POLICY

POLICY: **Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance**
NUMBER: **RF-701-26**
APPLICABLE TO: **All DJS Staff who work in Residential Facilities, Contracted Program Providers, and Residential Child Care Programs Licensed by DJS**

APPROVED: _____
Betsy Fox Tolentino, Secretary

DATE: 06/03/2026

I. POLICY

The Department of Juvenile Services (Department or DJS) 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 Child Protective Services Division of the Department of Social Services, DJS Office of the Inspector General (OIG), and law enforcement in accordance with applicable laws and regulations.

The Department shall establish operating procedures to ensure compliance with the federal Prison Rape Elimination Act (PREA) and the related Juvenile Facility Standards promulgated by the U.S. Department of Justice. The Department 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.

II. AUTHORITY

A. 34 U.S.C. §§ 30301-30309 (P.L. 108-79)
B. Md. Code Ann., Hum. Servs., §§ 9-203 - 9-204, 9-227
C. Md. Code Ann., Crim. Law, §§ 3-303, 3-304, 3-307-3-310, 3-313, and 9-501-9-503
D. Md. Code Ann., Fam. Law, §§5-701-5-715
E. COMAR 07.02.07.01 to 07.02.07.22
F. COMAR 16.05.01 to 16.05.04
G. COMAR 10.32.22.03 and 10.32.22.05
H. 28 CFR §115, Subpart D
I. American Correctional AssociationStandards, 5-JCF-3A-02,

5-JCF-3D-02, 5-JCF-3D-04, 5-JCF-3D-07, 5-JCF-3D-08, 5-JCF-3D-09, and 5-JCF-4C-51

III. DIRECTIVES/POLICIES RESCINDED

Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance, RF-701-18

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed and are attached to this policy.

VI. TRAINING

All training requirements are listed in the **PREA Mandated Training Chart (Appendix 1)**.

VII. MEASURABLE OUTCOMES

DJS shall track and review the following outcomes:

- Allegations
  - Number and, where practicable, rate of sexual abuse and sexual harassment allegations
    - Annually
    - By facility
    - How reported
    - Type
    - Disaggregated by gender, race, and ethnicity
- Findings
  - Number of Substantiated, unsubstantiated, and unfounded incidents
- Audit Completion and Passage
  - Number of audits completed and passage rate for final audits (DJS and contracted facilities required to comply with PREA)
  - Percentage of required audits conducted on time during the required PREA audit cycle (DJS and contracted facilities required to comply with PREA)
- Access to Victim Advocacy Services
  - Percentage of reported sexual abuse cases where youth elected to have a victim advocate accompany them and organization or agency where the victim advocate came from
- Completion of annual report
  - Date on which annual report was completed for prior year

VIII. AUDIT TOOL

In addition to the audit of all PREA regulations to be done on each facility every three (3) years, the following items will be reviewed annually:

- Background Check Compliance

    - Verification that all staff, including employees, contractors, interns, vendors, and volunteers, have on file a background check that includes a criminal records check, CPS check, and sex offender registry check that is updated in accordance with the DJS Background Investigations, HR-410-19 a requirements.
    - Verification that all staff have a completed **PREA Mandated Disclosure Form (Appendix 2)** on file that was completed during the preceding twelve (12) months.
- Training
    - Confirmation that staff required to receive annual training have received training in accordance with the requirements outlined in Appendix 1
    - Confirmation that medical staff, investigators, and QBHPs have received specialized training in accordance with Appendix 1
    - Documentation that all staff understood the training they received
- Intake and Orientation
    - Completion of VAI within twenty-four (24) hours of admission
    - Documentation of PREA video viewing and acknowledgment forms
    - Documentation that the Facility CMS reviewed the handbook with each youth as part of orientation and provided the youth with a copy.
- Youth Rights and PREA Compliance
    - Confirmation of Youth Advocate meeting to discuss PREA within ten (10) calendar days
    - Evidence of retaliation monitoring by a youth advocate for at least ninety (90) days where applicable to youth who are alleged victims, reporters, or cooperating in an investigation
    - Evidence of retaliation monitoring by facility PREA Compliance Manager of staff and youth who are alleged victims, reporters, or cooperating in an investigation
- Follow-up from VAI
    - Whether youth with indications of prior victimization on the VAI were offered follow-up meetings with medical staff and QBHPs within fourteen (14) days of admission screening
    - Evaluations within sixty (60) days of learning of youth-on-youth abuse history, with treatment offered when deemed appropriate
    - Documentation whether information in the VAI is used to make housing and programming decisions that maintain youth safety
- Child Abuse and Neglect Reporting
    - Whether all instances of suspected and reported child abuse and neglect are reported consistent with State and local laws.
    - Whether notifications to all required parties are completed within the required time frames
- Accommodation for Youth with Disabilities
    - Whether youth have access to auxiliary aids and services needed to access and participate in PREA protections
- Language Access for youth with Limited English Proficiency
    - Provision of interpreter services in accordance with policy
- Youth Accountability

- Confirmation that accountability for false reports only occurs if investigation determined that the report was made in bad faith
- Behavior management system response for youth found to have engaged in sexual abuse or sexual harassment
- Consultation with QBHP prior to holding youth accountable for sexual abuse or sexual harassment

IX. UNION NEGOTIATED POLICY

No

X. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued in compliance with the federal Prison Rape Elimination Act (PREA)	6/16/10
Old policy (RF-01-09) rescinded; new policy issued (RF-701-14) to conform to new policy formatting requirements. Substantive changes made to the procedures include the following revisions to ensure compliance with the final rules of the federal Prison Rape Elimination Act (PREA): 1. Added requirement that LGBTQ youth shall be housed in the least restrictive setting. 2. Additional supervision and monitoring procedures. 3. Added procedures for the notification of the results of the investigation, administrative actions/discipline, and criminal charges. 4. Added list of hospitals with qualified forensic medical examiners. 5. Additional procedures for the DJS OIG to monitor for retaliation. 6. Added sections for: a. PREA Mandated Disclosure Form b. Youth Education c. Facility Upgrades and Technologies d. Interventions e. Youth Notifications f. Disciplinary Sanctions for Staff and Youth g. Ongoing Medical and Mental Health Services h. Corrective Actions for Contractors and Volunteers i. Data Collection, Review, and Publication	2/4/15
Added Section F - Post Allegation Protective Custody	4/21/15
Added requirement in Section I for staff to report any contractor or volunteer who engages in sexual abuse to relevant licensing bodies	6/29/15

DESCRIPTION OF REVISION	DATE OF REVISION
Procedures Revisions: ● Updated definitions. ● Prevention section - any new contract or contract renewals for confinement of youth require the contractor to comply with PREA standards and permit monitoring for compliance. ● New section - Specialized Training for Investigators and Medical and Mental Health Staff. ● Youth Education section: o Trusted adults changed to all staff. o Key information about PREA is continuously and readily available or visible to youth via posters, handbooks and other written materials. o Facility CMS and QBHP shall assist youth as appropriate in making contact with community advocates for counseling. DJS shall enter into a memorandum of understanding with community advocate organizations. ● Reporting section: o Staff may privately report sexual abuse or harassment of youth by contacting Child Protective Services (CPS) and completing an incident report. o Youth who require appropriate auxiliary aids or services which are necessary to ensure effective communication shall be provided those aids or services in accordance with the Accessibility for Youth with Hearing Impairments and Communication with Limited English Proficient Persons policy and procedures. ● Interventions section- added that administrative action must be completed if the alleged perpetrator is a staff. ● First responder section: o Separate the youth and the alleged perpetrator to prevent any continued communication. o Request versus **ensure** 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 youth the importance of preserving the evidence. ● Shift Commander section: o Initiate the Coordinated Response Plan. ● Behavioral Health Staff section -the QBHP provides 24/7 on call services.	4/27/18

DESCRIPTION OF REVISION	DATE OF REVISION
● Investigation section - MSP leads the criminal investigation and determines criminal charges. ● Protective Custody section -youth in seclusion for four (4) hours or greater must be approved by the Executive Director, changed from 8 hours. ● Ongoing Medical and Behavioral Health services: o Updated screening tool. o Included services for the perpetrator. ● Disciplinary Sanctions for Staff section -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. ● Retaliation section: o Youth may also be transferred to a different housing unit or facility. This information will be shared with the youth's parent or guardian and the Community CMS. o For at least 90 calendar days following a report of sexual abuse, the Youth Advocate shall monitor youth and complete status checks. o For at least 90 calendar days following a report of sexual abuse, the PREA Compliance Manager shall monitor the youth and staff and complete bi-weekly status checks. o If there are any findings of retaliation against youth or staff, the Youth Advocate or PREA Compliance Manager will act promptly to remedy any such retaliation by reporting to the Superintendent and the Executive Director of Residential Services and Deputy Secretary of Operations. ● Facility Updates and technologies section – the Superintendent, in consultation with the PREA Coordinator, shall assess, determine and document facility vulnerability to protect youth from sexual abuse utilizing the Facility Vulnerability Assessment Tool annually. ● Data Storage, Publication and Destruction of Records section- records shall be retained in accordance with the department's record retention schedule.	4/27/18

DESCRIPTION OF REVISION	DATE OF REVISION
Revised Procedures: ● Updated the following definitions: o Healthcare Practitioner o Healthcare Professional o Qualified Behavioral Health Professional ● Added requirement to ensure 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	6/14/21
Updated Policy Number Revised Procedures: ● Rescinded RF-701-18 ● Authority Revised to Include: ○ Md. Code Ann., Crim. Law, §§ 3-304, 3-307 - 3-310, and 3-313 ○ Md. Code Ann., Human Servs., § 9-227 ○ COMAR 10.32.22.03 and 10.32.22.05 ○ PREA Regulation, 28 CFR §115, Subpart D ○ Correct Citations for American Correctional Association Standards ● Standard Operating Procedures language updated to meet the new standard ● Heading Sections added: ○ Training ○ Measurable Outcomes ○ Audit Tool ○ Union Negotiated Policy ● Definitions Revised and New Terms Added ● Procedures Revised and New Sections/Subsections Added: For clarification and detail. ● Local Operating Procedures Required updated ● Directives/Policies Referenced updated to include: ○ Correct References Per the Revised Policy ● Appendices Revised and New Pages Added	6/03/26

Maryland
DEPARTMENT OF JUVENILE SERVICES

PROCEDURES

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NUMBER: **RF-701-26**
APPLICABLE TO: **All DJS Staff who work in Residential Facilities, Contracted Program Providers, and Residential Child Care Programs Licensed by DJS**

APPROVED: Mathew Fonseca
Mathew Fonseca
Deputy Secretary of Residential Services

DATE: 6/3/2026

I. PURPOSE

The Department of Juvenile Services (DJS or Department) establishes these Elimination and Reporting of Sexual Abuse and Harassment Procedures in accordance with the Prison Rape Elimination Act (PREA) Juvenile Facility Standards, to prohibit and prevent sexual abuse and harassment and to detect, report, investigate, and address any allegation of sexual abuse or harassment involving any youth in the custody of DJS and its licensed or contracted residential program providers.

II. DEFINITIONS

A. *Adultification bias* refers to the tendency to perceive children—especially Black children and other youth of color—as being more mature, more responsible, and less innocent than they actually are.

B. *Allegation* means an assertion that an act of sexual abuse and/or harassment occurred. Following an investigation of the allegation, one of the following dispositions will be made:

- Substantiated (Indicated) – the event was investigated and determined to have occurred, based on a preponderance of the evidence.
- Unsubstantiated – the investigation concluded that evidence was insufficient to determine whether or not the event occurred.
- Unfounded (Ruled Out) – the investigation determined that the event did not occur.

C. *Contractor* means a person or employee of a company who provides services on a recurring basis pursuant to a contractual agreement with the Department.

D. *Human Service Worker* means any professional employee and includes counselors, social workers, educators and case managers. For purposes of this policy, human service workers do not include direct care staff such as Resident Advisors, Resident Advisor Leads, and Resident Advisor Supervisors, up through Group Life Managers.

E. *Intersex* means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female.

F. *JSEP* means the Juvenile Services Education Program.

G. *Juvenile Facility* under PREA means a facility primarily used for the confinement of juveniles pursuant to the juvenile justice system or criminal justice system.

H. *Medical Staff* means a nurse, nurse practitioner, physician, or physician assistant who is an employee of DJS or is employed by a medical vendor for DJS and who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of the person's professional practice.

I. *Nonbinary* means a gender identity that does not fall into one category of male or female.

J. *PREA Response Kit* means a kit that contains the supplies necessary for appropriately trained staff to preserve and document forensic evidence after an alleged sexual assault in preparation for a youth to receive a forensic examination at a local hospital and for investigation by police.

K. *Qualified Behavioral Health Professional (QBHP)* means staff who perform clinical duties in accordance with their professional scope of training and maintain applicable licensing, registration, certification and regulatory requirements, and who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of the person's professional practice.

L. *Sexual Abuse* includes both the PREA definition and the Maryland Law definition:
Under PREA:

- Youth on youth sexual abuse includes any of the following acts when the victim is coerced into such act by overt or implied threats of violence, does not consent, or is unable to consent or refuse:
    - Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
    - Contact between the mouth and the penis, vulva, or anus;

    - Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
    - Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.
- Sexual abuse by a staff member includes:
    - Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
    - Contact between the mouth and the penis, vulva, or anus;
    - Contact between the mouth and any body part where the DJS employee, an employee of a contracted program provider, or DJS volunteer/intern has the intent to abuse, arouse, or gratify sexual desire;
    - Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the DJS employee, an employee of a contracted program provider, or DJS volunteer/intern has the intent to abuse, arouse, or gratify sexual desire;
    - Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the DJS employee, an employee of a contracted program provider, or DJS volunteer/intern has the intent to abuse, arouse, or gratify sexual desire;
    - Any attempt, threat, or request by a DJS employee, an employee of a contracted program provider, or DJS volunteer/intern to engage in the activities described above in this section.
    - Any display by a DJS employee, an employee of a contracted program provider, or DJS volunteer/intern of their uncovered genitalia, buttocks, or breast in the presence of a youth: and
    - Voyeurism by a DJS employee, an employee of a contracted program provider, or DJS volunteer/intern.

Under Md. Code Ann., Family Law Article: *sexual abuse* means any act that involves:

- sexual molestation or exploitation of a child by:
    - a parent;
    - a household member or family member;
    - a person who has permanent or temporary care or custody of the child;
    - a person who has responsibility for supervision of the child; or
    - a person who, because of the person's position or occupation, exercises authority over the child; or
- sex trafficking of a child by any individual.

M. *Sexual Harassment* means: (1) repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one youth directed toward another youth; and (2) repeated verbal comments or gestures of a sexual nature to a youth by a staff member, including demeaning references to gender, sexually suggestive or

derogatory comments about body or clothing, or obscene language or gestures. "Repeated" may include individual incidents involving more than one (1) recipient.

N. *Sexual molestation or exploitation* under Md. Code Ann., Family Law Article includes:
- allowing or encouraging a child to engage in:
  - obscene photography, films, poses, or similar activity;
  - pornographic photography, films, poses, or similar activity; or
  - prostitution;
- incest;
- rape;
- sexual offense in any degree; and
- any other sexual conduct that is not a crime.

O. *Staff* includes for purposes of this policy, DJS employees, contractors, vendors, volunteers, and interns.

P. *Superintendent* means the facility administrator responsible for the management of daily operations in a DJS shelter or detention facility/treatment program. Superintendent includes the comparable designation in contracted and licensed facilities.

Q. *Volunteer* means an individual at least eighteen (18) years of age who has successfully completed the volunteer application process and has been approved by the Department to donate service hours to youth, their families or DJS operations, including but not limited to, mentors, students, interns, and employees from profit or non-profit groups, faith-based organizations, colleges and universities.

R. *Voyeurism* means an invasion of privacy of a youth by a DJS employee, an employee of a contracted program provider, or DJS volunteer for reasons unrelated to official duties, such as peering at a youth who is using a toilet in their room to perform bodily functions; requiring a youth to expose their buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions.

III. PROCEDURES

A. PREVENTION

1. The Department shall employ or designate an agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee DJS efforts to comply with PREA juvenile standards in all of its facilities.
2. Each Superintendent shall designate a facility PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA juvenile facility standards.

3. Any new contract or contract renewal for the confinement of DJS youth with private providers or other entities, including other government agencies, where the contractor meets the definition of "juvenile facility" under PREA, shall include an obligation that the provider must adopt and comply with the PREA standards.
   a. Any new contract or contract renewal shall provide for DJS contract monitoring to ensure that the contractor is complying with the PREA standards.
   b. Contracted facilities that meet the PREA definition of "juvenile facility," where DJS places youth, must implement and comply with the PREA standards. Contracted facilities under this section must complete and pass an audit every three (3) years, reaching full compliance for any corrective action required by the auditor.
   c. The DJS Licensing and Monitoring Unit shall include PREA compliance in its oversight of facilities that are considered "juvenile facilities" under PREA, reviewing audits in the years that they are completed and conducting checks of compliance in non-audit years.
4. **Hiring, Promotions and Background Checks:** All applicants, volunteers, interns, and contractual employees shall be subject to a criminal records check, Child Protective Services (CPS) check and Sex Offender Registry check, in accordance with the *DJS Background Investigations,* HR-410-19 and *Reporting and Investigating Child Abuse and Neglect,* OPS-913-15 policies.
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 2).**
   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 annual end cycle performance review, all employees shall complete and sign the **PREA Mandated Disclosure Form (Appendix 2).**
   d. The completed **PREA Mandated Disclosure Form (Appendix 2)** shall be placed in each employee's personnel file. Material omission by an employee regarding their misconduct, or the provision of materially false information, shall be grounds for termination.
   e. Contractors, contractual employees, volunteers, and interns 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.
6. **Staff Training**

a. All staff who may have direct contact with youth shall receive entry-level and annual training on this *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 Chart (Appendix 1).**
b. The Department's training unit shall provide entry-level training and training every two (2) years that addresses all areas of employee training in accordance with PREA Juvenile Facility Standard 115.331, Employee Training. In the years where refresher training is not provided, the training unit shall provide refresher information on current sexual abuse and sexual harassment policies, and any other related topics identified for reinforcement.
c. The level and type of training volunteers and contractors shall complete is based on the services they provide and the level of contact with youth, as listed in the **PREA Mandated Training Chart (Appendix 1)** and described in PREA Juvenile Facility Standards 115.332, Volunteer and Contractor Training**.**
d. Staff shall acknowledge, in writing, receipt and understanding of all training provided.

7. **Specialized Training for Investigators and Medical and Behavioral Health Staff**
   a. In addition to all other departmental training, the investigators within the Office of the Inspector General (OIG), and medical and behavioral health staff shall complete specialized training as listed in the **PREA Mandated Training Chart (Appendix 1).**
   b. Supervisors are responsible for maintaining training records.
8. **Hugging**
   a. Staff may touch youth for professional purposes only. Brief side hugs to console or support a youth are the only form of hugging permitted by DJS.
9. **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.
   b. All youth admissions and orientation shall be completed in accordance with the guidelines of the *Admission and Release of Youth in DJS Facilities,* RF-747-20 policy.
   c. Facilities shall ensure the provision of interpreters for youth who have limited English proficiency. The facility shall not rely on youth interpreters or resident readers except in limited

circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first response duties, or the investigation of the youth's allegation.

d. Each youth shall receive, and have access to, a facility Youth Handbook. The Facility CMS shall ensure that each youth understands its contents. The Youth Handbook shall provide detail on the right to be protected from sexual abuse, sexual harassment, and retaliation and 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.

e. Youth shall be instructed and encouraged to report incidents to any DJS or JSEP staff member, to include direct care staff, case managers, medical or behavioral health staff, youth advocates, as well as to the youth's parent/guardian or attorney.

f. Within ten (10) calendar days of admission, the Youth Advocate shall meet with each youth to provide an orientation of the *Youth Grievance*, OPS-907-15 policy and role of the Youth Advocates. Specifically, the Youth Advocate shall:

(1) provide the youth with an overview of the grievance process, including review of the *Youth Grievance*, OPS-907-15 policy;

(2) reinforce the youth's understanding of their rights outlined in the policies, including their right to be free from sexual abuse and sexual harassment and free from retaliation for reporting sexual abuse or sexual harassment;

(3) explain the Youth Advocate's role in providing retaliation monitoring;

(4) confirm that PREA was explained to them at intake and fill in gaps if needed, including incorporating the "What You Should Know About Sexual Abuse and Harassment" pamphlet to assist with filling in any gaps;

(5) confirm the PREA video was shown to the youth at intake. If the video was not shown, the Youth Advocate shall make arrangements for the youth to be shown the video;

(6) advise the youth that they can speak with the Youth Advocate and use the grievance process to report allegations of sexual abuse and harassment, including an explanation that the emergency grievance process should be used for things that require more immediate attention. No time limit shall be imposed on when a youth may submit a grievance regarding an allegation of sexual abuse;

(7) discuss other ways youth can report allegations of sexual abuse, sexual harassment, and/or child abuse (this *Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards of*

Compliance Policy and *Reporting and Investigating Child Abuse and Neglec*t, OPS-913-15); and

(8) advise the youth that they may speak to a Youth Advocate if they feel their rights have been violated, their needs have not been met, or if they have been treated unfairly.

g. In addition to youth education, DJS shall ensure that key information about PREA is continuously and readily available or visible to youth via posters, handbooks and other written materials.

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.

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.

j. Each facility shall post toll-free numbers and addresses of outside community programs that can provide emotional support counseling related to sexual abuse (**Appendix 3**) (**SAFE Programs in MD**). The Facility CMS or QBHP shall support youth contact with these entities by permitting youth to call from their office to offer a level of privacy. The youth will be informed of the extent to which their communication with these entities will be monitored by the Facility CMS or QBHP. The Department shall enter into a memorandum of understanding with community programs that may provide services to youth.

10. **Supervision** Each facility shall develop, implement, and document a staffing plan in accordance with PREA Juvenile Facility Standards and the guidelines of the *Direct Care Staffing Policy and Procedures*, RF-713-14.

a. The supervision and monitoring of youth to eliminate incidents of sexual abuse and harassment must adhere to the *Supervision and Movement of Youth Policy and Procedures,* RF-740-17. Male and female youth may not be housed in sleeping quarters together except in the case of transgender, intersex, and nonbinary youth, where the decisions will be made on a case by case basis, based on the youth's health and safety and whether a particular placement would present management or security problems, in accordance with the *Classification of Youth in DJS Residential Facilities,* RF-716-18 policy.

b. The decision shall be made with input from the youth about the circumstances that would best promote their safety and wellbeing.

c. The case-by-case review shall occur prior to the transfer of a youth who is transgender, intersex, or nonbinary. In no case shall it occur later than seventy-two (72) hours after arrival at a DJS facility, in accordance with the *Classification of Youth in DJS Residential Facilities,* RF-716-18 policy. While decisions about housing are pending, the Superintendent shall ensure that the housing and supervision of transgender, nonbinary, and intersex youth are done in a manner that protects the youth's safety and emotional and physical well-being.

d. Searches of youth must adhere to the *Searches of Youth, Employees, and Visitors Policy and Procedures,* RF-712-25.

B. **REPORTING**

1. All staff shall report immediately and in accordance with the *Incident Reporting –Residential Facilities and Community Operations,* CS/RS-900-19 or the *Incident Reporting – Private Residential Programs and Child Placement Agencies,* OPS-901-15*,* and the *Reporting and Investigating Child Abuse and Neglect Policy and Procedures*, OPS-913-15, 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.
2. 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. Youth shall be provided access to writing tools to make a written report.
3. Staff may privately report sexual abuse or harassment of youth by contacting **Local Departments of Social Services Child Protective Services (CPS) Offices (Appendix 4)**, law enforcement, the PREA Coordinator, the facility PREA Compliance Manager, and the OIG PREA Hotline at 1-855-821-2103.
4. In addition to the internal and external methods youth have to report sexual abuse and harassment, youth also shall be provided with reasonable and confidential access to their attorney or other legal representative and reasonable access to parents or guardians.
5. Youth who require appropriate auxiliary aids or services which are necessary to ensure effective communication shall be provided aids and services in accordance with the *Accessibility for Youth with Hearing Impairments*, OPS-911-18 and the *Communication with Limited English Proficient Persons*, OPS-920-18, Policies and Procedures.
6. The Superintendent or designee must provide oversight to ensure that all allegations of sexual abuse and harassment are reported to CPS, the State's Attorney's Office (SAO), Maryland State Police (MSP) and OIG for investigation in accordance with the *Incident Reporting-Residential*

Facilities and Community Operations, CS/RS-900-19 or the *Incident Reporting – Private Residential Programs and Child Placement Agencies,* OPS-901-15*,* and the *Reporting and Investigating Child Abuse and Neglect,* OPS-913-15 Policies and Procedures.

7. If the allegation is reported to medical staff or a QBHP, they also shall report sexual abuse and sexual harassment via an incident report and sexual abuse in accordance with mandatory reporting laws and the *Incident Reporting* Policy and Procedures. These practitioners must inform youth at the initiation of services of their duty to report and the limitations of confidentiality so youth are aware of their duty to report.
8. Medical staff and QBHP shall obtain informed consent from youth at the beginning of treatment services, including explaining their mandated reporting responsibilities, which include reporting any sexual abuse that happened to the youth when they were under the age of eighteen (18), even if the youth in DJS care is now eighteen (18) years or older.
9. Upon receiving an allegation that a youth was sexually abused while confined at another facility, within seventy-two (72) hours the Superintendent who 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* or the *Incident Reporting – Private Residential Programs and Child Placement Agencies,* OPS-901-15*,* and the *Reporting and Investigating Child Abuse and Neglect,* OPS-913-15 *Policies and Procedures.*
10. **Supervision**
    a. Each facility shall develop, implement, and document a staffing plan in accordance with the guidelines of the *Direct Care Staffing Policy and Procedures*, RF-713-14.
    b. The supervision and monitoring of youth to eliminate incidents of sexual abuse and harassment must adhere to the *Supervision and Movement of Youth,* RF-740-17 policy.

C. **INTERVENTIONS**

1. Staff having knowledge or suspicions of alleged sexual abuse or harassment shall:
    a. Take seriously all statements from youth that they have been the victim of alleged sexual abuse or sexual harassment and respond supportively and non-judgmentally.
    b. Immediately inform the Shift Commander or designee.
    c. Ensure that the alleged victim and alleged perpetrator are physically separated so that there is no possibility of contact and or communication.
    d. If the alleged perpetrator is a staff member, the shift commander or designee must remove the staff member from having contact with all youth. This separation shall be maintained until the investigation is completed and the staff member receives

administrative clearance to resume regular duties or administrative action is completed.

2. The first staff member 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 inform the alleged victim, in a trauma-informed manner, of the importance of preserving evidence and explain available options. Youth shall not be coerced or disciplined for actions that may impact evidence preservation. 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.
   f. Complete and submit a DJS Incident Reporting Form, in accordance with the *Incident Reporting-Residential Facilities and Community Operations, CS/RS-900-19* or *Incident Reporting – Private Residential Programs and Child Placement Agencies,* OPS-901-15. Staff with a duty to make their own reports to CPS under the child abuse reporting policy (educators, human service workers, medical and QBHP) shall complete their CPS verbal and written reporting responsibilities as well.
3. **The Shift Commander shall:**
   a. Ensure that the youth is protected from the alleged perpetrator, and that steps defined in Section III.C.2.a. through f. are implemented.
   b. Initiate the Coordinated Response Plan that outlines the responsibilities of first responders, medical staff, QBHPs, investigators, and facility leadership. The Coordinated Response Plan will follow the guidelines of Section C of this procedure.
   c. Immediately advise medical staff and QBHPs to arrange for the transport of the youth to the clinic or, as directed by medical staff and/or QBHPs, to the nearest hospital emergency room.
   d. Offer to contact the regional victim advocate to accompany and support the youth through the forensic medical examination process and investigatory interview and provide emotional support,

crisis intervention, information, and referrals, and complete the contact if the alleged victim indicates a desire for these services. If the victim advocate is not immediately available either in person or by telephone and the alleged victim requests more immediate support, contact a specially trained qualified staff member listed in the PREA Coordinated Response Plan to provide initial support until the victim advocate is available.

e. Ensure the incident is reported to MSP and the DJS OIG. Ensure that all notifications are made in accordance with the *Incident Reporting-Residential Facilities and Community Operations, CS/RS-900-19* or the *Incident Reporting – Private Residential Programs and Child Placement Agencies,* OPS-901-15*,* including notifying the Superintendent*,* youth's parent, guardian, the Facility and Community CMS, and social worker as appropriate, and utilizing the chain of command to ensure notification of the assigned Executive Director, Deputy Secretary of Residential Services, and the Secretary.

f. Ensure that the incident is reported to CPS. If medical staff, QBHP, a human service worker, or JSEP makes the notification to CPS, confirm notification through receipt of the **CPS Suspected Child Abuse/Neglect Report (Appendix 5).** If the notification to CPS has not been made**,** make the oral report to CPS, complete the **CPS Suspected Child Abuse/Neglect Report (Appendix 5),** and forward to CPS, MSP, OIG, and the relevant SAO prior to the end of the shift, in accordance with *Reporting and Investigating Child Abuse and Neglect*, OPS-913-15.

g. Actively cooperate with the MSP, any other law enforcement agencies, OIG and CPS to ensure that any allegation of sexual abuse or harassment, including third party and anonymous reports, are investigated.

h. Ensure the completion of an Incident Report in accordance with the *Incident Reporting-Residential Facilities and Community Operations, CS/RS-900-19* or the *Incident Reporting – Private Residential Programs and Child Placement Agencies,* OPS-901-15.

4. **Medical Staff 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 (Appendix 6).**

c. Report the incident to CPS. Complete the **CPS Suspected Abuse/ Neglect Report (Appendix 5)** and forward a copy to CPS and the Shift Commander or designee.

d. Photograph any visible injury in accordance with *Incident Reporting-Residential Facilities and Community Operations, CS/RS-900-19* or the *Incident Reporting – Private Residential Programs and Child Placement Agencies,* OPS-901-15.
e. Refer, as needed, the alleged victim to the nearest hospital emergency room that has a qualified, trained forensic medical examiner **(Appendix 7) (Rape Crisis Recovery Centers).**
f. Offer victims of sexual 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.

5. 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. The QBHP must complete the **Behavioral Health Referral Form (Appendix 8)** and the **Trauma Safety Plan (Appendix 9)**. 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. **(Rape Crisis Recovery Centers - Appendix 7).**

6. **The Superintendent shall:**

a. Review to ensure that: staff completed all steps to protect the youth; staff provided immediate health care and behavioral health services to the youth; the incident has been reported to CPS, OIG, MSP, and the relevant State's Attorney's office for investigation; and follow-up services were provided to the youth.
b. Notify the youth's attorney of the allegation as soon as possible but no later than fourteen (14) calendar days after the allegation.

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 also refer all allegations of sexual abuse and harassment to the DJS OIG. If the OIG or facility-based management completes an administrative investigation, the investigator(s) shall:

a. Conduct prompt, thorough, and objective investigations of all allegations, including third-party and anonymous reports.

b. Where sexual abuse is alleged, have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA Juvenile Facility Standard §115.334.
c. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.
d. Not terminate an investigation solely because the source of the allegation recants the allegation.
e. Ensure that when the quality of evidence appears to support criminal prosecution, conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
f. Ensure that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. No resident who alleges sexual abuse shall be required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.
g. All administrative investigations completed by OIG and Facility Management:
    (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
    (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
h. DJS shall request from law enforcement that criminal investigations be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary feasible where feasible.

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 their allegation.
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 complete the administrative investigation and coordinate cooperation with CPS and MSP.

6. The DJS OIG will notify the Superintendent if the CPS and MSP investigation will exceed sixty (60) calendar days so that the victim may be notified of the extended investigation.
7. The Department shall retain all written reports, and administrative and criminal investigations provided by MSP.

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, MSP, and the administrative investigation, 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 10).**
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 they have been sexually 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.
4. The facility's obligation to report as described in this section, Youth Notifications, shall terminate when the youth is released from Department's custody.

F. **PROTECTIVE CUSTODY**

1. In accordance with Section C. Interventions, of this procedure, staff shall take immediate steps to separate the alleged victim and alleged perpetrator.
2. If two (2) youths are involved, the Superintendent, in consultation with the Deputy Secretary of Residential Services, shall determine appropriate housing to provide for the safety of both the alleged perpetrator and victim. These options may include use of housing re-assignment, separation from the general population by placement in a self-contained intensive services unit, or a facility transfer..

3. The safety, security, and well-being of the alleged victim will be primary in these decisions. The alleged victim will not be housed in the same area as the alleged perpetrator.
4. Youth who have been abused, abused others, or who are at substantial risk for abuse may be separated from others or transferred to another unit when less restrictive measures are inadequate to keep them and other youth safe and then only until an alternative means of keeping all youth safe can be arranged. Seclusion is not a permitted response in order to keep youth safe from sexual abuse or harassment. Youth shall be seen daily by medical staff and a QBHP. Youth shall also have access to other programs and work opportunities to the extent possible.
5. The Superintendent, in consultation with the Treatment Team or Youth Support Team, must complete a review of each youth who has been separated from the general population every seven (7) calendar days to determine whether there is a continuing need for the separation.

G. ONGOING MEDICAL AND BEHAVIORAL HEALTH SERVICES

1. In addition to providing an appropriate medical and behavioral health response to sexual abuse, the facility shall offer medical and behavioral health evaluations 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 medical staff and QBHP within fourteen (14) calendar days of the 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 QBHP within fourteen (14) calendar days of the admissions screening.
4. The facility shall ensure that a behavioral health evaluation of all known youth-on-youth abusers is completed within sixty (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 behavioral health services, either on-site or off-site, consistent with what would be provided 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 medical staff and QBHPs and, as necessary, other staff to inform treatment plans, investigation, and security and management decisions, including housing, bed, work, education, and program assignments.
9. Nothing in this policy changes or restricts the duties of medical staff to provide medical care using generally accepted practices. The provision of medical care at times includes examining and assessing the breasts, anal, pelvic areas, and genitalia of young people.

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 staff who have 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 who would have been terminated if not for their resignation or retirement, shall be reported to MSP unless the activity was clearly not criminal, and to any relevant licensing bodies .
    a. The Director of Human Resources shall develop an SOP for HR to make the above-referenced notifications to licensing bodies.
5. In accordance with applicable statutory and regulatory mandates, incidents involving staff may be referred to MSP for the determination of criminal charges.
6. No employee, contractor, or volunteer shall be subject to adverse employment actions for making a good faith report of alleged sexual abuse or harassment.

I. 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, unless the conduct was clearly not criminal, and to relevant licensing bodies. Reporting shall be made in accordance with section H(4) above.
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.

J. INTERVENTIONS AND ACCOUNTABILITY 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.
2. All sexual activity between youth is prohibited under Department policy. However, not all prohibited sexual activity constitutes sexual abuse or sexual harassment under PREA. Allegations that meet the definition of sexual abuse or sexual harassment under PREA should be reported under those categories, and allegations of conduct that fall outside those definitions should be reported under the behavior management program only. Following investigation, the assigned Executive Director in consultation with the PREA Coordinator shall determine the correct designation of the behavior.
3. Youth who are proven through investigation to have made a false report of sexual abuse or sexual harassment in bad faith may be held accountable through the agency's behavior management system.
4. Prior to the imposition of a behavioral response to an allegation of sexual abuse or sexual harassment, the decision maker shall consult with a QBHP.
5. The process shall be documented on a behavioral report and consider whether a youth’s mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.
6. Facility staff shall determine the appropriate intervention, therapy and/or counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The QBHP shall consider whether to offer such interventions to the perpetrator. The facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access general programming or education.
7. The facility may hold a youth accountable through the behavior management system for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
8. 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.
9. All sexual activity between youth is prohibited, including consensual acts. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

10. Incidents of alleged abuse and harassment that constitute potentially criminal behavior shall be referred to MSP for investigation and determination whether criminal charges are warranted.

K. RETALIATION

1. The Department protects all youth and staff who report sexual abuse or harassment, those who are alleged to have been victims of such conduct, and those cooperating in an investigation, from retaliation by other youth or staff. Retaliation is prohibited against anyone who reports alleged sexual abuse or harassment, is alleged to be a victim, or who cooperates in an investigation of such conduct. Youth may be held accountable for retaliation through the behavior management system and counseled. Youth may also be transferred to a different housing unit or facility. This information will be shared with the youth's parent or guardian and the Community CMS. Staff may be subject to disciplinary action up to and including termination for any acts of retaliation against youth or other staff.
2. For at least ninety (90) calendar days following a report of sexual abuse, the Youth Advocate shall monitor youth by reviewing youth disciplinary reports and housing or program changes, and shall complete weekly status checks with youth. Monitoring and status checks shall be documented on the **Youth Advocate Retaliation Monitoring Form (Appendix 11).**
3. For at least ninety (90) calendar days following a report of sexual abuse, the Facility PREA Compliance Manager shall monitor the youth and staff and complete bi-weekly status checks. Youth monitoring shall include a review of disciplinary reports and housing or program changes. Staff monitoring shall include negative performance reviews and reassignments of staff. Monitoring and status checks shall be documented on the **PREA Compliance Manager Retaliation Monitoring Form (Appendix 12).**
4. If there are any findings of retaliation against youth or staff, the Youth Advocate or PREA Compliance Manager will act promptly to remedy any such retaliation by reporting findings to the Superintendent, the assigned Executive Director of Residential Services, and the Deputy Secretary of Residential Services.
5. Monitoring will continue beyond ninety (90) calendar days, if the initial monitoring indicates a continued need.

L. FACILITY UPDATES AND TECHNOLOGIES

1. The Department shall consider the effect of the design, acquisition, expansion, or modification of any facility upon the Department's ability to protect youth from sexual abuse.
2. The Superintendent, in consultation with the PREA Coordinator, shall assess, determine, and document facility vulnerability to protect youth from sexual abuse to include video monitoring systems, electronic surveillance, or other monitoring technological systems annually on the **Facility Assessment Form (Appendix 13)**.

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 must occur within thirty (30) calendar days of the conclusion of the investigation, unless the PREA Coordinator for the agency determines that a delay is necessary due to exceptional circumstances..
   b. Each facility shall establish a multidisciplinary Sexual Abuse Incident Review Team (IRT). The Facility Superintendent (or designee) shall appoint members, which shall include upper-level management officials and, at a minimum, the Facility PREA Compliance Manager, Assistant Superintendent (or equivalent), investigator or investigative representative, Medical Unit Supervisor (or designee), QBHP Supervisor (or designee), and security supervisory staff (e.g., Group Life Manager or equivalent).
2. **Sexual Abuse Incident Review Team Responsibilities.** The Sexual Abuse IRT shall:
   a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
   b. Consider whether the incident or allegation was motivated by race (including adultification bias); ethnicity; gender identity, or lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility;
   c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
   d. Assess the adequacy of staffing levels in that area during different shifts;
   e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
   f. Incorporate input from line supervisors and relevant functional areas, including security, investigations, medical, and behavioral health. The team shall also include, as appropriate, agency-level staff and executive leadership to ensure multidisciplinary review, system-wide oversight, and the development of informed corrective actions;
   g. Prepare a report of the findings and any recommendations for improvement and submit the report to the Superintendent and PREA Compliance Manager;

h. Ensure the facility implements recommendations for improvement or documents the reasons for not implementing the recommendations; and
i. Document the review using the **Sexual Abuse Incident Team Review Form (Appendix 14).**

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 Facilities and Community Operations, CS/RS-900-19* or the *Incident Reporting – Private Residential Programs and Child Placement Agencies,* OPS-901-15, and the *Reporting and Investigating Child Abuse and Neglect,* OPS-913-15.
   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 or other federal government entity given the responsibility to collect these data.

4. **Data Review for Corrective Action**
   a. The PREA Coordinator shall review data collected and aggregated pursuant to Section III.M.3, Data Collection, to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, procedures, practices and training, including:
      (1) Identifying problem areas;
      (2) Monitoring for racial disparities;
      (3) Taking corrective action on an ongoing basis; and
      (4) Preparing an annual report of findings and corrective actions for each facility, as well as the Department as a whole.
   b. The annual report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Department's progress in addressing sexual abuse.
   c. The Department's report shall be approved by the Secretary and made readily available to the public through the DJS website.
   d. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety

and security of a facility, but the report must indicate the nature of the material redacted.

5. **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 behavioral health documentation and/or recommendations for post-release treatment and/or counseling must be retained in accordance with the Department's record keeping schedule.
   e. The Department shall maintain all collected sexual abuse data.

IV. RESPONSIBILITY

The Superintendent at each facility is responsible for implementation and compliance with this procedure. The PREA Coordinator must provide oversight and support for compliance with PREA Juvenile Facility Standards.

V. INTERPRETATION

The Deputy Secretary of Residential Services, with the concurrence of the Secretary, shall be responsible for interpreting and granting any exceptions to these procedures, consistent with the requirements of applicable Federal and State laws, regulations, and guidelines, and in consultation with the PREA Coordinator.

VI. LOCAL OPERATING PROCEDURES REQUIRED

Yes

VII. FACILITY OPERATING PROCEDURES OR POST ORDERS REQUIRED

- Each facility shall have a PREA compliant staffing plan.
- Human Resources shall develop an SOP for the notification of licensing bodies after terminations for violations of agency sexual abuse or sexual harassment policies, or resignations or retirements by staff who would have been terminated if not for their resignation or retirement.

VIII. DIRECTIVES/POLICIES REFERENCED

A. *DJS Background Investigations,* HR-410-19
B. *Reporting and Investigating Child Abuse and Neglect,* OPS-913-15
C. *Admission and Release of Youth in DJS Facilities,* RF-747-20
D. *Youth Grievance*, OPS-907-15
E. *Direct Care Staffing*, RF-713-14.
F. *Supervision and Movement of Youth,* RF-740-17

G. *Classification of Youth in DJS Residential Facilities,* RF-716-18
H. *Searches of Youth, Employees, and Visitors,* RF-712-25
I. *Incident Reporting –Residential Facilities and Community Operations,* CS/RS-900-19
J. *Incident Reporting – Private Residential Programs and Child Placement Agencies,* OPS-901-15
K. *Accessibility for Youth with Hearing Impairments*, OPS-911-18
L. *Communication with Limited English Proficient Persons*, OPS-920-18

IX. APPENDICES

*All forms are located on the intranet under Forms/Youth Related. See here: **http://intranet/new_forms_youth-related.htm**)*

1. PREA Mandated Training Chart
2. PREA Mandated Disclosure Form
3. SAFE Programs in MD - List of hospitals with qualified forensic medical examiners
4. Local Departments of Social Services Child Protective Services (CPS) Offices
5. State of Maryland-Child Protective Services-Suspected Child Abuse/ Neglect Report
6. Nursing Report of Youth Injuries Form
7. MCASA Rape Crisis/Recovery Centers resource directory (See http://www.mcasa.org/for-survivors/maryland-rape-crisis-and-recovery- centers-5/)
8. Behavioral Health Referral Form
9. Trauma Safety Plan
10. Youth Notice of Investigation Outcome
11. Youth Advocate Retaliation Monitoring Form
12. PREA Compliance Manager Retaliation Monitoring Form
13. Facility Assessment Form
14. Sexual Abuse Incident Team Review Form

Maryland
DEPARTMENT OF
JUVENILE SERVICES

DJS Policy and Standard Operating Procedures

Statement of Receipt and Acknowledgment of Review and Understanding

POLICY:	**Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance**
NUMBER:	**RF-701-26**
APPLICABLE TO:	**All DJS Staff who work in Residential Facilities, Contracted Program Providers, and Residential Child Care Programs Licensed by DJS**
REVISED:	**June 3, 2026**

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five (5) working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE _____ PRINT FULL NAME _____

DATE _____ WORK LOCATION _____

SEND THE ORIGINAL, SIGNED COPY TO THE DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.

INITIAL PREA MANDATED TRAINING

	Title	Policies on Sexual Abuse/Harassment, Child Abuse and Incident Reporting	PREA Response Kit	Specialized: Medical Care Sexual Assault Victims in Confinement Settings	Specialized: Behavioral Health Care Sexual Assault Victims in Confinement Settings	(8 Hr.) Initial DJS PREA Training Includes PREA Response Kit	PREA Responsibilities Summary	Specialized: Investigating Sexual Abuse in Confinement Settings
CONTRACT PROVIDERS	Programming External Partners, including Vendors/Contractors, Volunteers, and Grantees	**X**				If these individuals have responsibilities similar to DJS staff, Director of Programming may require this training instead of PREA Responsibilities Summary.	**X**	
	Interpreters	**X**					**X** Interpreter-specific orientation	
	On-site Diagnostic testing or Evaluation Professionals						**X** Technician-specific information sheet	
	Physicians, Nurse Practitioners, Midwives,PAs	**X**	**X**	**X**				
	Psychiatrists	**X**	**X**		**X**			
	Dentists, Dental Assts., Optometrists, Physical Therapists	**X**	**X**	**X**				
	Nurses Full/Part Time	**X**		**X**		**X** **Exception Video Training**		
	Social Workers, Sub. Abuse Counselors, Prof. Counselors, Psychologists	**X**			**X**	**X** **Exception Video Training**		
DJS EMPLOYEES	Physicians, Nurse Practitioners	**X**		**X**		**X**		
	Social Workers, Sub. Abuse Counselors, Prof. Counselors, Psychologists	**X**			**X**	**X**		
	Nurses	**X**		**X**		**X**		
	Dentists, Dental Assistants	**X**		**X**		**X**		
	Direct Care Staff (RA-GLM), Sup., Asst. Sup., CMS, CMSS, and Recreation Specialists	**X**				**X**		
	Facility Transportation Staff, and Dietary Staff	**X**				**X**		
	OIG Investigators	**X**				**X**		**X**
	Programming Unit	**X**				**X**		
	Maintenance Staff	**X**				**X**		
	OIG staff who may have contact with DJS youth in juvenile facilities, including L&M, QA, and Youth Advocates	**X**				**X**		
	Office of the Secretary who may have contact with DJS youth in juvenile facilities	**X**				**X** **Tailored Version**		

	Volunteers	**X**				**X**	
	JSEP Staff	**X**			**X**		

PREA REFRESHER TRAINING
1-1- 2017

	Title Key: X indicates a yearly requirement. XX indicates every other year requirement with classroom training.	(4 Hr.) DJS PREA Training includes PREA response kit	Policies on Sexual Abuse/Harassment, Child Abuse and Incident Reporting.	PREA Kit Refresher	Role-Specific Information Sheet
CONTRACT PROVIDERS	Programming External Partners, including Vendors/Contractors, Volunteers, and Grantees	N/A	X		X
	Interpreters	N/A	X		X
	On-site Diagnostic testing or Evaluation Professionals				X
	Physicians, Nurse Practitioners, Midwives, PAs	N/A	X	XX	
	Psychiatrists	N/A	X	XX	
	Dentists, Dental Assts., Optometrists, Physical Therapists	N/A	X	XX	
	Nurses Full/Part Time	XX Classroom or Video Training	X		
	Social Workers, Sub. Abuse Counselors, Prof. Counselors, Psychologists	XX Classroom or Video Training	X		
DJS EMPLOYEES	Physicians, Nurse Practitioners	XX Classroom or Video Training	X		
	Social Workers, Sub. Abuse Counselors, Prof. Counselors, Psychologists	XX	X		
	Nurses	XX Classroom or Video Training	X		
	Dentists, Dental Assistants	XX Classroom or Video Training	X		
	Direct Care Staff (RA-GLM), Sup., Asst. Sup., CMS, CMSS, and Recreation Spec.	XX	X		
	Facility Transportation Staff, and Dietary Staff	XX	X		
	OIG Investigators	XX	X		
	Programming Unit	XX	X		
	Maintenance Staff	XX	X		
	OIG staff who may have contact with DJS youth in juvenile facilities, including L&M, QA, and Youth Advocates	XX	X		
	Office of the Secretary who may have contact with DJS youth in juvenile facilities	XX Classroom or Tailored	X		
	Volunteers	N/A	X		
	JSEP	XX Classroom or Video Training	X		

- Staff/contracted providers who opt to take the video training must view the 4hr. PREA and response kit videos. The staff/contracted providers must coordinate with their supervisor to administer the tests at the end of the training.

Maryland
DEPARTMENT OF
JUVENILE SERVICES

PREA MANDATED DISCLOSURE FORM

In accordance with national standards to prevent, detect and respond to prison rape under the Prison Rape Elimination Act (PREA), Juvenile Facility Standard 115.317 requires that the Department ask all applicants, employees and contractors who may have contact with youth directly about previous misconduct as described in the following questions. These questions must be completed for hiring, promotions and performance evaluation reviews. The Department requires that all employees complete the PREA-Mandated Disclosures form regardless of their position and each employee has a continuing duty to disclose any such misconduct. Material omissions of such misconduct, or the provision of materially false information, shall be grounds for termination.

1. Have you ever engaged in sexual abuse[1] in a prison, jail, lockup, community confinement facility, juvenile facility or other institution[2]? Yes ◯ No ◯
2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community that was (1) facilitated by force, overt or implied threats of force, or coercion, or (2) under circumstance where the victim did not consent or was unable to consent or refuse? Yes ◯ No ◯
3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph 2 above? Yes ◯ No ◯

Employee's Name (printed) _____

Employee's Signature _____ **Date** _____

[1] *Sexual abuse of an inmate, detainee, or resident by another inmate, detainee or resident* includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse:

1) contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2) contact between the mouth and the penis, vulva, or anus;
3) penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument; and
4) any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

1) contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2) contact between the mouth and the penis, vulva, or anus;
3) contact between the mouth and any body part where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire;
4) penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
5) any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
6) any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) – (5) of this section;
7) any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident and;
8) Voyeurism by a staff member, contractor or volunteer.

(28 C.F.R § 115.6.)

[2] "Institution" means any facility or institution (A) which is owned, operated, or managed by, or provides services on behalf of any State or political subdivision of a State; and (B) which is:

(i) for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped;
(ii) a jail, prison or other correctional facility;
(iii) a pretrial detention facility;
(iv) for juveniles:
  a. held awaiting trial;
  b. residing in such facility or institution for purposes of receiving care or treatment; or
  c. residing for any State purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is not an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in State custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or
(v) providing skilled nursing, intermediate or long-term care, or custodial or residential care.

(42 U.S.C §1997 (1).)

Maryland Coalition Against Sexual Assault

Maryland SAFE Programs

FNE-A: Individuals age 13 and older
FNE-P: Individuals age 12 and younger
* Indicates a SAFE Program with limited hours
For additional information regarding advocacy services and exam accompaniment availability, please visit our Getting Medical Attention webpage.
For emergencies, please contact the appropriate emergency department (ED). SAFE Program Offices are for non-emergencies, and calls may not be answered 24/7.

Allegany/Garrett County
UPMC Western Maryland
FNE-P and FNE-A
12500 Willowbrook Rd.
Cumberland, MD 21502
ED: (24/7): 240-964-1200
Domestic & Sexual Violence Services: 240-964-1333

Anne Arundel County
Luminis Health Anne Arundel Medical Center
FNE-A
2001 Medical Pkwy.
Annapolis, MD 21401
ED, all patients ask for Domestic Violence: 443-481-1000

North Anne Arundel County
Baltimore Washington Medical Center
FNE-P and FNE-A
301 Hospital Drive
Glen Burnie, MD 21061
ED (24/7): 410-787-4312
Sexual Assault Office: 410-787-4328

Baltimore City
Mercy Medical Center
FNE-A
301 St. Paul Place
Baltimore, MD 21202
ED: 410-332-9494

Baltimore City
University of Maryland Medical Center
Pediatric Emergency Department – Under 13 years old
Exam by ER physician
22 S Greene Street.
Baltimore, MD 21201
410-328-6335

Baltimore County
Greater Baltimore Medical Center
FNE-P and FNE-A
6701 Charles Street
Towson, MD 21204
SAFE & Domestic Violence Program: 443-849-3323
ED: 443-849-2000

Calvert County
Calvert Health Medical Center
FNE-P and FNE-A
100 Hospital Road
Prince Frederick, MD 20678
410-535-8344

Caroline/Talbot County
UM Shore Medical Center of Easton
FNE-P and FNE-A
219 S. Washington Street
Easton, MD 21601
ED: 410-822-1000 ext. 5555 – ask to speak with the charge nurse
FNE Program (office): 410-822-1000 ext. 7976

Carroll County
Carroll Hospital Center
FNE-P and FNE-A
200 Memorial Ave.
Westminster, MD 21157
ED: 410-871-6700
Program Office: 410-871-655

Cecil County
Union Hospital
FNE-A
106 Bow Street
Elkton, MD 21921
410-406-1370

Charles County
UM Charles Regional Medical Center
FNE-P and FNE-A
5 Garrett Ave
LaPlata, MD 20646
SAFE Office: 301-609-4306 (M-F 9am-5pm)
301-609-4160 (After hours)
ED (24/7): 301-609-4160

Dorchester County
UM Shore Medical Center of Dorchester
FNE-P and FNE-A
715 Cambridge Marketplace Blvd.
Cambridge, MD 21613
ED: 443-225-7500 – ask to speak with the charge nurse
FNE Program (office): 410-822-1000 ext.7976

Frederick County
Frederick Health
FNE-P and FNE-A
400 West 7th Street
Frederick, MD 21701
Forensic Services: 240-566-4357 (HELP)

Harford County
Aberdeen Medical Center
FNE-A
660 McHenry Road
Aberdeen Md 21001
443-843-5500 – ask to speak with the charge nurse

Howard County
Howard County General Hospital
FNE-P and FNE-A
5755 Cedar Lane
Columbia, MD 21044
Forensics Office (not 24/7): 443-718-3127
ED: 410-740-7777

Kent County
UM Shore Medical Center Chestertown
FNE-P and FNE-A
100 Brown Street
Chestertown, MD 21620
ED: 410-778-3300 ext. 6509 – ask to speak with the charge nurse
FNE Program (office): 410-822-1000 ext. 7976

Montgomery County
Shady Grove Adventist Healthcare Center
FNE-P and FNE-A
9901 Medical Center Drive
Rockville, MD 20850
ED: 240-826-6225
Sexual Violence, Domestic Violence, Child Maltreatment, Human Trafficking, and Physical Assault Services: 240-826-6225

Prince George's County
UM Capital Region Medical Center
FNE-P and FNE-A
901 N. Harry S. Truman Drive
Largo, MD 20774
Assault and Abuse Services (24/7): 240-677-2337
ED: 240-677-2000

Maryland Coalition Against Sexual Assault

Queen Anne County
UM Shore Emergency Center
Queenstown
FNE-P and FNE-A
125 Shoreway Drive
Queenstown, MD 21658
410-778-3300
ED: 410-827-3900 – ask to speak with the charge nurse
FNE Program (office): 410-822-1000 ext. 7976

St. Mary's County*
St. Mary's Hospital
FNE-A
25500 Point Lookout Road
Leonardtown, MD 20650
SAFE: 240-434-7768 (M-F 8:00am-4:30pm)
ED: 301-475-8981

Washington County*
Meritus Medical Center
FNE-P and FNE-A
11116 Medical Campus Road
Hagerstown, MD 21742
301-790-8300

Wicomico/Somerset County
TidalHealth Peninsula Regional
FNE-P and FNE-A
100 East Carroll Street
Salisbury, MD 21801
FNE: 410-912-6382
ED: 410-543-7100

Worcester
Atlantic General Hospital
FNE-P and FNE-A
9733 Healthway Drive
Berlin, MD 21811
410-641-1100

Local Departments of Social Services Child Protective Services for the State of Maryland (Office Hours 8:30 A.M. - 5:00 P.M.)

Suspected abuse or neglect can be reported by calling the Hotline 1-800-91Prevent (1-800-917-7383)

Allegany County
(301)784-7000
FAX (301) 784-7222
Email: CSA.AlleganyAsstDir@maryland.gov
1 Frederick Street
Cumberland, Maryland 21501-1420

Anne Arundel County
(410)269-4500
FAX (410) 974-8566
Email: aacodss.dhs@maryland.gov
80 West Street
Annapolis, Maryland 21401-1787

Baltimore City
(443) 378-4600
1910 N. Broadway Street,
Baltimore, Maryland 21213

Baltimore County
(800) 332-6347
(410) 887-8463 (Report abuse/neglect)
Email: Baltimore.County@maryland.gov
Drumcastle Government Center 6401 York Road
Baltimore, Maryland 21212

Calvert County
(443) 550-6900
FAX (410) 286-7429
Email: calvert.dss@maryland.gov
200 Duke Street
Prince Frederick, Maryland 20678

Caroline County
(410)479-5900
FAX (410) 819-4501
Email: caroline.care@maryland.gov
Email: caroline.dss@maryland.gov
207 South Third Street Denton,
Maryland 21629

Carroll County
(410) 386-3300
FAX (410) 386-3429
Email: dlcarrolldept_dhr@maryland.gov
1232 Tech Court
Westminster, Maryland 21157

Cecil County
(410) 996-0100
FAX (410) 996-0464
Elkton District Court/Multi Service Building
170 East Main Street
Elkton, Maryland 21922-1160

Charles County
(301) 392-6400
FAX (301) 870-3958
Email: charles.codss@maryland.gov
200 Kent Avenue
LaPlata, Maryland 20646

Dorchester County
(410) 901-4100
FAX (410) 901-1121
2737 Dorchester Square
Cambridge, Maryland 21613

Frederick County
(301) 600-4555
FAX (301) 600-4550
Email: FCDSS.info@maryland.gov
P.O. Box 237, Frederick,
Maryland 21701

Garrett County
(301) 533-3000
(301) 533-3005 (Report abuse/neglect)
FAX (301) 334-5449
Email: gcdss.fia@maryland.gov
12578 Garrett Highway
Oakland, Maryland 21550

Harford County
(410) 836-4700
FAX (410) 836-4917
Mary E. W. Risteau DC/MSC
2 South Bond Street
Bel Air, Maryland 21014

Howard County
(410) 872-8700
Email: howco.dss@maryland.gov
9780 Patuxent Woods Drive
Columbia, Maryland 21046

Kent County
(410) 810-7600
FAX (410) 778-1497
Email: Kent.dss@maryland.gov
350 High Street
P.O.Box 670
Chestertown, Maryland 21620

Montgomery County
(240) 777-0311 (24 hours)
FAX (240) 777-1494
The Dept. of Health & Human Services
1301 Piccard Drive
Rockville, Maryland 20850

Prince George's County
(301) 909-7000
Email: pgcdss@dhr.state.md.us
805 Brightseat Road
Landover, Maryland 20785

Queen Anne's County
(410) 758-8000
(410) 758-0770 (To report abuse/neglect after hours)
FAX (410) 758-8110
Email: qac.user@maryland.gov
125 Comet Drive
Centreville, Maryland 21617

St. Mary's County
(240) 895-7000
23110 Leonard Hall
Drive Leonardtown,
Maryland 20650

Somerset County
(410) 677-4200
(After hours (410) 651-0630
FAX (410) 677-4300
Email: somerset.dss@maryland.gov
30397 Mt. Vernon Road
Princess Anne,
Maryland 21853

Talbot County
(410) 770-4848
FAX (410) 820-7117
Email: talbot.customer@maryland.gov
301 Bay Street,
Unit 5 Easton,
Maryland 21601

Washington County
(240) 420-2100 (24 hours)
FAX (240) 420-2125
Email: washington.fi@maryland.gov
122 North Potomac Street
Hagerstown, Maryland
21741-1419

Wicomico County
(410) 713-3900
FAX (410) 713-3910
201 Baptist Street, Suite 27
Email: wicodss.county@maryland.gov
Salisbury, Maryland 21802-2298

Worcester County
(410) 677-6800
FAX (410) 677-6810
Email:worcester.dss@maryland.gov
299 Commerce
Street Snow Hill,
Maryland 21863

Department of Human Resources
1-800-332-6347

Social Services Administration
(410) 767-7112

State of Maryland – Child Protective Services

REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

(See Instructions on reverse side)

1. NAME OF LOCAL DEPARTMENT BEING NOTIFIED | ADDRESS | ZIP CODE

2. PERSON MAKING REPORT *(Name)* | 3. POSITION/TITLE

4. NAME OF DEPARTMENT/ORGANIZATION | ADDRESS | ZIP CODE | 5. TELEPHONE NUMBER

6. **TYPE OF REFERRAL**

☐ PHYSICAL ABUSE ☐ SEXUAL ABUSE ☐ NEGLECT ☐ MENTAL INJURY-ABUSE ☐ MENTAL INJURY-NEGLECT

7. **NAME OF CHILD** | 8. SEX | 9. BIRTH DATE | 10. RACE

11. ADDRESS *(Where Child Can Be Seen)* | ZIP CODE | 12. GRADE | 13. SCHOOL

14. NAME OF PERSON RESPONSIBLE FOR CHILD'S CARE | 14A. AGE/DOB | 14B. ADDRESS | 14C. TELEPHONE NUMBER

PARENTS/GUARDIAN		AGE/DOB	ADDRESS	TELEPHONE NUMBER
MOTHER:				
FATHER:				
GUARDIAN (Specify Relation):				

15. **NAME OF ALLEGED ABUSER/NEGLECTOR** | 16. RELATION | 17. AGE/DOB | 18. ADDRESS | 19. TELEPHONE NUMBER

20. STATE NATURE/EXTENT OF THE CURRENT ABUSE/NEGLECT TO THE CHILD IN QUESTION: EXPLAIN THE CIRCUMSTANCES LEADING TO THE SUSPICION THE CHILD IS AN ABUSE/NEGLECT VICTIM. DESCRIBE ANY INJURY OR RISK. DESCRIBE HOW THE REPORTER KNOWS INFORMATION.

21. LIST INFORMATION CONCERNING PREVIOUS ABUSE/NEGLECT TO THE CHILD/OTHER CHILDREN IN THE FAMILY, INCLUDING PREVIOUS ACTION TAKEN. DESCRIBE HOW THE REPORTER KNOWS INFORMATION.

22. DESCRIBE INFORMATION KNOWN ABOUT FAMILY FUNCTIONING, RELATIONSHIP BETWEEN PARENT, CARETAKER, OTHER ADULTS IN HOME AND CHILDREN AND LIKELY RESPONSE BY FAMILY TO DISCLOSURE. DESCRIBE HOW THE REPORTER KNOWS INFORMATION.

23. STATE ANY OTHER AVAILABLE INFORMATION THAT WOULD AID IN ESTABLISHING THE CAUSE OF THE ALLEGED ABUSE/NEGLECT.

24. ARE WEAPONS IN THE HOME OR KNOWN TO BE CARRIED BY THE FAMILY OR ALLEGED MALTREATOR?

☐Yes ☐No ☐Unknown

25. IS THERE A HISTORY OF VIOLENCE, DRUGS, MENTAL ILLNESS OR RETALIATION IN THE FAMILY?

☐Yes ☐ No ☐ Unknown

26. IF YES TO EITHER, DESCRIBE IN DETAIL ON SEPARATE SHEET OF PAPE

27. SIGNATURE OF PERSON REPORTING | DATE | 28. DATE/HOUR OF ORAL CONTACT WITH THE LOCAL DEPARTMENT

29. WAIVER OF CONFIDENTIALITY: I agree to waive my right to confidentiality as a mandated reporter. ☐Yes ☐No

30. REPORT ASSIGNED

☐ Yes ☐ No ☐ Unknown

31. NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE

INSTRUCTIONS

(The 180 form can either be hand-written or filled out on line. If filling out the form on line, please save the form to your computer prior to filling out the form.)

MANDATED REPORTING:

Every health practitioner, educator, human services worker, or law enforcement officer who, in a professional capacity, has reason to believe that a child has been abused or neglected is required to make an oral *AND* written report to either a local department of social services or to the police.

A reporter does not need to have observed outward signs of injury. It is also not necessary for the reporter to have proof that abuse or neglect occurred. Protection of the child is paramount. If a reporter suspects abuse or neglect, a report must be submitted.

Please note that, effective October 1, 2016, if a local department has reason to believe that a mandated reporter knowingly failed to make a report of suspected child abuse or neglect, the local department must file a complaint with the appropriate licensing board or employer of the mandated reporter.

TIMELINES:

A mandated reporter must make an oral report of suspected child abuse or neglect immediately and submit a written report within 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been abused or neglected.

DEFINITIONS OF CHILD ABUSE AND CHILD NEGLECT:

"Child abuse" means: (Fam. Law § 5-701(b); COMAR 07.02.07.02)

Physical injury, not necessarily visible, or mental injury of a child by a parent, other individual who has permanent or temporary care or custody or responsibility for supervision of a child, or by a household or family member under circumstances that indicate that the child's health or welfare was harmed or placed at substantial risk of harm;

Any sexual abuse, meaning an act or acts involving sexual molestation or exploitation, to include sex trafficking, whether physical injuries are sustained or not by a parent, other individual who has permanent or temporary care or custody or responsibility for supervision of a child, or by a household or family member; or

Mental injury to a child, meaning the observable, identifiable and substantial impairment of a child's mental or psychological ability to function, that is caused by the act of a parent or other individual who has permanent or temporary care, or custody or responsibility for supervision of a child, or by a household or family member.

"Child Neglect means: (Fam. Law § 5-701(s); COMAR 07.02.07.02)

The failure to give proper care and attention to a child, including leaving a child unattended, by the child's parent or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child, under circumstances that indicate that the child's health or welfare was harmed or placed at substantial risk of harm; or

Mental injury to a child, meaning the observable, identifiable and substantial impairment of a child's mental or psychological ability to function, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child by the child's parent, or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child.

COMPLETING THE REPORT OF SUSPECTED CHILD ABUSE/NEGLECT (180 form):

Respond to each item even if the reply is "unknown" or "none." **Use additional paper if necessary to complete any given section.**

1. **Name of Local Department Being Notified:** Oral and written reports of suspected child abuse or neglect must be made to the local Child Protective Services unit in the jurisdiction where the incident allegedly took place.
2. **Person Making Report (Name):** Regardless of who is completing the form, the reporter should be the person who witnessed or has first-hand knowledge of the incident. Any person, including a health practitioner, educator, human services worker, or law enforcement officer, involved in making a good faith report, or participating in an investigation or resulting judicial or administrative proceeding is immune from any civil liability or criminal penalty that might otherwise be incurred or imposed as a result.

6. **Type of Referral:** Please check all that apply.
7. **Name of Child:** Identify only one child per report.

11. **Address (Where Child Can Be Seen):** Please provide the location where the child can be located *both* during the day *and* after normal school or working hours.

29. **WAIVER OF CONFIDENTIALITY:** Without written permission, the local department will not share the identity of the reporter unless ordered to by the court. However, the reporter may be contacted by a local department during an investigation and may be called to participate in an administrative hearing.
30. **Report Assigned:** The person taking your report may not be able to tell you whether the report will be accepted either for an investigation or an alternative response. Some types of referrals are not appropriate or are "legally insufficient" for a CPS response. If your concerns do not meet the criteria for a CPS response, you will be referred, when possible, to alternative resources. Even if you know that the oral report of abuse or neglect is not being accepted for a CPS response, you are still required to submit the written report. Please keep a copy for your records.
31. **NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE:** Please record the name of the person at the local department to whom you made the report.

Nursing Report of Youth Injuries

(Form must be completed by a RN, LPN, NP, PA or MD)

Maryland
DEPARTMENT OF JUVENILE SERVICES

Date/Time of Incident: _____/_____ Date/Time Nurse Notified: _____/_____

Date/Time Youth Assessed: _____/_____ Location of Assessment: _____

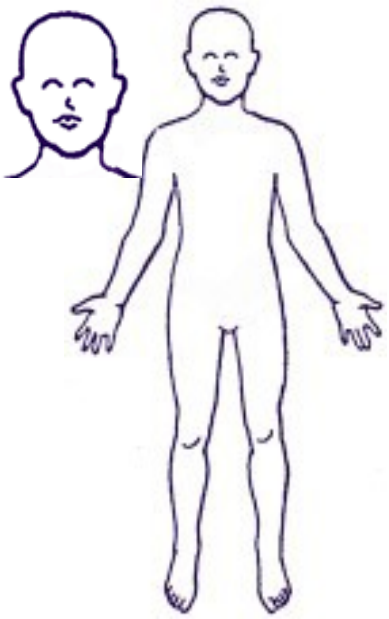
Assessment limited due to youth refusal: ☐ No ☐ Yes (If Yes, an assessment must still be done)

Circumstances of the assessment if limited: _____

Mark location of each injury using the legend below:

C Contusion
A Abrasion
L Laceration
B Burn
M Muscle/Bone Injury
P Puncture

FRONT



S: What Happened? (Record youth's verbatim response)

_____

_____

_____

_____

Pain Rating by Youth: ☐ 1 to 10, 1 = no pain, 10 = worst possible pain

O: Physical Findings

_____

_____

_____

_____

A: Assessment

_____

_____

Injury Severity Rating Scale (0-3): ☐

(0) No visible injury or pain
(1) Injury/pain requiring medical care on-site at the DJS facility
(2) Injury/pain requiring out-patient care at an ER/medical facility
(3) Injury requiring hospitalization at an outside medical facility
Note: If a youth suffers from two or more injuries from a single incident, the injury severity rating will reflect the most serious injury.

P: Plan (e.g., wound care, bandage, ice, OTC pain med, MD/NP consultation, X-Ray, ER referral, other)

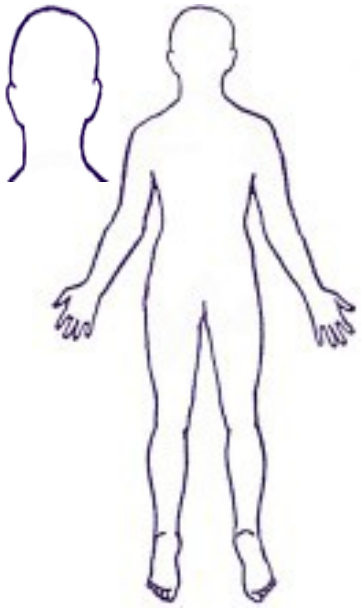
_____

_____

_____

_____

BACK



Yes No

☐ ☐ Were photos taken? **# of Photos Taken:**_____ (Photos must be taken of all injuries & non-injuries)

☐ ☐ Did youth allege abuse occurred? If Yes, report to CPS

☐ ☐ Did youth identify an alleged abuser?

☐ ☐ Do the circumstances indicate the youth may have been abused? If yes, report to CPS

☐ ☐ Was an oral/phone CPS report completed?

(If youth alleged or the circumstances indicate abuse, then the nurse needs to inform the youth of mandated reporting).

If CPS oral report made, completed by:

Name: _____ Date: _____ Time: _____

Name of CPS staff person to whom oral report was given: _____

If oral CPS report was made, must also complete the CPS REPORT OF SUSPECTED CHILD ABUSE/ NEGLECT form and submit to CPS within 48 hours.

Person completing this form: _____ Title: _____

Signature: _____ Date: _____ Time: _____

Photos & Original form to be filed in Youth's Health Record. Provide copy of form & photos to the facility Shift Commander for the incident report.

YOUTH NAME: _____ **DOB:** _____ **FACILITY:** _____

MCASA
Maryland Coalition Against Sexual Assault

mcasa.org | 301-328-7023
mcasa.org/survivors/sali | 301-565-2277

Maryland Rape Crisis Recovery Centers | as of February 2026

ALLEGANY
Family Crisis Resource Center
146 Bedford Street
Cumberland, MD 21502
Hotline: (301) 759-9244
www.familycrisisresourcecenter.org

ANNE ARUNDEL
YWCA of Annapolis & Anne Arundel County 1517 Ritchie Hwy. Suite 101
Arnold, MD 21012
Hotline: (410) 222-6800
www.annapolisywca.org

BALTIMORE CITY
TurnAround, Inc.
1900 North Howard Street, Suite 201
Baltimore, MD 21218
Hotline: (443) 279-0379
Text: (410) 498-5956
www.turnaroundinc.org

BALTIMORE COUNTY
TurnAround, Inc.
8503 LaSalle Road, 2nd Floor
Towson, MD 21286
Hotline: (443) 279-0379
Text: (410) 498-5956
www.turnaroundinc.org

CALVERT
Calvert Center for Change
975 Solomons Island Road North, P.O. Box 980 Prince Frederick, MD 20678
Hotline: 1-877-467-5628
http://www.calverthealth.org/personalhealth/crisisintervention

CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S, TALBOT
For All Seasons, Inc.
300 Talbot Street
Easton, MD 21601
Hotline: (410) 820-5600 or toll-free 1-800-310-7273
Para Español: (410) 829-6143
Text: 410-829-6143
www.forallseasonsinc.org

CARROLL
CARE Healing Center
224 N. Center St. #102
Westminster, MD 21157
Hotline: (410) 857-7322
https://carehealingcenter.org

CECIL
The Bridge
P.O. Box 2137
Elkton, MD 21922
Hotline: (410) 996-0333
https://cecilhelp4u.com/the-bridge

CHARLES
Center for Abused Persons
10665 Stanhaven Pl, Suite 103
White Plains, MD 20695
Hotline: (301) 645-3336
www.centerforabusedpersonscharlescounty.org

FREDERICK
Heartly House, Inc.
P.O. Box 857
Frederick, MD 21705
Hotline: (301) 662-8800
www.heartlyhouse.org

GARRETT
Dove Center
882 Memorial Drive
Oakland, MD 21550
Hotline: (301) 334-9000 or toll-free 1-800-656-HOPE (4673)
www.gcdovecenter.org

HARFORD
Sexual Assault/Spouse Abuse Resource Center (SARC) P.O. Box 1207
Bel Air, MD 21014
Hotline: (410) 836-8430
www.sarc-maryland.org

HOWARD
HopeWorks of Howard County
9770 Patuxent Woods Drive, Suite 300
Columbia, MD 21046
Hotline: (410) 997-2272
https://hopeworksofhc.org

MONTGOMERY
Trauma Services
1301 Piccard Dr., Suite 4100
Rockville, MD 20850
Hotline: (240) 777-4673
https://www.montgomerycountymd.gov/HHS Program/BHCS/TraumaServices/index.html

PRINCE GEORGE'S
Domestic Violence and Sexual Assault Center of UM Capital Region Medical Center
901 N. Harry S. Truman Drive
Largo, MD 20774
Hotline: (240) 677-2337
https://www.umms.org/capital/health services/domestic-violence-sexual-assault

ST. MARY'S
Southern Maryland Center for Family Advocacy
23918 Mervell Dean Road
Hollywood, MD 20636
Hotline: (240) 925-0084
www.smcfa.net

SOMERSET, WICOMICO, WORCESTER
Life Crisis Center, Inc.
P.O. Box 387
Salisbury, MD 21803
Hotline: (410) 749-HELP (4357)
www.lifecrisiscenter.org

WASHINGTON
CASA, Inc.
1 West Franklin Street, Suite 200
Hagerstown, MD 21740
Hotline: (301) 739-8975
www.casainc.org

Maryland
DEPARTMENT OF JUVENILE SERVICES

CRISIS
Behavioral Health Referral Form

Youth's Name: **Facility:** Select

D.O.B.: **Unit/Group:**

Shift Commander/Designee Name:

Notification Date: _____ **Notification Time:** _____ ◯ *am* ◯ *pm* ☐ **Phone** ☐ **In Person**

Behavioral Health Clinician's Name: **Contacted By:**

1. Reason for Notification/Referral (*Check all that apply*):

☐ Self-injurious Behavior	☐ Seclusion	☐ Restraint
☐ Homicidal Ideation	☐ Flagged on MAYSI	☐ Suicidal Ideation
☐ Hearing voices, hallucinations	☐ Alleged Sexual Abuse/Contact by youth	☐ Suicide Attempt
☐ Death	☐ Alleged Sexual Abuse/Contact by staff	☐ Substance Abuse Detoxification
☐ Other *(Provide explanation below)*		☐ Youth on Youth Assault
		☐ Youth on Staff Assault

2. Behavioral Health Clinician's Recommendations, Instructions and/or Comments. *(note if any attachments)*

Received from:	Date:	Time: ◯ am ◯ pm
Print Name of Behavioral Health Clinician	Shift Commander/Designee:	

BEHAVIORAL HEALTH CLINICIAN'S FACE-TO-FACE FOLLOW-UP

Assessment & Interventions: **Suicide Watch**: ☐ Level I ☐ Level II ☐ Discontinued ☐ N/A

Behavioral Health Clinician: _____ _____
Print Name *Signature*

Date: _____ Start Time: _____ ◯ am ◯ pm _____ ◯ am ◯ pm

Copy: Living Unit (LU), Principal, Youth Health Record, Superintendent, Case Manager Supervisor, Youth File, Assistant Superintendent, Case Manager, Shift Commander, Medical Department

MARYLAND DEPARTMENT OF JUVENILE SERVICES

TRAUMA SAFETY PLAN FOR ALLEGED SEXUAL ABUSE AND SEXUAL HARASSMENT

YOUTH NAME:_____ **ASSIST #_____**

☐ **Victim** ☐ **Aggressor** ☐ **Witness**

DATE AND TIME OF ALLEGED INCIDENT: _____ INCIDENT #_____

Overview:

1. Upon notification by the Shift Commander that an alleged sexual abuse has occurred, a Safety Plan will be initiated by the Facility Administrator/Designee and completed in coordination with a licensed Behavioral Health (BH) clinician in order to assure the physical and psychological safety of the victim, aggressor, and witnesses, as appropriate.
2. Upon notification of alleged sexual abuse, the Shift Commander will contact:
    a. the Facility Administrator/Designee;
    b. Medical Staff;
    c. the facility licensed Behavioral Health (BH) Supervisor (or on-call clinician when an allegation is reported after hours); