the past 12 months:	57
16. Number of inmate/resident/detainee housing units:	67
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	67
38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	5
43. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	8
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	195
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	42

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	28
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor randomly selected from the roster of sixty-seven residents who did not fall into the category of special characteristics. The majority of the residents were Black so the auditor made sure to identify residents identified as Hispanic and White.

56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
60. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor discussed the characteristics of the youth population with the PREA Compliance Manage, who had knowledge of the eighteen youths housed in the facility at the time. Based on the discussion and ultimately the interviews with the residents it was determined there was no youth housed in the facility at the time who has a physical disability.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor discussed the characteristics of the youth population with the PREA Compliance Manage, who had knowledge of the eighteen youths housed in the facility at the time. Based on the discussion and ultimately the interviews with the residents it was determined there was no youth housed in the facility at the time who has a cognitive or functional disability.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor discussed the characteristics of the youth population with the PREA Compliance Manage, who had knowledge of the eighteen youths housed in the facility at the time. Based on the discussion and ultimately the interviews with the residents it was determined there was no youth housed in the facility at the time who was blind or of low vision.
63. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor discussed the characteristics of the youth population with the PREA Compliance Manage, who had knowledge of the eighteen youths housed in the facility at the time. Based on the discussion and ultimately the interviews with the residents it was determined there was no youth housed in the facility at the time who was deaf or hard-of-hearing.

64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor discussed the characteristics of the youth population with the PREA Compliance Manage, who had knowledge of the eighteen youths housed in the facility at the time. Based on the discussion and ultimately the interviews with the residents it was determined there was no youth housed in the facility at the time who identify as gay or bisexual.
66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor discussed the characteristics of the youth population with the PREA Compliance Manage, who had knowledge of the eighteen youths housed in the facility at the time. Based on the discussion and ultimately the interviews with the residents it was determined there was no youth housed in the facility at the time who identity as transgender or intersex.
67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor discussed the characteristics of the youth population with the PREA Compliance Manage, who had knowledge of the eighteen youths housed in the facility at the time. Based on the discussion and ultimately the interviews with the residents it was determined there was no youth housed in the facility at the time who disclosed prior sexual victimization.
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor discussed the characteristics of the youth population with the PREA Compliance Manage, who had knowledge of the eighteen youths housed in the facility at the time. Based on the discussion and ultimately the interviews with the residents it was determined there was no youth housed in the facility at the time who was placed in segregated housing/isolation for risk of sexual victimization.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	13
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17
76. Were you able to interview the Agency Head?	◉ Yes ○ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
78. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
79. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☑ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
88. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	4	0	4	0
Total	6	0	6	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	5	0	5	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	0	1
Staff-on-inmate sexual abuse	0	4	0	0
Total	0	5	0	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	3	0	0
Total	0	3	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	3

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	( ) Yes (●) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	(●) Yes ( ) No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1

AUDITING ARRANGEMENTS AND COMPENSATION	
121. Who paid you to conduct this audit?	(●) The audited facility or its parent agency ( ) My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ( ) A third-party auditing entity (e.g., accreditation body, consulting firm) ( ) Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and • Harassment – PREA Juvenile Facility Standards Compliance • Memorandum for Record: Agency-wide PREA Coordinator Designation • Agency-wide Organizational Chart • Memorandum for Record: PREA Compliance Manager Designation • Charles Hickey Organizational Chart **Interviews:** • Superintendent • PREA Coordinator • PREA Compliance Manager

115.311(a)-1 The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

The Department of Juvenile Services has zero tolerance for all forms of sexual abuse and harassment against any youth in its custody and in its licensed or contracted residential programs. Suspected or alleged acts of sexual abuse and harassment shall be referred for investigation to the Department of Social Services, Child Protective Services Division, DJS Office Inspector General (OIG) and law enforcement in accordance with applicable laws and regulations. The Department of Juvenile Services shall establish operating procedures to ensure compliance with the federal Prison Rape Elimination Act (PREA), Juvenile Facility Standards. The Department of Juvenile Services shall employ or designate an upper- level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards and shall designate PREA compliance managers to coordinate efforts to comply with PREA in all of its facilities.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because.
    - The Maryland Department of Juvenile Services has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy sufficiently outlines the approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
    - The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

115.311(a)-2 The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The Department of Juvenile Services has zero tolerance for all forms of sexual abuse and harassment against any youth in its custody and in its licensed or contracted residential programs. Suspected or alleged acts of sexual abuse and harassment shall be referred for investigation to the Department of Social Services, Child Protective Services Division, DJS Office Inspector General (OIG) and law enforcement in accordance with applicable laws and regulations.

The Department of Juvenile Services shall establish operating procedures to ensure compliance with the federal Prison Rape Elimination Act (PREA), Juvenile Facility Standards. The Department of Juvenile Services shall employ or designate an upper-

level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards and shall designate PREA compliance managers to coordinate efforts to comply with PREA in all of its facilities.

115.311(b)-1 The agency employs or designates an upper-level, agency-wide PREA coordinator.

The Department of Juvenile Services has zero tolerance for all forms of sexual abuse and harassment against any youth in its custody and in its licensed or contracted residential programs. Suspected or alleged acts of sexual abuse and harassment shall be referred for investigation to the Department of Social Services, Child Protective Services Division, DJS Office Inspector General (OIG) and law enforcement in accordance with applicable laws and regulations. The Department of Juvenile Services shall establish operating procedures to ensure compliance with the federal Prison Rape Elimination Act (PREA), Juvenile Facility Standards. The Department of Juvenile Services shall employ or designate an upper- level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards and shall designate PREA compliance managers to coordinate efforts to comply with PREA in all of its facilities.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Maryland DJS has designated a PREA Coordinator who indicated during his interview that he has sufficient time to fulfill his duties and has the necessary authority to oversee the facilities compliance. He indicated the superintendents and/or the assistant superintendents are designated as the PREA Compliance Managers. He stated he does not have supervisor responsibilities over either classification but has developed a relationship with both classifications that is mutually respectful. He stated he has ongoing communication with the facility PREA Compliance Managers and convenes periodic meetings to address the standards.

115.311(c)-1 Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The PREA Compliance Manager for Lower Eastern said she has sufficient time to oversee the facility's compliance with the standards and appreciates the guidance and support that he receives from the PREA Coordinator. The PREA Compliance Manager is identified in the facility organizational chart, is under the supervision of the Superintendent, and is responsible for overseeing the facility's operations.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

- Facility PAQ
- Sample Contracts
- PREA Compliance Law & Language for Contractors
- Email Correspondence with Contract Language
- Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - A review of the one (1) contract indicates that the contract provider must comply with the PREA standards and perform their reporting obligations per their contract. The contractors are also responsible for completing a criminal background check, and where applicable, they must submit to Child Protective Services clearance and to any

	applicable laws and Departmental policies. The specific policies that the contracts must adhere to are Reporting and Investigating Child Abuse & Neglect, Elimination and Reporting of Sexual Abuse and Harassment, and Background Investigations. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the agency is in compliance with this standard regarding contracting with other entities for the confinement of residents.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland DJS Policy: Supervision and Movement of Youth • Charles Hickey Staff Schedules • Charles Hickey Blind Spot • Charles Hickey Staffing Plan for 2024 • On-the-Job (OJT) Mentoring Manual • Charles Hickey Camera List • Charles Hickey Facility Assessment Form • Charles Hickey Facility Operating Procedures: Exigent Circumstances to Maintain PREA Ratio • Charles Hickey Facility Operating Procedures: Direct Care Staffing • Charles Hickey Facility Operating Procedures: Unannounced Rounds **Interviews:** • PREA Coordinator • PREA Compliance Manager • Intermediate or Higher-Level Facility Staff • Random Staff

115.313(a)-1 The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.

1. The facility Superintendent shall develop a Staffing Plan (Appendix 1) to ensure adequate staffing levels. The plan shall account for the following:
a. Compliance with department approved facility staff-to-youth ratios. b. A post is created or abolished.
c. Post hours change.
d. All components of the physical plant, to include size of living units, blind spots, and installation of cameras for video monitoring.
e. Special housing (medical units, intensive services units). f. Programming occurring on a particular shift.
g. Composition of the youth population.
h. Number and placement of supervisory staff.
i. Findings of inadequacy by Administration and Managerial staff.
j. Findings of inadequacy from Departmental and I or Federal investigative agencies.
k. Applicable State laws and regulations.
l. Department approved standards.
m. Prevalence of substantiated and unsubstantiated incidents of sexual abuse. n. Any other relevant factors.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The facility has developed a staffing plan that takes into account the number of residents and their programming activities throughout the day.
    - Since the last PREA audit the average daily number of residents has been fifty-seven (57) and the average daily number of residents on which the staffing plan was predicated is also seventy-two (72).
    - Specialized staff interviews confirmed that the facility regularly develops a staffing plan, adequate staffing levels to protect residents against sexual abuse are considered in the plan, video monitoring is part of the plan, and the staffing plan is documented.
    - Documentation that was reviewed as part of the audit demonstrate that the plan takes into consideration the eleven elements required by the standard.
    - Compliance with the staffing plan is verified through unannounced rounds, personal observations, and shift logs.
    - The PREA compliance manager confirmed all aspects of this

provision of the standard are considered when assessing adequate staffing levels and the need for video monitoring.
    - Documentation was provided that demonstrated that the most recent staffing plan was reviewed on or around November 1, 2023, and was signed by the Superintendent, PREA Compliance Manager, PREA Coordinator, and the Executive of Residential Services. The review process covered all factors required according to the standard.
    - Documentation provided to the auditor indicates the facility has one hundred ninety-five (195) employees who have contact with the residents. Teachers are not considered security staff; however, the facility has an adequate number of security staff to position one (1) staff member in every classroom with the residents.

115.313 (b): The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Charles Hickey does not deviate from the staffing plan.
      Any deviation would be temporary and would never extend an entire day.

115.313(c)-1 The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

2. The Staffing Plan shall identify all of the facility posts and required coverage by shift.
1:8 staff I youth 1st shift

1:8 staff I youth 2nd shift

1:16 staff I youth 3rd shift

Note a 2nd staff will be required in the event of a youth sleeping out in the day room area. All exigent circumstances must be documented in the unit log and Supervisor's shift report.

3. Absent exigent circumstances, the facility shall maintain a 1: 8 staff-to-youth supervision ratio in accordance with department approved guidelines. (See Facility Staff-to-Youth Ratios.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Charles Hickey exceeds the standard for staffing ratios. In instances that the facility has to make adjustments to meet the designated staffing ratios the facility would enlist support from volunteer staff or select a staff member from the mandatory list. The superintendent confirmed the facility has the adequate number of direct care staff positions to meet the staffing ratios and mitigate possible deviations from the staffing plan.

115.313(e)-1 The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

4. The Staffing Plan shall provide for a shift commander, resident advisor supervisor, or group life manager on each shift who shall be responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Documentation was reviewed during the onsite audit that demonstrated that the intermediate-level and higher-level staff consistently conduct unannounced security checks (PREA Checks).
    - A review of the unit logs demonstrated that the unannounced rounds exceed policy and PREA expectations; the operating procedure requires documented checks at a minimum of three times per shift and the documentation is easily noticeable because the agency requires that checks are in red ink.
    - Unannounced rounds are conducted on all shifts at variable times and the policy prevents staff from alerting others by not stating the purpose of the round.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility meets compliance with this standard regarding supervision and monitoring. No corrective action required.

115.315	Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

- Facility PAQ
- Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance
- On-the-Job (OJT) Mentoring Manual
- Cross Gender Pat Down Search Training Curriculum
- PREA Refresher Training
- Maryland DJS Executive Directive Re: Visual body search procedures
- Maryland DJS Policy: Searches of Youth, Employees, and Visitors
- Charles Hickey Facility Operating Procedure: Searches of Youth Employees, and Visitors/Control of Contraband
- Charles Hickey Facility Operating Procedure: Limits to Cross-Gender Viewing and Searches
- Charles Hickey Facility Operating Procedure: Youth Shower Procedures
  Maryland DJS Policy: Direct Care Staffing
- Charles Hickey Facility Operating Procedure: Movement & Supervision of Youth
  Maryland DJS Policy: Supervision and Movement of Youth
- Charles Hickey Facility Operating Procedure: Admissions, Orientation and Housing Classification of Youth
- Maryland DJS Policy: Admission and Release of Youth in DJS Facilities

Interviews:

- Executive of Committed Facilities
- PREA Coordinator
- Random Staff
- Random Residents

115.315(a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.

DJS employees responsible for the direct supervision of youth in the physical custody and care of the department shall conduct searches of youth, employees, and visitors to control for contraband and provide for its disposition. Searches shall be conducted in a respectful and professional manner, and in the least intrusive manner possible, consistent with security needs.

e. Staff shall not conduct cross-gender pat-down searches except in justified exigent

circumstances. When an employee of the same gender as the youth being searched is not available, the youth shall be kept under constant visual supervision until a same gender staff is available to perform the search, unless, as determined by the Superintendent or designee, an exigent circumstance exists that threatens the safety and security of the facility, staff or other youth and dictate an immediate pat-down search of the youth. Searches made under justified exigent circumstances must be approved by the Superintendent and documented in the unit and facility log book.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - According to the PAQ, the facility did not conduct a cross-gender strip or cross-gender visual body cavity search of any resident in the 12 months preceding the audit.
    - Staff interviews indicated that none of the Maryland DJS facilities are allowed to conduct a cross-gender external, body or pat-down search except in exigent circumstances.
    - Charles Hickey is an all-male facility and all personal searches are conducted by staff of the same gender identity as the resident.
    - Charles Hickey is adequately staffed with male and female staff to provide appropriate services for all youth.
    - Staff and resident interviews indicated the opposite gender staff members are not allowed to conduct any type of search that involves searching their person but they are allowed to search their property and their rooms.
    - All strip searches require the presence of two same-gender staff as the resident's gender.
    - When staff conduct pat searches, they must position themselves in view of the camera for staff and resident safety.

115.315(d)-1 The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

7. Staff willensure movement is limited. Limited means that all youth will move directly from their rooms to shower and from the shower back to their rooms. ALL YOUTH ARE TO SHOWER FROM BEHIND THEIR DOORS. Only an Administrator can de-activate this order.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Residents are able to shower, perform bodily functions, and change clothing in the privacy of an individual room and shower stalls.
    - Resident interviews indicated while residents are showering, the male staff provide supervision and female staff are off of the unit or conducting other duties on the unit.

115.315(d)-2 F. Staff of the opposite gender must announce their presence when entering a resident housing unit or any area where residents are likely to be showering, performing bodily functions, or changing clothing.

3. Staff of the opposite gender of the youth shall announce their presence when entering a youth's housing unit. In facilities that do not contain a discrete housing unit, staff of the opposite gender shall be required to announce their presence when entering an area where youth are likely to be showering, performing bodily functions, or changing clothing.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Staff and resident interviews confirm opposite gender announcements are provided verbally.
    - Resident interviews indicate they understand the announcement is to communicate if they are in a state of undress that they should get dressed to protect themselves and the staff member from violating PREA.

115.315(e)-1 The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

c. Transgender and intersex youth shall not be searched for the sole purpose of identifying genital status. If it is necessary to determine genital status, staff shall discuss the issue with youth, review the youth's medical record, or if necessary, request a medical examination by a licensed health care practitioner.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Interviews with staff confirmed they are aware of the policy that

	prohibits them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's physical anatomy. ◦ The staff understand that searching a resident who identifies as transgender to determine their biological sex could result in disciplinary action. ◦ In cases where there is a need to determine a residents' genital status the staff will gather the information by interviewing the resident or contacting the medical staff for assistance. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Americans with Disabilities Act (ADA): Facility Coordinator Monthly Monitoring Report • Contracts for Limited English Service Providers • Charles Hickey Reports • Charles Hickey Youth Handbook (English & Spanish) • List of LEP Coordinators • STARR Youth Handbook • Maryland DJS Policy: Accessibility for Youth with Hearing Impairments • Challenge Program Manual for Youth • Flashcards: If you need an Interpreter • List of Language Providers (Established 2013) • Monthly ADA Monitoring • Monthly LEP Monitoring • Maryland DJS Policy: Nondiscrimination of Youth • Request for Auxiliary Aids and Services Form • What You Should Know About Sexual Abuse and Sexual Harassment (English

and Spanish)
- Maryland DJS Policy: Communication with Limited English Proficient Persons

Interviews:

- Executive of Committed Facilities
- Random Staff
- Random Resident
- Resident identified as LEP

115.316(a)-1 The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

It is the policy of the Department of Juvenile Services that staff shall not discriminate against any youth on the basis of age, race, ancestry, color, national origin or citizenship, place of residence, creed, genetic information, religion, sex, sexual orientation, gender identity or expression, personal appearance, marital or familial status, source of income, mental or physical disability, or political views when making administrative decisions and in providing services to youth. DJS staff shall act in accordance with federal and State laws and applicable regulations to prohibit and ensure the absence of discrimination in all programs. Staff shall honor and respect the value and dignity of each youth served, and facilitate an environment that is free from discrimination on any basis. Youth shall be given equal opportunities in all activities, services and programs.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
- According to the PAQ and interviews with the PREA Coordinator, and random staff Maryland DJS has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.316 (b): The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Charles Hickey has special education teachers who are qualified to assist residents who are identified as having an intellectual or speech disability.
    - Behavioral health staff are available to assist residents with psychiatric needs.
    - All DJS facilities has an ADA Coordinator who is responsible for coordinating appropriate auxiliary aids and services upon notification that a resident is hearing impaired.
    - Resources for deaf or hard of hearing residents are made available through visual aids.
    - Maryland DJS has a contract with Ad Astra, Interpreters Unlimited and LanguageLine.
    - Ad Astra offers onsite interpretation and translation services on an as-needed basis. When a translator is deployed to the facility the individual will provide in-person services to the resident from the time the resident wakes until they go to bed.

115.316 (c): The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - According to the PAQ, the facility did not have any instances where resident interpreters, readers, or other types of resident assistants have been used in the 12 months preceding the audit.
    - Staff interviews confirmed the agency would use a Spanish speaking staff member or a translator who speaks the native language of the resident for interpretation services.
    - Staff interviews indicated the facility would not use a resident interpreter, resident reader, or any other type of resident assistance to communicate allegations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds compliance with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective

	action is required.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland DJS Staff Disclosure Forms (i.e., PREA-Mandated Disclosure) • Sample of signed Mandated Disclosure Forms • Maryland DJS Policy: Background Investigation Policy • Charles Hickey List of Staff • Maryland DJS Policy: Volunteer Services . **Interviews:** • PREA Coordinator • Human Resources/Background Clearance Staff • Random Staff ***115.317(a)-1 Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who—*** ***(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);*** ***(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or*** ***(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.*** E. Disqualification 1. A mandated applicant, employee, contractor, or volunteer shall be disqualified if the individual has or obtains a conviction or convictions enumerated in COMAR 12.10.01.20.

2. In addition to the convictions enumerated in COMAR 12.10.01.20, the following may result in disqualification of applicants, termination of the employee or volunteer, or discontinuation of services provided by the contractor:
a. a conviction of first degree assault;
b. a conviction of child abuse;
c. a conviction for distribution of controlled dangerous substances;
d. convictions for infamous crimes, such as perjury or fraud, which have occurred within the past ten years;
e. convictions and civil or administrative adjudications of activity involving engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
f. instances of engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
g. incidents ofsexual harassment (excluding unfounded accusations);
h. failure to report an arrest or pending charge for a criminal offense or a positive indication of child abuse or neglect;
i. conviction for drug possession;
j. conviction for drug distribution;
k. conviction for assault;

l. currently on supervised probation; or
m. Gangnet - verified and/or affiliated.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The HR representative indicates the facility would not employee anyone with a felony conviction.
    - The HR representative stated the facility will ask all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.
    - The PREA-Mandated Disclosure form instructs applicants that they have a continuing duty to disclose any misconduct and that material omission of such misconduct, or the provisions of materially false information, should be grounds for termination.
    - The HR representative confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees and contractors who may have contact with the residents and all employees, who may have contact with residents.
    - The OIG unit is responsible for running a clearance check through the child protection services and there are periodic checks during an employee’s employment with DJS.

115.317(b)-1 Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

4. Hiring, Promotions and Background Checks: All applicants, volunteers, and contracted staff shall be subject to a criminal records check, Child Protective Services (CPS) check and Sex Offender Registry check, in accordance with the Background Investigations, Reporting and Investigating Child Abuse and Neglect Policies and Procedures.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The HR representative confirmed the department considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

115.317(c)-1 Agency policy requires that before it hires any new employees who may have contact with residents, it (a)conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Department of Juvenile Services has zero tolerance for all forms of sexual abuse and harassment against any youth in its custody and in its licensed or contracted residential programs. Suspected or alleged acts of sexual abuse and harassment shall be referred for investigation to the Department of Social Services, Child Protective Services Division, DJS Office Inspector General (OIG) and law enforcement in accordance with applicable laws and regulations.

The Department of Juvenile Services shall establish operating procedures to ensure compliance with the federal Prison Rape Elimination Act (PREA), Juvenile Facility Standards. The Department of Juvenile Services shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards and shall designate PREA compliance managers to coordinate efforts to comply with PREA in all of its facilities.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The auditor reviewed the PREA-Mandated Disclosure form and observed the three (3) questions regarding past conduct is asked of all applicants.

115.317(d)-1 Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

The Department of Juvenile Services (DJS) shall ensure that a background investigation is completed for all applicants, contractors, and volunteers in accordance with state and federal statutes.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The facility provided an Excel Spreadsheet which demonstrated all existing employees complete the background check that involves fingerprinting and a child protection services check.

115.317(g)-1 Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

5. PREA Mandated Disclosure Form
a. All new applicants, as well as current employees applying for a promotional opportunity, shall complete and sign the PREA Mandated Disclosure Form (Appendix 1).

b. Employees have an ongoing obligation to disclose to supervisors/administrators any sexual misconduct as described on the PREA Mandated Disclosure Form.

c. At the time of each performance review (interim or annual), all employees shall complete and sign the PREA Mandated Disclosure Form (Appendix 1).

d. The completed PREA Mandated Disclosure Form (Appendix 1) shall be placed in the employees' personnel file. Material omission by an employee regarding their

misconduct, or the provision of materially false information, shall be grounds for termination.

e. Contractors (to include contract Resident Advisors) shall be subject to the requirements of sections III.A.5(a) and 5(b) above. They also shall be required to complete the PREA Mandated Disclosure Form annually on July 1st and no later than July 10th. A copy of the completed forms shall be maintained by the designated departmental Director or Administrator.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Current employees are periodically asked about allegations or reports of sexual misconduct throughout their employment.
    - The HR representative indicated employees fall under the current Maryland law which flags all Maryland DJS employees in the Maryland Bureau of Investigations system. Anytime an employee is arrested, charged or summoned for any criminal offense the employee's appointing authority is contacted by the Human Resource department.
    - All employees have an affirmative duty to self-report all disqualifying offenses as soon as possible.

115.317 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The HR representative confirmed Maryland statute allows the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, but the request must accompany a release signed by the former employee.
    - All requests will be referred to the HR Department to have the information released.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding hiring and

	promotion decisions. No corrective action is required.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Charles Hickey Camera Audit Forms • Camera Repair Memo • Camera Repair Correspondence • Facility Arial Layout • Charles Hickey Building Map Interviews: • Executive of Committed Facilities ***115.318 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.*** During the Executive of Residential Services interview he indicated when acquiring new buildings or designing new facility's Maryland DJS will consider open floor plans versus closed facilities. He indicated the open floor plan decreases blind spots and increases visual observation. An open floor plan would eliminate corners and closet space. The facilities are fully equipped with rooms and doors with large windows that allow adequate sight and sound supervision, and the staff are prohibited from covering the windows. Maryland DJS has facilities that date back to the 1800's and early 1900's. The agency has invested in the facilities to meet the modern day needs, and they continue to modernize the facilities when there is a need identified. Maryland DJS is planning to build a new treatment facility and possibly a detention facility. As of the day of the onsite audit, one facility has building plans drawn out and the funds have been allocated to build a new facility. The Executive of Residential Services indicated the PREA Coordinator will be a part of future conversations to ensure the

	Maryland DJS safety and PREA standards are met. ***115.318 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.*** Maryland DJS has installed cameras throughout the facility in the interior and exterior parts of the facility. Charles Hickey has over one hundred cameras installed throughout the facility. The Facility Assessment form indicates blind spots were identified in the dormitory entrance, middle of the dormitory, and the school entrance. When a facility camera is inoperable, the facility administrators would email a request for camera repairs to a DJS Department of Information Technology specialist. The PREA Coordinator indicated that camera repairs can sometimes occur with the specialist remoting in, and repairs are always made in a timely manner. The facility administrators would maintain all of the documentation regarding camera repairs. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard regarding upgrades to facilities and technologies. No corrective action is required.

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Turnaround Inc., Memo • Sexual Assault Respondent Support Staff (SARS) Notification Protocol • SARS Training • Maryland DJS Policy: Youth Grievance • Coordinated Response Plan • SAFE Statewide Hospital List • Maryland DJS SARS Responder List

- Mental Health Licensing Information
- Guidelines for Submitting Physical Evidence
- Maryland Forensic Exam Regulations

Interviews:

- SANE Staff
- Random Staff

115.321(a)-1The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

The Department of Juvenile Services has zero tolerance for all forms of sexual abuse and harassment against any youth in its custody and in its licensed or contracted residential programs. Suspected or alleged acts of sexual abuse and harassment shall be referred for investigation to the Department of Social Services, Child Protective Services Division, DJS Office Inspector General (OIG) and law enforcement in accordance with applicable laws and regulations.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The Office of Inspector General (OIG) is the agency responsible for conducting administrative investigations.
    - The Maryland State Police (MSP) is responsible for conducting all criminal investigations.
    - Maryland DJS is not responsible for referring criminal allegations for prosecution; however, the superintendent, executive, and the PREA Coordinator indicated they all would fully cooperate with criminal investigations and prosecutions.

115.321(c)-1 The facility offers to all residents who experience sexual abuse access to forensic medical examinations.

4. Health Care Professionals shall:

a. Provide emergency measures if necessary to stabilize the youth without interfering with the collection of evidence. Use the PREA Response Kit, if it has not been utilized by the first responder, to preserve physical evidence that may be on the youth or the youth’s clothing.

b. Complete the Nursing Report of Youth Injuries Form.

c. Report the incident to CPS. Complete the CPS Suspected Abuse/ Neglect Report (Appendix 3) and forward a copy to CPS and the Shift Commander or designee.

d. Photograph any visible injury in accordance with Incident Reporting- Residential and Community Operations Policy and Procedures.

e. Refer, as needed, the alleged victim to the nearest hospital emergency room that has a qualified, trained forensic medical examiner (Appendix 4).

f. Offer victims ofsexual abuse timely information and timely access to prophylactic treatment for prevention of sexually transmitted infections, HIV, emergency contraception for pregnancy and access to this treatment, if not provided by the hospital.

g. Offer pregnancy tests to victims of sexually abusive vaginal penetration, if not provided by the hospital.

h. If pregnancy results, offer the victim appropriate and comprehensive information about the timely access to all lawful pregnancy-related medical services.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The PAQ provided to the auditor, indicated there were zero (0) allegations of sexual abuse that required a forensic examination or the services of an advocate for emotional support in the past 12 months.
    - Charles Hickey has medical staff onsite 24 hours a day.
    - Charles Hickey has contract medical staff from the Allegany County Health Department. The medical staff are available onsite to provide medical services Monday through Friday during business hours. After hours medical services are provided to the residents by transporting them to the closest medical center or the facility staff will contact one of the on-call medical providers who will respond to the facility.
    - All residents residing at Charles Hickey would be transported to Mercy Medical in Baltimore, Maryland for a forensic examination. Mercy Medical Center has trained SANE nurses on staff, but in any instance that a nurse is not on shift, an on-call SANE nurse would be called to conduct the exam.
    - Mercy medical center would provide testing, STD Prophylaxis and options as medically determined. The facility medical personnel are qualified to provide testing, administer STD Prophylaxis, and provide additional follow-up medical care as prescribed per discharge orders.

115.321(d)-1 The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.

1. Qualified Behavioral Health Professionals shall:
a. Meet with the youth as soon as possible to provide an assessment and crisis intervention on the day of the notification. A QBHP shall provide 24/7 on call services.
b. Refer the youth to community-based organizations, institutions and/or support groups equipped to evaluate and treat sexual abuse/assault victims. (Appendix 5).

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Charles Hickey has an agreement with Turnaround Inc., that will allow the residents to call the rape crisis center hotline number.
    - All new admissions to Charles Hickey will receive information about Turnaround, Inc. within ten (10) calendar days of their admission.
    - Turnaround, Inc., will provide a victim advocate if requested by a victim of sexual abuse. Maryland DJS also has trained agency and facility staff to provide advocacy services if a resident made a request.
    - DJS has trained advocates who would be called upon to provide advocacy support at the residents request of if an advocate is not available from the Life Crisis Resource Center.

115.321(e)-1 If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

As requested by youth, contact the Youth Advocate, qualified staff member, or qualified community-based organization staff member to accompany and support the youth through the forensic medical examination process and investigatory interview and provide emotional support, crisis intervention, information, and referrals.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Turnaround, Inc., will provide a victim advocate if requested by a victim of sexual abuse.
    - Maryland DJS also has trained agency and facility staff to provide advocacy services if a resident made a request. DJS would provide an advocate that is not assigned to the facility where the allegation

occurred.

115.321(f)-1 If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

1. Staff shallrefer all alleged incidents of sexual abuse, harassment or misconduct to CPS for investigation and determination of child abuse, and to MSP for the criminal investigation and determination of criminal charges. The Superintendent shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

2. Staff shallrefer all allegations of sexual abuse and harassment to the DJS OIG. If the OIG completes an administrative investigation, the investigation shall include:

a. efforts to determine whether staff actions or failures to act contributed to the abuse;
b. a description of the physical and testimonial evidence
c. the reasoning behind credibility assessments; and
d. investigative facts and findings.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The PAQ provided to the auditor, indicated there were zero (0) allegations of sexual abuse that required a forensic examination or the services of an advocate for emotional support in the past 12 months.
    - All OIG investigations would be conducted according to standard investigatory protocols.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

- Facility PAQ
- Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance
- Maryland DJS Policy: Reporting and Investigating Child Abuse and Neglect

Interviews:

- Executive of Committed Facilities
- Investigative Staff
- PREA Coordinator

115.322(a)-1 The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The Department of Juvenile Services has zero tolerance for all forms of sexual abuse and harassment against any youth in its custody and in its licensed or contracted residential programs. Suspected or alleged acts of sexual abuse and harassment shall be referred for investigation to the Department of Social Services, Child Protective Services Division, DJS Office Inspector General (OIG) and law enforcement in accordance with applicable laws and regulations.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - According to the policy all allegations of sexual misconduct will be taken seriously and investigated thoroughly by a trained administrative and criminal investigator.
    - A review of investigation reports found that the investigations are conducted in a timely manner and administrative investigators does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.
    - The standard for criminal investigations conducted by MSP is based on Maryland state statute.

115.322(b)-1 The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the

agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

1. Staff shall refer all alleged incidents of sexual abuse, harassment or misconduct to CPS for investigation and determination of child abuse, and to MSP for the criminal investigation and determination of criminal charges. The Superintendent shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

2. Staff shall refer all allegations of sexual abuse and harassment to the DJS OIG. If the OIG completes an administrative investigation, the investigation shall include:
a. efforts to determine whether staff actions or failures to act contributed to the abuse;
b. a description of the physical and testimonial evidence
c. the reasoning behind credibility assessments; and
d. investigative facts and findings.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - All sexual abuse and sexual harassment allegations are documented on an incident report.
    - OIG will be notified of all sexual abuse and sexual harassment allegations to initiate an investigation.
    - Allegations with suspected criminal conduct are referred by the agency/facility to the Maryland State Police (MSP).

115.322 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The agency website has information that informs the public about the different methods for reporting allegations of abuse. The website states, "Allegations are reported to the Department of Social Services Child Protection Unit, the Maryland State Police, and the Department of Juvenile Services Office of the Inspector General for investigation. Management teams review all investigations to determine corrective actions, which may include enhanced facility practices, staff and/or youth discipline." Interviews with administrators and specialized and direct care staff confirmed that

	they were knowledgeable of reporting requirements and procedures, and all acknowledged they were mandated reporters. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • PREA Pocket Guide • PREA Initial Training Chart • Charles Hickey Facility Operating Procedures: Employee Training for PREA • Maryland DJS Policy: Staff Training • Shift Status Report Memo • Training Curriculum • Staff Refresher Training Curriculum (2022 & 2023) • Charles Hickey Muster Meeting Training Acknowledgement Forms **Interviews:** • PREA Coordinator • Specialized Staff • Random Staff ***115.331(a)-1 The agency trains all employees who may have contact with residents in the following matters (check all that apply and indicate where in training curriculum this information is covered):*** 6. Employee Training a. All employees who have direct contact with youth shall receive entry-level and

annual training on the Department's Elimination and Reporting of Sexual Abuse and Harassment Policy and Procedures. They must also complete all other Department approved training as listed in PREA Mandated Training (Appendix 2).
b. The Department's training unit shall provide entry-level and annual training that addresses all areas of employee training in accordance with PREA Juvenile Facility Standard 115.331, Employee Training.
c. Staff shall acknowledge, in writing, receipt and understanding of all training provided.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - All new Maryland DJS employees receive orientation training before undertaking their assignments.
    - New employees receive training at the Entry Level Training Academy. The training includes eight (8) hours of PREA classroom training which includes reviewing the PREA policy, reporting and investigating child abuse and neglect, and random or reasonable suspicion checks for child abuse and neglect.
    - Each year current employees receive annual training and refresher training on a periodic basis throughout the year.
    - The training curriculum addressing the required training modules, 1) PREA Staff Training First Responder, 2) PREA Staff Training Effective Communication LGBTQI Residents, 3) PREA Staff Training Sexual Abuse and Sexual Harassment Definitions, and 4) Staff Training Policy and Definition Lesson. The PREA curriculum is designed to provide an overview of the PREA standards, describe how PREA compliance will prevent incidents of sexual abuse in Maryland DJS facilities; and the Effective Communication with LGBTQI Residents curriculum examines sexual orientation, gender identity, and gender expression related issues.
    - Between annual trainings the facility will provide refresher trainings during the facility shift debriefings, which are commonly referred to as a "Muster."

115.331(d)-1 The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

a) Staff shall acknowledge, in writing, receipt and understanding of all training provided.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Signed training acknowledgment forms as well as training transcripts were provided, which demonstrate the Charles Hickey staff received training during the 2024 calendar year.
    - During staff interviews the staff indicated they receive annual PREA training per the agency policy.
    - Staff interviews indicated muster meetings involve a supervisor covering a PREA topic.
    - During staff interviews the staff were fluent in explaining how they would make a report if they received a disclosure, their first responder duties, and how to secure the scene when there is a sexual abuse allegation that requires the collection of evidence.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with the standard regarding employee training. No corrective action is required.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland DJS Policy: Reporting and Investigating Child Abuse and Neglect • PREA Training Chart • Maryland DJS Policy: Staff Training • Maryland DJS Policy: Incident Reporting-Residential Facilities and Community Operations • Maryland DJS Policy: Volunteer Services • Maryland State Department of Education Refresher Training Logs • Charles Hickey Training Sign-off for Contract Interpreter Services Providers **Interviews:** • Contract Staff

- Volunteer

115.332(a)-1 All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

b. Part-time and Contractual Staff Training
Part-time and contractual staff shall receive orientation and training according to their assigned job classification as indicated in the Training Requirements Matrix (Appendix

c. Volunteer Training

1) Volunteers shall receive orientation and training in accordance with the Volunteer Services Policy and Procedure.

2) 2) The DJS Community Services Coordinator, in conjunction with the PTEU where needed, may require and shall ensure that all volunteers receive any additional training that is appropriate to the Department's needs and the capacity in which they are volunteering.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Contractors and volunteers are required to complete PREA training for those that have direct access with residents.
    - The training curriculum demonstrates contractors receive the same training as DJS employees.
    - Volunteers receive training that informs them of their mandatory reporter responsibility and how to make a report.
    - The Charles Hickey PAQ indicates the facility currently has forty-two (42) volunteers who have cleared background to provide services to the youth in the facility. There are twenty-eight (28) contractors who has access to the facility to provide services for the residents.
    - During interviews with contract staff they were able to describe what to look for to prevent sexual abuse and sexual harassment and how to make a report when there is a disclosure. They were clear about their professional boundaries and how to assess the boundaries of others.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding volunteer and

	contractor training. No corrective action is required.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Charles Hickey Resident Training for PREA • Maryland DJS Youth Statement of Receipt Policy and Procedure • End the Silence Curriculum • Facility Intake Packet • Residential Education Group Sign-offs • Maryland DJS Youth Orientation Logs • Maryland DJS Youth Orientation Video Review Youth Acknowledgement Form • Maryland DJS PREA Posters Interviews: • Random Staff • Residents ***115.333(a)-1 Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.*** Youth Education a. All youth, upon admission, shall receive information explaining the Department's zero tolerance policy for all acts of sexual abuse and sexual harassment and procedures for reporting incidents or suspicions of sexual abuse or sexual harassment. Accommodations shall be made to address the special needs of youth, to include youth with vision or hearing loss, limited reading ability, limited ability to read or understand English, and youth with intellectual, cognitive, developmental, mental health, or speech disabilities to provide for an understanding of all information presented.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Every resident will receive PREA training during the admission process.
    - Resident interviews demonstrated the residents received PREA information during the intake process and the information is delivered within an hour of their arrival to the facility. Also, the residents explained that they met with their case managers within 24 hours of their admission where they received additional PREA information by watching a video. Additionally, the residents report they participate in weekly or biweekly refresher PREA education.

115.333(b)-1 The number of residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake:

a. Within 10 calendar days of admission, Youth Advocates or a designee shall provide a comprehensive age-appropriate education to the youth, in person and through video, regarding their rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and departmental policies and procedures for responding to such incidents.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The facility PAQ indicates the facility admitted two hundred twenty-two (222) residents who received PREA information upon intake.
    - The information is delivered to the resident verbally and they receive a brochure, and upon receiving the information the resident will sign the Zero Tolerance Memo, which will be placed in the resident’s social folder.

115.333 (d): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Charles Hickey had zero tolerance posters and information about the different reporting methods posted throughout the facility. The posters were visible to the auditor on each of the housing units near the GTL phones.
    - Resident interviews confirmed that the PREA posters and information is always posted throughout the facility and they review the information during their ongoing education sessions.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds compliance with this standard regarding resident education. No corrective action is required.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland State Police List of Barracks Contact Information • Maryland State Police Policy: Response by Criminal Investigators • Maryland State Child Protective Services Local Department Contact Information • Website to the NIC Training Curriculum • PREA Initial Training Chart Interviews: • Investigator • PREA Coordinator • PREA Compliance Manager ***115.334(a)-1 Agency policy requires that investigators are trained in***

	conducting sexual abuse investigations in confinement settings. Check NA if the agency does not conduct administrative or criminal sexual abuse investigations. Employee training a. All employees who have direct contact with youth shall receive entry-level and annual training on the department's elimination and reporting of sexual abuse and harassment policy and procedures. They must also complete all other department approved training as listed in prea mandated training (appendix 2). The OIG investigators conduct all administrative investigations. The investigators are employees of the state of Maryland but they are independent of DJS authority. The investigators communicated that they have completed the NIC investigations training as well as ongoing trainings offered by the OIG to fulfill their ongoing training requirements. All sexual abuse and sexual harassment allegations are referred to the OIG for administrative investigations and all criminal investigations are conducted by the MSP. There are ten (10) administrative investigators assigned to conduct investigations involving Maryland DJS facilities. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for investigations. No corrective action is required.

115.335	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • PREA Initial Training Chart • Maryland SAFE Programs Contact List Interviews: • Contract Staff (Medical)

	115.335(a)-1 The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Employee training a. All employees who have direct contact with youth shall receive entry-level and annual training on the department's elimination and reporting of sexual abuse and harassment policy and procedures. They must also complete all other department approved training as listed in prea mandated training (appendix 2). The facility provided training certificates for the thirty-five (35) facility behavioral health and medical practitioners. Interviews with the behavioral health and medical practitioners indicated they received the specialized training through the NIC as well as the general PREA training that is provided to the facility staff. Both behavioral health and medical professionals receive annual PREA training and at the completion of the training they sign an acknowledgement, which indicates they received the training and understand that they have a duty to make a report when there is knowledge or suspicion of sexual abuse or sexual harassment. Their response to the interview questions indicated they understand their role in the facility's coordinated response is to provide crisis and trauma care. They stated that they are mandatory reporters and as a result they would make a report "immediately" or "as soon as possible" when they receive a disclosure or have knowledge or suspicion that a resident has been sexually abused or sexually harassed. They stated they would work closely with the facility to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for medical and mental health care. No corrective action is required.

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Admission and Release of Youth in DJS Facilities • Maryland DJS Policy: Admissions, Orientation and Housing Classification of

Youth
- Maryland DJS Policy: Classification of Youth in DJS Residential Facilities
- Maryland DJS Housing Classification Assessment
- Maryland DJS Housing Re-Assessment Form
- Maryland DJS Facility Initial Reception/Referral Screening Tool
- Maryland DJS Youth Vulnerability Assessment Instrument
- Sample Vulnerability Assessment

Interviews:

- Intake Staff
- Random Residents

115.341(a)-1 The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

E. Classification and Unit Assignment

1.Within 24 hours of admission and periodically throughout a youth's confinement, information shall be obtained and used about each youth's personal history to reduce any safety risk to the youth and other youth. This information is obtained through conversations at admissions by the admissions officer, through medical and mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's file. The results are documented in the Housing Classification Assessment Instrument (Appendix 5).

2.The VAI (Appendix 4) is completed to determine the youth's risk of being victimized sexually or being sexually aggressive towards others; this risk screening along with the Housing Classification Assessment Instrument (Appendix 5) is completed to determine the youth's supervision level and special needs. The Admissions Officer will make an initial classification decision utilizing the results of these two screenings in accordance with the guidelines of the Classification of Youth in DJS Residential Facilities Policy and Procedure.

Compliance Determination:

- The facility as demonstrated compliance with this provision of the Standard because:
    - Charles Hickey is a DJS an all-male detention facility.
    - Charles Hickey admitted one hundred seventy (170) residents in the past 12 months whose length of stay in the facility was for 72 hours or more.

- All Charles Hickey residents are screened for vulnerabilities of victimization and sexually aggressive behavior 24 hours of their admission and periodically throughout their confinement.
- The Charles Hickey intake staff are responsible for completing the initial screen and the resident's assigned case manager will complete additional screens. Once the risk assessment has been completed the information is used to complete the Housing Classification Assessment, which details the resident's room assignment and risk levels.
- Staff report they conduct and document an assessment of every resident at the time of intake or within 24 hours after a resident's arrival, as required per the agency policy.
- All staff and all residents interviewed confirmed the facility's practice.
- Residents are re-assessed at each new intake or return to the facility and any time circumstances dictate it is appropriate.

115.341 (b): Such assessments shall be conducted using an objective screening instrument.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
  - The risk assessment tool contains all of the eleven (11) elements required per paragraph (c) of the standard.
  - Interviews with all of the residents indicate they were asked if they identify as lesbian, gay or bisexual; about their gender identity; if they had a history of sexual abuse; and if they felt safe in the facility during their admission.
  - Resident interviews indicated they understood the questions were asked to protect them and because the facility had a need to know.

115.341 (d): This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:

- The risk screening information is obtained through conversation and using any available collateral information.
- According to staff interviews the residents are re-assessed every 60-days or when the resident was involved in a critical incident.
- Non-routine re-assessments are completed within 24 hours of a resident being involved in a third incident involving aggressive and assaultive behavior, within 24 hours of an attempt or actual escape or AWOL, suicide attempt, or involvement in a serious incident, and any time the youth's housing and supervision level is increased or decreased.
- A review of a sample documentation demonstrate it is the facility's practice to complete a re-assessment as per policy.

115.341 (e): The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
  - The facility intake person will make an initial classification decision using the results of the vulnerability assessment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Admissions, Orientation and Housing Classification of Youth • Charles Hickey Unit Bed Chart

- Maryland DJS Policy: Classification of Youth in DJS Residential Facilities
- Maryland DJS Policy: Housing Plan for At-Risk Youth

Interviews:

- Intake Staff
- Random Staff
- Random Resident

115.342 (b)-1 The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

B. Placement of Youth in Housing, Bed, Program, Education and Work Assignments

3.Youth may be separated from others only as a last resort when less restrictive measures are inadequate to keep them and/or other youth safe and then only until an alternative means of keeping all youth safe can be arranged. During any period of seclusion, youth shall not be denied daily large-muscle exercise, or any legally required educational programming or special education services. Youth shall be seen daily by health care professionals and qualified behavioral health professionals. Youth shall also have access to other programs and work opportunities to the extent possible. If a youth is in seclusion, the Superintendent must ensure that documentation placed in the youth's file identifies the basis for the concern for the youth's safety, and the reason why no alternative means of separation can be arranged.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Each resident at Charles Hickey will be housed and assigned a room consistent with the room assignment requirements and the admission screening decision. The criteria for assigning housing classification and supervision level of a resident shall consider, the severity of the current charge or adjudication, severity of the most serious prior adjudication, the number of prior serious incidents in custody, age, size, special needs, and vulnerability to victimization and/or sexually aggressive behaviors or being the perpetrator of such behavior.
    - The intake staff indicated they will consider multiple variables when

making a housing and room assignment decision.
- Housing, bed, program, education, and work assignments are based on information obtained from assessments/risk screenings and any collateral information that is relevant to the resident.

115.342 (c)-1 The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.

B. Placement of Youth in Housing, Bed, Program, Education and Work Assignments

5.Lesbian, gay, bisexual, transgender, or intersex youth shall not be placed in particular housing, bed, or other assignments solely based on such identification or status, nor shall lesbian, gay, bisexual, transgender, or intersex identification or status be considered as an indicator of likelihood of being sexually abusive.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
  - Charles Hickey provides the residents with dorm-style living quarters with single rooms.
  - The facility does not have designated rooms for LGBTQI residents; therefore, room assignments are not based solely on the resident's sexual orientation or gender identity.

115.342 (d)-1 The agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis.

B. Placement of Youth in Housing, Bed, Program, Education and Work Assignments

4.In deciding whether to assign a transgender or intersex youth to a facility for male or female youth, and in making other housing and programming assignments, the Superintendent shall consider on a case-by-case basis whether placement would ensure the youth’s health and safety, and whether the placement would present management or security problems. Within 72 hours of admission, the youth’s placement shall be reviewed by the Facility Review Committee. The Facility Review Committee will be chaired by the Superintendent or designee and will consist of the following members: a qualified behavioral health professional, nursing supervisor or designee, education representative, and a GLM II or other direct care staff. The case shall be presented to the committee by the facility CMS. The FRC decision will be reviewed by the assigned Executive Director for Residential Services and the Deputy Secretary for Operations.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - When determining the best placement for a resident who identifies as a transgender or intersex on a case-by-case basis. The assessment process involves considering the safety of the facility as well as meeting the needs of the resident.
    - DJS has an institutionalized their policy and procedure which requires the facility administrator in collaboration with members of the executive leadership team to decide to place a resident who identifies as transgender in a male or female facility.

115.342 (i)-1 If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

B. Placement of Youth in Housing, Bed, Program, Education, and Work Assignments

4.The Superintendent shall ensure that each youth separated from the general population is reviewed every 30 days to determine whether there is a continuing need for the separation.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Residents may be separated from others only as a last resort when less restrictive measures are inadequate to keep them and/or other youth safe and then only until an alternative means of keeping all youth safe can be arranged.
    - Charles Hickey does not have a room or area within the facility that is designated for a resident to be placed in isolation or on protective custody. Should the need arise the residents assigned room will be used temporarily as the room used to separate the resident from others.
    - Interviews with the Executive of Residential Services and the PREA Coordinator emphasized that placing a resident in isolation, seclusion, or protective custody should be used as a last resort and only when there are no other means of keeping the resident or other residents safe.
    - In any case that a resident is presenting a safety concern the facility would look for other means of maintaining safety (eg. Move to

another unit, transfer to another facility, one-on-one staff supervision).
    - The auditor reviewed the resident seclusion log and found that the facility utilizes seclusion very infrequently and most instances were for less than an hour.
    - Interviews with the facility and behavioral health staff indicate if a resident was placed in seclusion that they would provide services to the resident every hour until their status changed.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds compliance with this standard regarding use of screening information. No corrective action is required.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland DJS Policy: Admission and Release of Youth in DJS Facilities • Charles Hickey Youth Handbook (English & Spanish) • STARR Youth Handbook • Maryland DJS PREA 2-1-1 Call Specialist Training • 2-1-1 Sexual Abuse Hotline Poster (English and Spanish) • Maryland 2-1-1 Hotline MOU • 2-1-1 Memo • Staff PREA Lesson: Staff Privately Report **Interviews:** • Random Staff • Random Residents ***115.351 (a)-1 The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:*** ***• sexual abuse and sexual harassment;***

• retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND
• staff neglect or violation of responsibilities that may have contributed to such incidents.

9. Youth Education

a. Each youth shall receive, and have access to, a facility Youth Handbook. Staff shall ensure that each youth understands its contents. The Youth Handbook shall provide detail on the 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.

b. Youth shall be instructed and encouraged to report incidents to any DJS and MSDE staff member, to include, direct care staff, case managers, somatic or behavioral health staff, youth advocates, and parent/guardian or attorney.

c. Youth shall be 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.

B. Reporting
Staff must accept reports of alleged sexual abuse and harassment verbally, in writing, anonymously, or from third parties

K. Retaliation
The Department protects all youth and staff who report sexual abuse or harassment from retaliation by other youth or staff. Retaliation is prohibited against anyone who reports alleged sexual abuse or harassment.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The facility resident handbook identifies multiple ways for youth to report when they have been a victim or witnessed sexual harassment and sexual abuse.
    - During resident interviews it was communicated that the residents can call 2-1-1, tell a trusted staff member, tell a third-party (i.e., parents/legal guardian, attorney, etc.), write a grievance, or call the local rape crisis center.
    - The auditor observed the PREA Coordinator dial the 2-1-1 number and speak with the call taker. The test call was verified as successful with the receipt of an email from the 2-1-1 email address verifying the call was successful.

115.351 (b)-1 The agency provides at least one way for residents to report

abuse or harassment to a public or private entity or office that is not part of the agency.

B. Reporting
Staff must accept reports of alleged sexual abuse and harassment verbally, in writing, anonymously, or from third parties

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The 2-1-1 hotline is designated as the number Maryland DJS resident can call from the facility GTL phones free of charge. The call can be made without staff permission; the call is not supervised by staff and the call is not recorded.
    - During the site review, the auditor tested the facility GTL phones and received verification that the test call was successfully completed.
    - The system performed per the agency instructions and the auditor was satisfied that the hotline was operating was expected.
    - Charles Hickey is a Maryland DJS facility which serves residents from throughout the state of Maryland either awaiting adjudication or those who have been committed. The facility would never detain a resident solely for civil immigration purposes.

115.351 (c)-1 The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

B. Reporting
Staff must accept reports of alleged sexual abuse and harassment verbally, in writing, anonymously, or from third parties. All reports shall be documented in an Incident Report prior to the end of the work day/shift.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Interviews with the facility staff members indicate they understand that they are responsible for accepting reports of sexual abuse that are made verbally, in writing, or those that are reported anonymously and through a third-party (i.e., another resident, parent, volunteer, etc.)
    - When a staff member receives a verbal or written disclosure, they are required to notify their supervisor and draft an incident report. The supervisor would then assume responsibility for making the

appropriate notification to the OIG, MSP, CSP, and the appropriate agency leadership members.
    - During staff interviews the staff consistently communicated they would report the allegations to their supervisor “immediately” or “as soon as possible.”

115.351 (d): The facility shall provide residents with access to tools necessary to make a written report.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Charles Hickey residents' have access to paper more specifically a grievance form and a pencil that will allow them to make a report in writing.
    - If a resident were to write a grievance the Youth Advocate assigned to the facility would respond to the resident’s concerns. If the youth advocate were to receive a PREA related grievance they are mandated reporters and would initiate the reporting process, which includes notifying the facility to ensure the reporting resident is safe.

115.351 (e): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Staff consistently report that they can make a private report of sexual abuse or sexual harassment, retaliation by other residents or staff for making a report, and staff neglect or violation of responsibilities that may have contributed to the incident by reporting directly to the superintendent, or by calling the 2-1-1 hotline.
    - All of the interviewed staff members communicated they felt safe that they could call the hotline without retribution and are not in fear of calling the hotline to make a report regarding any incident of abuse or neglect.

The information for making a report regarding PREA is available to the public on the Maryland DJS website https://djs.maryland.gov/Pages/PREA.aspx.

	Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland DJS Policy: Youth Grievance • Maryland DJS Policy: Admission and Release of Youth in DJS Facilities • Emergency Grievances Memo **Interviews:** • PREA Coordinator ***115.352 (a)-1 The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.*** 9. Youth Education H. Locked boxes shall be placed in areas throughout the facility that are accessible to youth for submitting confidential grievance reports of sexual abuse or sexual harassment to Youth Advocates. No time limit shall be imposed on when a youth may submit a grievance regarding an allegation of sexual abuse. Youth are not required to use any informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse. ***115.352 (c)-1 The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.***

9. Youth Education

E. Youth shall be instructed and encouraged to report incidents to any DJS and MSDE staff member, to include, direct care staff, case managers, somatic or behavioral health staff, youth advocates, and parent/guardian or attorney.

H. Locked boxes shall be placed in areas throughout the facility that are accessible to youth for submitting confidential grievance reports of sexual abuse or sexual harassment to Youth Advocates.

115.352 (d)-1 Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.

4.Orientation for youth shall include the following instructions to guide youth in the reporting of suspected or alleged sexual abuse or harassment.

1.Youth shall be instructed and encouraged to report any incident to any employee, case manager, somatic or behavioral health staff, parent/guardian/custodian, Youth Advocate, and/or attorney.

2.Youth will be encouraged to report incidents verbally, in writing or anonymously, if necessary.

3.Youth shall be encouraged to use the Youth Grievance Policy and Procedure. Within 10 calendar days of placement, youth will receive an orientation of the Youth Grievance Policy and Procedure and role of the Youth Advocates. All youth will be educated that locked boxes are placed in areas throughout the facility accessible to youth so that they can submit confidential grievances. No time limit shall be imposed on when a youth may submit a grievance. Youth will be told that they are not required to use any informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse.

115.352 (f)-1 The agency has a policy established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

Emergency Grievance

Special procedures shall apply for grievances of an emergency nature.

1.Any staff receiving an emergency grievance from a youth shall immediately notify the Shift Commander. The Shift Commander shall notify the Superintendent or designee who shall direct the resolution of the grievance.

a. If the Superintendent or designee determines that the grievance is an emergency, he/she shall notify the Executive Director of Residential Services.

b. If the Superintendent determines the grievance is not an emergency, the Shift Commander shall inform the youth in writing, indicating the reason the grievance shall be processed as a regular grievance and have the youth sign and date the form. Such grievances shall be processed by the Youth Advocate as a routine grievance.

c. The Superintendent shall notify the Director of the Youth Advocacy Unit of all emergency grievances and the resolution.

2.Time Limits

Emergency grievances must be resolved within eight hours of receipt. A verbal response must be followed with a written response within 48 hours of receipt to the youth and the Director of the Youth Advocacy Unit.

115.352 (f)-2 The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.
115.352 (f)-5 The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

Ensure youth are provided the grievance procedure as soon as practical after admission, but always within three business days of arrival at the facility.

The Youth Advocate shall meet with a youth as soon as possible, but always within three business days of when a grievance is filed or the Youth Advocate is notified that a youth would like to initiate a grievance.

The Youth Advocate shall investigate the grievance, complete Grievance Form - Step III - Advocate Investigation and Mediation (Appendix 3) and attempt to resolve the grievance within five business days of receipt.

The Superintendent shall schedule a conference with all involved parties within three working days of receiving written notice. The Superintendent shall render a written decision within three business days of holding the conference and notify all appropriate parties of their decision. The Executive Director for Residential Services shall hold the conference with the involved parties within five business days of receiving notification from the Director of the Youth Advocacy Unit. The Office of the Secretary shall, within ten business days of receiving the grievance packet, conduct a review of the documentation submitted by the Director of the Youth Advocacy Unit and any additional information deemed appropriate, render a decision and notify all parties in writing of the Department's final decision.

115.352 (e)-1 Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside

advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

9. Youth Education

E. Youth shall be instructed and encouraged to report incidents to any DJS and MSDE staff member, to include, direct care staff, case managers, somatic or behavioral health staff, youth advocates, and parent/guardian or attorney.

I. Youth shall be 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 shall be posted in each living unit. Youth shall be advised that these reports will be shared with the Department for investigation.

115.352 (e)-2 Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

9. Youth Education

E. Youth shall be instructed and encouraged to report incidents to any DJS and MSDE staff member, to include, direct care staff, case managers, somatic or behavioral health staff, youth advocates, and parent/guardian or attorney.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - All resident's residing in a Maryland DJS facility may report an incident of sexual abuse or any other grievance at any time, regardless of the date the incident occurred.
    - Any staff member who receives an emergency grievance shall "immediately" notify the shift commander. The Shift Commander shall notify the Superintendent or designee who shall direct the resolution of the grievance. If the Superintendent or designee determines that the grievance is an emergency, they shall notify the Executive Director of Residential Services.
    - Upon receipt of an allegation of sexual abuse, the allegation is immediately forwarded to the Office of Inspector General (OIG) for assignment and investigation. All staff interviews indicate staff would never refer allegations of sexual abuse to a staff member who is named the subject of the allegation(s).
    - Youth Advocates are responsible for collecting, reviewing and responding to all grievances submitted by the residents. If the youth

advocate determines that the grievance is emergent and alleges sexual abuse, the grievance will be reported to the OIG, MSP, and CPS for an investigation.
    - All emergency grievances must be resolved within eight (8) hours. A written response must be drafted and within 48 hours to the resident.
    - The PAQ indicates there were zero (0) grievances that alleged the resident was a victim of sexual abuse. This was supported by interviews with the PREA Coordinator, Superintendent, and specialized staff.

115.352 (g)-1 The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

J. INTERVENTIONS AND DISCIPLINARY SANCTIONS FOR YOUTH

5.For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
- A resident may be subject to sanctions pursuant to the behavior management program for filing a grievance only when DJS demonstrates the resident filed the grievance in bad faith.
- Of the residents interviewed who have submitted a grievance in the past they reported they did not feel they were retaliated against as a result of their grievance and felt the grievance process was fair even in those instances that they did not get the results that they wanted.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding exhaustion of administrative remedies. No corrective action is required.

115.353	Resident access to outside confidential support services and legal representation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

- Facility PAQ
- Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance
- 2-1-1 Sexual Abuse Hotline Poster (English and Spanish)
- Maryland Rape Crisis Recovery Center Contact List
- Maryland DJS Policy: Youth's Rights – Access to Legal Counsel and Outside Support Services
- Maryland DJS Policy: Visitation

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Residents

115.353 (a)-1 The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:
• Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
• Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.
• Enables reasonable communication between residents and these organizations, in as confidential a manner as possible.

a. All youth admissions and orientation shall be completed in accordance with the guidelines of the Admissions and Orientation of Youth in DJS Facilities

Policy and Procedures.

d. Each youth shall receive, and have access to, a facility Youth Handbook. Staff shall ensure that each youth understands its contents. The Youth Handbook shall provide detail on the 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.

115.353 (d)-1 The facility provides residents with reasonable and confidential access to their attorneys or other legal representation.

The Department of Juvenile Services (DJS) ensures all youth under its custody and care have access to family engagement strategies through increasing and encouraging telephone calls and mail correspondence, have confidential communications with their legal counsel, and are notified in a timely manner of an immediate family member's critical illness or death.

1.The Facility CMS shall enter approved telephone numbers into each youth's call list through the department's phone system. The department's phone system provides for restricted calls to the following:

1. parents, step-parents, legal guardians;
2 .siblings and step-siblings;
3 .maternal and paternal grandparents;
4. significant persons;
5. case worker and social worker; and
6. legal counsel.

Youth may send sealed letters to a specified class of persons and organizations, including but not limited to: courts, counsel, DJS Program Administrators or Executive Staff.

Access to Legal Counsel- Telephone Communications, Mail, and Visits

1.General

a. Upon admission to a facility:

1) The Admission's Officer shall inform a youth that they may communicate with their legal counsel by telephone, uncensored mail, and visits.

2) The Facility CMS shall ensure that the name, address and telephone number of the youth's legal counsel is documented in the youth's base file.

b. Staff shall not offer legal advice to youth regarding the youth's case.

c. The facility operating procedures may impose limitations to the time and frequency of contact with a youth's legal counsel only to the extent that such limitations do not unfairly restrict a youth's access to legal counsel.

d. Youth may not be denied access to legal counsel as punishment or as a disciplinary action.

2.Telephone Communications

a. Youth may make telephone calls to or receive telephone calls from legal counsel at any reasonable time.

b. Youth may not be denied access to telephone calls with their legal counsel for

disciplinary reasons.

c. Youth may make requests to the Facility CMS to contact legal counsel regarding the best hours and dates legal counsel can be reached.

d. When a youth is unable or unavailable to receive a telephone call from their legal counsel, staff shall take a message and promptly relay the message to the youth and arrange for the telephone call later.

Incoming and outgoing mail to legal counsel is privileged communication and shall not be opened by staff unless substantial evidence exists of a security threat or contraband. In the event such evidence appears to exist, the mail may be opened. The mail shall be opened only in the presence of the youth from whom or to whom the mail is addressed, along with a second employee as a witness. Staff shall not read the contents of youth mail to or from legal counsel.
A youth's legal counsel shall be permitted to visit a youth during normal facility hours and after hours due to special circumstances. The Facility CMS shall generally assist with making arrangements for visits by counsel.

115.353 (d)-2 The facility provides residents with reasonable access to parents or legal guardians.

Youth Mail

A youth's ability to send and receive correspondence shall be specified in writing, and be made available to all staff, youth, and their families. The facility guidelines shall be mailed to family members within 24 hours of the youth's admission.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Maryland DJS and Charles Hickey established a relationship with their local rape crisis center to ensure that residents have access to outside victim advocates for emotional support services related to sexual abuse.
    - In any instance that a resident alleges that they have been a victim of sexual abuse either in the facility or in their communities they are offered support services through Turnaround, Inc.
      The residents are also afforded the ability to contact Turnaround, Inc. to seek support for any instances of sexual abuse whether the incident occurred within the facility or in the community.
    - The residents can contact Turnaround, Inc. by calling the hotline number or by sending correspondence through the U.S. Postal service.
    - Prior to the residents accessing the support services they are

	informed of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. ◦ Interviews with Charles Hickey case managers indicated if any resident were to request a call to the rape crisis center, the staff member would dial the number from their office and leave the resident in the office while they observe from outside of the room. ◦ Visits with legal counsel shall have the right to meet with the resident that they represent at any reasonable time. Liberal but reasonable time limits are placed on calls the residents are able to make to their legal and case related professionals. According to the case manager, legal calls are most often called from the case managers offices and are not charged against any phone privileges provided to the resident. The residents report that they are provided with stamps and have writing material available. Also, Charles Hickey residents are provided confidential visits with their attorney's and other professional staff. ◦ The residents report they have daily contact with their family members through phone calls and/or virtual visits. The residents can make a 20-minute virtual visit in their case managers office. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Charles Hickey School Information • Charles Hickey Orientation Post Card • Maryland DJS Policy: Reporting and Investigating Child Abuse and Neglect • Maryland PREA If You Suspect Notice • Maryland DJS PREA Website

Interviews:

- PREA Coordinator

Maryland DJS has established methods to receive third-party reports of sexual abuse and sexual harassment on behalf of a resident; and the agency makes the information available on the agency website. Third parties, including fellow residents, staff, family members, attorneys, and outside advocates are permitted to assist youth in filing requests for administrative remedies and to file such a requests on behalf of the resident. According to the PREA Coordinator, the agency has not received a third-party report regarding any resident within a DJS facility.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding third-party reporting. No corrective action is required.

115.361	Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

- Facility PAQ
- Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance
- Charles Hickey Operating Procedure: Incident Reporting Procedure
- Maryland DJS Incident Reporting Form
- Maryland DJS Policy: Reporting and Investigating Child Abuse and Neglect
- Maryland State Statute: Child Abuse Reporting

Interviews:

- Executive of Committed Facilities
- Medical & Mental Health Staff
- Random Staff

115.361(a)-1 The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they

receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.

A. REPORTING

1. All staff shallreport immediately and in accordance with the Incident Reporting Policy and Procedures and the 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 part of the Department; retaliation against youth or staff who reported such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - All Charles Hickey employees, professional visitors, volunteers, contract staff and/or other DJS employees are required to report any knowledge or any act of sexual misconduct. The employees are required to contact the Shift Commander who will begin to make the appropriate notifications to initiate an investigation.

115.361 (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The duty to report extends to personal communications that may otherwise be privileged (i.e., attorney, clergy, medical practitioner, social worker, or mental health practitioner).
      If any part of the allegation includes neglect or abuse a report should be made to child protection services. The facility administrators will also report the allegation to the alleged victim’s parents or legal guardian.

115.361 (c): Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - All information regarding any sexual misconduct is to be kept confidential and reporting or revealing any information related to a sexual abuse report is prohibited other than to the extent necessary to make treatment, investigation, and other security and management decisions.

115.361 (d): (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The facility medical and behavioral health practitioners communicated that they are obligated to inform residents of their mandatory reporting requirements at the initiation of any services to a resident and the limitations of confidentiality.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding staff and agency reporting duties. No corrective action is required.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and

	Harassment – PREA Juvenile Facility Standards Compliance • Sample Incident Reports Requiring Immediate Action **Interviews:** • Executive of Committed Facilities • PREA Coordinator • PREA Compliance Manager • Random Staff The facility PAQ indicates there were four (4) PREA allegations that were received and responded to as if a resident was subjected to a substantial risk of imminent sexual abuse. According to the random staff interviews, the staff explained they would “immediately” make a report if there was a concern that a resident was at imminent risk of sexual abuse. The staff said they would report to their supervisor to implement any protection measures. Also, the staff said they would either separate the resident from the alleged perpetrator or increase their supervision of the resident by positioning the resident in close proximity to the staff member. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection duties. No corrective action is required.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland DJS Policy: Incident Reporting Procedure • Maryland DJS Policy: Incident Reporting-Residential Facilities and Community Operations **Interviews:**

- Executive of Committed Facilities

115.363 (a)-1 The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

B. Reporting

1.Upon receiving an allegation that a youth was sexually abused while confined at another facility, within 72 hours the Superintendent that received the allegation shall notify the Superintendent where the alleged abuse occurred and immediately report the incident in accordance with the Incident Reporting- Residential and Community Operations Policy and Procedures and the Reporting and Investigating Child Abuse and Neglect Policy and Procedures.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - The superintendent is responsible for the director-to-director notification, and in their absence, a designee is appointed according to the organizational structure.
    - The superintendent would also make the report directly to the OIG, MSP, and CSP.
    - Once the report has been made to the appropriate authorities the Superintendent would fully cooperate with all investigations and would make the resident who made the allegation available to the investigator for an interview.

115.363 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Per the policy, the superintendent has 72 hours to make the report; however, the superintendent reported that they would make the report as soon as possible after receiving the information.

The facility PAQ indicates the facility received zero (0) allegations that a resident was abused while at another facility. Also, the PAQ indicates there were zero (0)

	allegations of sexual abuse the facility received from another facility. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to other confinement facilities. No corrective action is required.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • LESCC Facility Operating Procedures: First Responder's and Coordinated Response to Sexual Abuse and Harassment Incidents Interviews: • Staff First Responders • Random Staff ***115.364 (a)-1 The agency has a first responder policy for allegations of sexual abuse. If YES, the policy*** ***requires that, upon learning of an allegation that a resident was sexually abused, the first security staff*** ***member to respond to the report shall be required to (check all that apply):*** ***(1) Separate the alleged victim and abuser*** ***(2) Preserve And protect any crime scene until appropriate steps can be taken to collect any evidence.*** ***(3) If the abuse occurred within a time period that still allows for the collection of physical evidence,*** ***request that the alleged victim not take any actions that could destroy physical evidence, including, as*** ***appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or***

eating.
(4) If the abuse occurred within a time period that still allows for the collection of physical evidence,
ensure that the alleged abuser does not take any actions that could destroy physical evidence,
including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking,
drinking, or eating.

C. Interventions

1.The first staff responding to an incident of alleged sexual abuse shall:

a. Ensure that the alleged victim and the alleged perpetrator are physically separated so that there is no possibility of contact and to prevent any continued communication.

b. Secure the incident area pending investigation and collection of evidence by the MSP. Use the PREA Response Kit to preserve physical evidence that may be on the youth or the youth's clothing.

c. Request that the alleged victim does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Staff shall communicate to the alleged victim the importance of preserving evidence. If the alleged victim insists upon washing, the staff shall permit the victim to do so to avoid re-traumatizing.

d. Ensure that the alleged perpetrator does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Use the PREA Response Kit to preserve physical evidence that may be on the youth or the youth's clothing.

e. Immediately notify medical staff and the Shift Commander of the alleged abuse to initiate services promptly.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:

Any person providing services to the residents has been trained as a first responder. A first responder is any person who: 1) witnessed the act of sexual misconduct, 2) witnessed the offender leaving the area of the victim, 3) witnessed the victim immediately following an incident, 4) was the person that the victim felt comfortable reporting the occurrence to, or 5) was the person that received information that an alleged incident occurred. The policy requires that the first responder separate the victim from the offender. The safety of the victim is the first priority. The potential crime scene should be kept secure, with few or no persons permitted to enter the scene. The scene will remain sealed until the investigator

	releases the scene. The LESCC direct care staff members are not trained or required to collect evidence; their sole responsibility is to secure the potential crime scene. No attempt will be made to collect evidence except by a trained investigator. The staff interviews indicated that everyone was well-versed in and understood their first responder duties. The intent is to ensure a thorough investigation and to protect the residents. The facility PAQ shows there were zero (0) allegations that a resident was sexually abused, and the allegations required the collection of evidence. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding staff first responder duties. No corrective action is required.

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Charles Hickey Facility Operating Procedures: First Responder's and Coordinated Response to Sexual Abuse and Harassment Incidents **Compliance Determination:** • The facility has demonstrated compliance with this provision of the Standard because: Charles Hickey has a written institutional plan that demonstrates the coordinated steps and the action steps that should take place in response to an incident of sexual abuse. This plan serves to define the duties of each person involved in the post-allegation response to an incident. The plan includes the duties and actions of each member, including staff first responders, supervisory staff, medical and behavioral health professionals, and upper-level management. The plan also includes coordination between facility leadership and the OIG, MSP, and CSP

	investigators, and any other investigative entity involved. The facility supervisors and specialized personnel were well aware of their individual responsibilities in coordinating their responses to sexual abuse and were able to articulate each step of their first responder duties in a coordinated response. The direct care staff were well aware of their duty to take seriously any knowledge, suspicion, or allegation of sexual abuse or sexual harassment, and during staff interviews, they indicated they would immediately notify the shift commander and their supervisor and create an incident report as required. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.

115.366	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Standards of Conduct and Disciplinary Process (June 27, 2018) • American Federation of State County and Municipal Employees Memorandum of Understanding **Interviews:** • Executive of Committed Facilities Maryland DJS does not participate in collective bargaining nor any other form of agreement that may limit the Department’s ability to remove an alleged staff abuser from contact with residents pending the outcome of the investigation and, if necessary, the extent to which disciplinary measures are applied. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding the

	preservation of ability to protect residents from contact with abusers. No corrective action is required.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • LESCC Facility Operating Procedures: Reporting and Investigating Child Abuse and Neglect • Maryland DJS Retaliation Monitoring • Charles Hickey Sample Retaliation Monitoring **Interviews:** Executive of Committed Facilities PREA Coordinator Random Staff Interviews Random Resident Interviews ***115.367(a)-1 The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.*** K. RETALIATION 1. The Department protects all youth and staff who report sexual abuse or harassment from retaliation by other youth or staff. Retaliation is prohibited against anyone who reports alleged sexual abuse or harassment. Youth may be disciplined for retaliation through the behavior management system and counseled. **Compliance Determination:** • The facility has demonstrated compliance with this provision of the Standard because: Interviews convinced the auditor that if a resident expressed fear of retaliation for participating in or cooperating with an investigation of sexual abuse or sexual

	harassment against a resident, the LESCC staff would implement protocols to protect that resident against retaliation. The PREA Compliance Manager and Youth Advocate are designated as the individuals responsible for monitoring for possible retaliation. The Maryland DJS policy is clear that retaliation is prohibited against anyone who reports alleged sexual abuse or harassment. The facility PAQ and resident interviews indicate there were zero (0) incidents of retaliation in the past 12 months. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection against retaliation. No corrective action is required.

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland DJS Policy: Classification of Youth in DJS Residential Facilities • Charles Hickey Admissions, Orientation and Housing Classification of Youth Interviews: • Executive of Residential Services • Behavioral Health Practitioner ***115.368 (a)-1 The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.*** B. Placement of Youth in Housing, Bed, Program, Education, and Work Assignments 1. DJS shall use all information obtained in the initial classification and any information obtained thereafter to make housing, bed, program, education, and

	work assignments for youth with the goal of keeping all youth safe and free from all forms of abuse. 2. Male and female youth do not occupy the same sleeping units or rooms. 3. Youth may be separated from others only as a last resort when less restrictive measures are inadequate to keep them and/or other youth safe and then only until an alternative means of keeping all youth safe can be arranged. During any period of seclusion, youth shall not be denied daily large-muscle exercise, or any legally required educational programming or special education services. Youth shall be seen daily by health care professionals and qualified behavioral health professionals. Youth shall also have access to other programs and work opportunities to the extent possible. If a youth is in seclusion, the Superintendent must ensure that documentation placed in the youth's file identifies the basis for the concern for the youth's safety, and the reason why no alternative means of separation can be arranged. 4. The Superintendent shall ensure that each youth separated from the general population is reviewed every 30 days to determine whether there is a continuing need for the separation. **Compliance Determination:** • The facility has demonstrated compliance with this provision of the Standard because: Interviews with the Superintendent indicate the facility would not segregate residents due to an allegation of sexual abuse or sexual harassment. A review of the facility seclusion logs demonstrates that the facility does not utilize isolation, seclusion, or protective custody as a behavior management tool or as a mechanism to protect residents. The seclusion log had documentation dating back to 2009, and a cursory review shows that all residents were removed from the seclusion status within an hour. Interviews with residents indicate the facility does not have a separate area in the facility or a room used to isolate residents, and of the residents interviewed, they all reported that they had not been placed in seclusion, nor had they witnessed any of their peers in seclusion. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding post-allegation protective custody. No corrective action is required.

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

- Facility PAQ
- Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance
- Maryland Local Child Protection Services Contact List

Interviews:

- PREA Coordinator
- Investigator

115.371 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations.

D. INVESTIGATION

1.Staff shall refer all alleged incidents of sexual abuse, harassment or misconduct to CPS for investigation and determination of child abuse, and to MSP for the criminal investigation and determination of criminal charges. The Superintendent shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

2.Staff shall refer all allegations of sexual abuse and harassment to the DJS OIG. If the OIG completes an administrative investigation, the investigation shall include:

a. efforts to determine whether staff actions or failures to act contributed to the abuse;
b. a description of the physical and testimonial evidence;
c. the reasoning behind credibility assessments; and
d. investigative facts and findings.

3.All administrative investigations shall be documented in a written report.

4.The departure of the alleged perpetrator or victim from the employment or control of the facility or Department shall not be the basis for terminating an investigation.

5.The DJS OIG will assign an investigator who has received specialized training in investigating sexual abuse or harassment to coordinate cooperation with CPS and MSP.

6.The DJS OIG will notify the Superintendent if the CPS and MSP investigation will exceed 60 calendar days so that the victim may be notified of the extended investigation.

7.The Department shall retain written reports, administrative and criminal investigations provided by MSP, for as long the alleged perpetrator is incarcerated or employed by the Department, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Maryland DJS works with the Office of Inspector General (OIG) which is an independent body assigned to conduct all Charles Hickey administrative investigations.
    - The facility is responsible for making a report to OIG so that an investigation can be initiated. All allegations of sexual misconduct will be taken seriously and investigated thoroughly by the OIG trained investigators. According to the administrative investigators sexual abuse and sexual harassment allegations will be Investigated in a timely manner and the administrative investigators will impose no standards higher than a preponderance of the evidence.

115.371 (d)-1 The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

3. All administrative investigations shall be documented in a written report. All administrative investigations are carried through to completion regardless of whether the alleged abuser or victim refuses to comply with the investigation and regardless of whether the source of the allegation recants his or her allegation.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Investigator interviews with OIG investigators indicate they would never terminate an investigation as a result of the alleged victim recanting the entire disclosure or aspects of their disclosure.

115.371 (e): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - All Charles Hickey sexual abuse allegations that involve a crime will be referred to the Maryland State Police (MSP) for a criminal investigation.
    - MSP would forward all criminal complaints to the local prosecuting agency with jurisdiction that covers the facility.

115.371 (j)-1 The agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

6. The Department shallretain written reports, administrative and criminal investigations provided by MSP, for as long the alleged perpetrator is incarcerated or employed by the Department, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - At the conclusion of a criminal and administrative investigation, the facility will receive the final report with the findings from the investigating entity. The report will be given to the superintendent who will then file the report in the facility master file for as long as the alleged abuser is in the custody of DJS, or employed by DJS, plus at least five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.
    - According to the PAQ there were zero (0) substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since the last PREA audit; however, there was one incident of youth-on-youth sexual harassment that was referred to law enforcement and resulted in the youth receiving an Assault charge.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding criminal and administrative agency investigations. No corrective action is required.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland State Personnel and Pensions Code: Disciplinary Actions, Layoffs, and Employment Termination in State Personnel Management System: Disciplinary Actions **Interviews:** • Investigator ***115.372 (a)-1 The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.*** § 11-103. Miscellaneous provisions (a) Standard of proof.—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 Hearings shall apply that standard of proof in appeals under this subtitle. .01 Disciplinary Actions Generally. D. The standard of proof in all disciplinary actions is a preponderance of the evidence. .02 Mitigating Circustances. C. The Office of Administrative Hearings may not change the discipline imposed by the appointing authority, as modified by the head of the principal unit or Secretary, unless the discipline imposed was clearly an abuse of discretion and clearly unreasonable under the circumstances. Investigator interviews indicated the standard of evidence required to substantiate an allegation of sexual abuse or sexual harassment is based on the preponderance of the evidence standard.

	Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Youth Notice of Investigation Outcome Form • Sample Youth Notice of Investigation Outcome Form • Youth Notice of Investigation Outcome (Revised July 6, 2021) **Interviews:** • Investigator • PREA Coordinator ***115.373 (a)-1 The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.*** E. YOUTH NOTIFICATIONS 1. Following an investigation into a youth’s allegations of sexual abuse suffered in a facility, the OIG and Superintendent shall request the relevant information from CPS in order to inform the youth whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Superintendent or designee shall advise the youth in writing using the Youth Notice of Investigative Outcome Form (Appendix 6). 2. Following a youth's allegation that a staff member has committed sexual abuse or harassment against the youth, the Superintendent or designee will subsequently

	inform the youth (unless the allegation is unfounded or the youth is no longer in DJS custody) whenever: a. The staff member is no longer posted within the youth's unit; b. The staff member is no longer employed at the facility; c. The Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or d. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 3. Following a youth's allegation that he or she has been sexual abused by another youth, unless the allegation is unfounded or the youth who was abused is no longer in DJS custody, the Superintendent or designee will subsequently inform the youth in writing whenever: A. The alleged perpetrator has been indicted on a charge related to sexual abuse within the facility; and B. The alleged perpetrator has been convicted on a charge related to sexual abuse within the facility. **Compliance Determination:** • The facility has demonstrated compliance with this provision of the Standard because: ◦ Maryland DJS policy requires at the conclusion of the investigation, written notification of the result (substantiated, unsubstantiated, or unfounded) will be given to the resident who has made the original allegation by the OIG and Superintendent for all sexual abuse allegations. The facility had nine (9) administrative investigations conducted to look into allegations of staff-on-youth sexual misconduct, resident-on-resident sexual harassment and youth-on-resident sexual contact within the past 12 months. According to the agency policy, residents would receive notification about the findings of an investigation, and the new modified form would require the resident’s signature to confirm receipt. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to residents. No corrective action is required.

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

- Facility PAQ
- Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance
- Maryland DJS Policy: Sexual Harassment/Employment Discrimination Policy
- Maryland Standards of Conduct and Disciplinary Process

115.376(a)-1 Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

H. DISCIPLINARY SANCTIONS FOR STAFF

1. Staff shall be subject to disciplinary sanctions up to and including termination for violating departmental sexual abuse and harassment policies and procedures. All disciplinary actions shall be in keeping with Maryland State personnel policy and procedures.

2. Termination shall be the presumptive disciplinary sanction for a staff who has engaged in sexual abuse.

3. Disciplinary sanctions for violations of departmental policies and procedures relating to sexual abuse and harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

4. All terminations for violations of departmental sexual abuse and harassment policies and procedures, or resignations by staff that would have been a termination if not for their resignation, shall be reported to MSP and to any relevant licensing bodies unless the activity was clearly not criminal.

5.In accordance with applicable statutory and regulatory mandates, incidents involving staff may be referred to MSP for the determination of criminal charges.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - During interviews, it was indicated that the superintendent has full authority to place a staff member on a no-contact with residents' status pending the outcome of an investigation when there are allegations of sexual abuse and/or a threat against a resident. If the allegation finds that a crime was committed and the case is referred

for prosecution, the employee can remain on no-contact status pending the outcome of criminal proceedings. The level of discipline imposed against a staff member will be determined based on the severity of the violation. All employees are reminded of the expected and acceptable performance levels during new hire and refresher training. After an investigation, the employee will receive documented notification, and the information will be retained in the employee's personnel file.

- The facility PAQ indicates zero (0) employees were terminated or resigned for violating the agency's sexual abuse or sexual harassment policy. In any case, where there is a finding that an employee who holds a professional license violated the PREA policy, the Maryland DJS policy provides that the agency will make a report to the licensing body unless the activity was not criminal.
- Charles Hickey has not imposed a disciplinary sanction against a staff member for violating the DJS sexual abuse and sexual harassment policy in the past 12 months.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding disciplinary sanctions for staff. No corrective action is required.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland DJS Policy: Volunteer Services • Maryland DJS Youth Development Orientation and Training Volunteer Objectives **Interviews:** • PREA Coordinator

115.377 (a)-1 Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
115.377 (b): The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

H. CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

1. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement and to relevant licensing bodies unless the activity was clearly not criminal.

2. The Superintendent shall take remedial measures, and shall consider whether to prohibit further contact with youth, in the case of any other violation of departmental sexual abuse and harassment policy and procedure by a contractor or volunteer.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - Sexual conduct between a DJS employee and residents, volunteers, or contract services provider, regardless of the resident's age or legal age of consent, is prohibited and subject to administrative and criminal disciplinary investigation. Persons assigned as contract providers and volunteers must adhere to the agency's policies, regulations, and statutes or face loss of privilege to volunteer or contract with DJS. Contractors and volunteers are expected to clear the background check process, maintain confidentiality of information, and acknowledge receiving PREA training. In the past 12 months, the facility did not have any sexual abuse allegations reported for a criminal investigation that the OIG, MSP, or CSP investigated.
    - Any contractor or volunteer who engages in sexual abuse or sexual harassment would be prohibited from having contact with Charles Hickey residents and would be reported to the OIG for investigation. Additionally, the facility will report the violation to the licensing body if the individual holds a professional license.
    - According to the PAQ and interviews with the PREA Coordinator certify that no volunteer or contractor has been restricted from contact with a resident at the facility, nor has the facility had to enact any remedial measures against such individuals for violating DJS sexual abuse and sexual harassment policies within the past 12

	months. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Charles Hickey Youth Handbook (English & Spanish) • Maryland DJS Policy: Classification of Youth in DJS Residential Facilities **Interviews:** • PREA Coordinator • Medical & Mental Health Staff ***115.378 (a)-1 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.*** J. INTERVENTIONS AND DISCIPLINARY SANCTIONS FOR YOUTH 1. Youth may be subject to sanctions pursuant to the behavioral management program following an administrative finding that the youth engaged in youth-on-youth sexual abuse or following a criminal finding of guilt for youth-on-youth sexual abuse. **Compliance Determination:** • The facility has demonstrated compliance with this provision of the Standard

	because: The agency has an exhaustive resident discipline policy, which includes due process. In the past 12 months, the facility completed nine (9) administrative investigations for allegations of staff-on-resident sexual misconduct and allegations that involved resident-on-resident sexual harassment and sexual contact. Charles Hickey residents would never be sanctioned for specialized housing, which would restrict their ability to participate in regular programming. The facility does not have a designated segregation unit, and residents would not be placed in isolation or seclusion to protect them from the imminent threat of sexual abuse. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland DJS Policy: Behavioral Health and Substance Abuse Screening Admission Health Screening and Assessment **Interviews:** • Medical & Mental Health Staff ***115.381(a)-1 All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner.*** 1. In addition to providing an appropriate health care and behavioral health response to sexual abuse, the facility shall offer health care and behavioral health

	evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse. 2. If the Youth Vulnerability Assessment Instrument conducted at admission indicates that the youth has experienced prior sexual abuse or harassment, whether it occurred in an institutional setting or in the community, the youth shall be offered a follow-up meeting with a medical and mental health practitioner within 14 calendar days of admissions screening. **Compliance Determination:** • The facility has demonstrated compliance with this provision of the Standard because: ◦ Every new intake, regardless of if they have a history of sexual abuse, will meet with the facility's mental health practitioners to determine if any needs need to be addressed. ◦ Residents admitted to Charles Hickey are automatically screened by the facility's medical and behavioral health staff upon admission. ◦ Every resident will meet with the facility medical staff after the intake process and before they are escorted to their assigned housing unit. ◦ The medical staff will screen the residents for a history of sexual victimization utilizing the Admission Health Screening and Nursing Assessment. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Medical Assessment Form • Medical Referral Request and Report Form

- Nursing Body Sheet
- Chain of Custody Transportation Form
- Behavioral Health Referral Form
- Medical and Dental Discharge Summary Form
- Victim Safety Trauma Plan
- Behavioral Health Referral Response Form
- Behavioral Health Referral

Interviews:

- Medical & Mental Health Staff

115.382 (a)-1 Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. 115.382(d)-1 Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

6. 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 of the incident.

115.382(c)-1 Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

f. Offer victims ofsexual abuse timely information and timely access to prophylactic treatment for prevention of sexually transmitted infections, HIV, emergency contraception for pregnancy and access to this treatment, if not provided by the hospital.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:
    - According to the agency policy, residents will have unimpeded access to health care and a system for processing complaints regarding health care. The facility's policies are communicated to the residents orally and in writing upon their admission to the facility and during their initial visit with the medical practitioners. The

	information is communicated in the residents' native language, which they clearly understand. Resident victims of sexual abuse have unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and behavioral health practitioners according to their professional judgment. During the past 12 months, the facility did not receive any allegations of sexual abuse that required medical services or a SANE exam; therefore, there are no secondary materials demonstrating a resident received emergency medical treatment or crisis intervention services. ◦ Any resident who is victimized while residing at BMYC will be offered timely information about and timely access to emergency contraception and treatment for any sexually transmitted infections. Victims of sexual abuse will be transported to UPMC Western Maryland Medical Center to receive the appropriate medical care. ◦ Every resident residing in a Maryland DJS facility will receive medical and behavioral health care services without financial cost to the resident or the resident's family. Every resident is Medicaid eligible; therefore, DJS would be invoiced for payment. Additionally, the services are free of cost regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: Facility PAQ Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance Medical and Behavioral Health Assessment Forms Maryland DJS Trauma Safety Plan for Alleged Sexual Abuse and Sexual Harassment Interviews:

	Medical & Mental Health Staff 115.383 (a)-1 The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 115.383 (d)-1 Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Check NA for all-male facilities. 115.383 (e)-1 If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check NA for all-male facilities. 115.383 (f)-1 Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 115.383 (h)-1 The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. G. ONGOING HEALTH CARE AND BEHAVIORAL HEALTH SERVICES 1. In addition to providing an appropriate health care and behavioral health response to sexual abuse, the facility shall offer health care and behavioral health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse. 2. If the Youth Vulnerability Assessment Instrument conducted at admission indicates that the youth has experienced prior sexual abuse or harassment, whether it occurred in an institutional setting or in the community, the youth shall be offered a follow-up meeting with a medical and mental health practitioner within 14 calendar days of admissions screening. 3. If the Youth Vulnerability Assessment Instrument conducted at admission indicates that the youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the youth shall be offered a follow-up meeting with a mental health practitioner within 14 calendar days of admissions screening. 4. The facility shall ensure that a behavioral health evaluation of all known youth-on-youth abusers is completed within 60 calendar days of learning such abuse history and offer treatment when deemed appropriate. 5. The evaluation and treatment of the victims and perpetrators shall include, 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. 6. The facility shall provide the victims and perpetrators with medical and mental health services consistent with continued care services in the community. 7. 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 of the incident. 8. All information related to sexual abuse or harassment that occurred in a facility shall be strictly limited to health care professionals and QBHP and, as necessary, other DJS staff to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. Compliance Determination: • The facility has demonstrated compliance with this provision of the Standard because: Any resident who is a victim of sexual misconduct will receive medical, crisis intervention, behavioral health treatment, and any long-term follow-up care as needed by Charles Hickey medical and behavioral health professionals. Charles Hickey is a secure institution with an onsite clinic. Medical services are provided Monday through Friday during business hours, and on-call medical staff are available after hours. Victims of sexual abuse will be transported to the hospital utilizing appropriate security provisions when there is a treatment need and to ensure a SANE nurse can collect any evidence. The policy requires a mental health evaluation and the appropriate services for sexual abuse victims, including follow-up services, treatment plans, safety plans, and referrals for continued care upon release or transfer to another DJS facility. Charles Hickey is an all-male facility; therefore, the Maryland DJS policy does not apply with regard to services for female residents where there was a violation that involved vaginal penetration. Female residents would receive lawful pregnancy-related medical services. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

- Facility PAQ
- Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance
- The Charles Hickey Facility Operating Procedures: Sexual Abuse Incident Reviews
- The Charles Hickey List of Incident Review Team Members
- Maryland DJS Sexual Abuse Incident Team Review Form

115.386 (a)-1 The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

M. DATA COLLECTION AND REVIEW

1. Facility Review of Sexual Abuse Incidents
a. The facility shall conduct a review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review shall occur within 30 calendar days of the conclusion of the investigation.

b. Each facility shall establish a review team. The Superintendent shall assign an Assistant Superintendent and other upper level management staff to include line supervisors, investigators, medical and mental health staff to the review team.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:

Charles Hickey did not have any sexual abuse allegations that resulted in a criminal investigation. There was a total of two (2) incidents that involved resident-on-resident sexual misconduct and seven (7) incidents that staff-on-resident sexual misconduct. After each investigation that resulted in a substantiated finding, the facility would convene the Sexual Abuse Incident Review Team to discuss the allegations to address high-risk concerns and identify areas of improvement. The incident review practice involves the leadership assessing the incident to identify any immediate concerns requiring corrective actions to mitigate the identified risk. After an investigation, which, per policy, should be completed within 30 days, an incident review will be convened. Per policy, the review team should be convened within 30 days of the conclusion of the OIG investigation. The review team at Charles Hickey is made up of the superintendent, PREA Compliance Manager, medical and behavioral health staff, and the resident's case manager. The OIG investigator will be invited, but given their role, they are not always available to attend the meetings.

	Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance • Maryland DJS Policy: Incident Reporting-Residential Facilities and Community Operations • Incident Reporting Form • 2022 Survey of Sexual Victimization ***115.387 (a)/(c)-1 The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.*** 3. Data Collection a. The Superintendent or designee shall ensure that incident reports documenting all allegations of sexual abuse and harassment are entered into the Department's incident database in accordance with the Incident Reporting- Residential and Community Operations Policy and Procedures and the Reporting and Investigating of Child Abuse Policy and Procedures. b. The Department's research unit shall aggregate the incident-based sexual abuse data at least annually. c. The Department shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigative files, and the sexual abuse incident reviews. d. The Department shall also obtain incident-based and aggregated data from every private facility with which it contracts with for the confinement of youth.

e. Upon request, the Department shall provide all such data from the previous calendar year to the U.S. Department of Justice.

Compliance Determination:

- The facility has demonstrated compliance with this provision of the Standard because:

On an annual basis, Maryland DJS will collect data for every allegation of sexual abuse and sexual harassment that involves staff-on-resident or resident-on-resident. The data will be collected for every facility under DJS jurisdiction and contract facilities. The information on the respective incident report will be used to collect the data. The PREA incident report includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence published by the United States Department of Justice. Maryland DJS maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Coordinator indicated his responsibility is to collect and review all data, including investigative reports and files, identify trends, and implement corrective action accordingly.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data collection. No corrective action is required.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed:

- Facility PAQ
- Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance
- PREA Annual Report (2015 thru 2023)

The Maryland DJS PREA Coordinator will review, analyze, and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training. The PREA Coordinator will also ensure that all

	collected data is securely retained. Once the information is collected, the PREA Coordinator will submit an annual report with redacted material to this supervisor for review. Once the review is complete, the report will be forwarded to the Secretary for signature, approval, and publishing of the report on the DJS website. Before making aggregated sexual abuse data publicly available, DJS will remove all personal identifiers. All PREA administrative and criminal investigation reports are retained as long as the alleged offender is incarcerated or employed by the agency, plus five (5) years. The auditor accessed the Maryland DJS website and reviewed the reports. Also, the PREA Coordinator provided the auditor with annual sexual abuse data to demonstrate the information is collected annually; the reports were from 2015 to 2023. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data review for corrective action. No corrective action is required.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed: • Facility PAQ • Maryland DJS Policy: Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance ***115.389 (a)-1 The agency ensures that incident-based and aggregate data are securely retained.*** 4. Data Storage, Publication and Destruction a. The Department shall ensure that data collected is securely retained. b. The Department shall make all sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website. c. Before making sexual abuse data publicly available, the Department shall remove all personal identifiers.

	d. All sexual abuse records including, incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings and/or recommendations for post- release treatment and/or counseling are retained in accordance with the Department’s record keeping schedule. e. The Department shall maintain collected sexual abuse data for at least 10 years after the date of its initial collection unless federal, state, or local law requires otherwise. **Compliance Determination:** • The facility has demonstrated compliance with this provision of the Standard because: The PREA Coordinator maintains all investigation reports derived from the OIG, MSP, and CSP, and the information is secured electronically. The Maryland DJS annual report and the collected data are securely maintained for 10 years. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data storage, publication, and destruction. No corrective action is required.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Maryland DJS operates eight (8) institutional facilities, three (3) treatment centers, and five (5) detention centers. DJS has one (1) contract for the confinement of DJS residents. Charles Hickey is participating in a PREA audit for the fourth time. The previous audits resulted in a compliance finding, and Maryland DJS has not wavered in its commitment to the audit. It has not received a request or requirement from the Department of Justice (DOJ) to complete an expedited audit. Guided by the Auditor Compliance Tool, the auditor conducted a meticulous and comprehensive audit of Maryland DJS. The agency's continuous efforts to comply with the standards were evident in their implementation and the institutionalization of policies and practices. The audit process involved thoroughly reviewing all relevant policies, reports, handbooks, training curricula, and supporting documents. It also included interviews with staff, contractors/volunteers, and residents. The auditor reviewed documents and records from June 2023 to May 2024.

	During the onsite audit and the report writing phase, the auditor requested additional documentation to support the auditor's findings and received the documents within the timeframe to issue the draft report to the facility within the required 45 days. The auditor has retained all audit material relied upon and will upload it to the Online Audit System and provide it to the Department of Justice upon request. The auditor conducted an internet search and found that Charles Hickey is named in a civil lawsuit that alleges hundreds of incidents of abuse from 1962 to 2012. Despite the opportunity for Charles Hickey staff, contractors, volunteers, residents, and the general public to write a letter or email to the auditor with confidential information or correspondence, no such communication was received. This further demonstrates the transparency and openness of the audit process. **Conclusion:** Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding frequency and scope of audits. No corrective action is required.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor certifies that no conflict of interest exists with respect to her ability to conduct an audit of the Charles Hickey Jr. School. This is the fourth audit for Charles Hickey juvenile facility.

Appendix: Provision Findings		
115.311 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	**Contracting with other entities for the confinement of residents**	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	**Supervision and monitoring**	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	**Supervision and monitoring**	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	**Supervision and monitoring**	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status?	yes
	If a resident’s genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	**Hiring and promotion decisions**	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	**Evidence protocol and forensic medical examinations**	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	**Employee training**	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	**Resident education**	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	**Resident education**	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	**Resident education**	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	**Obtaining information from residents**	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files?	yes
115.341 (e)	**Obtaining information from residents**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	
115.342 (a)	**Placement of residents**	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	**Placement of residents**	
	Are residents isolated from others only as a last resort when 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?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	**Placement of residents**	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	**Placement of residents**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	**Placement of residents**	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	**Placement of residents**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	**Placement of residents**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	**Exhaustion of administrative remedies**	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	**Exhaustion of administrative remedies**	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	**Staff and agency reporting duties**	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	**Staff and agency reporting duties**	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	**Criminal and administrative agency investigations**	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	**Interventions and disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	**Interventions and disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.388 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes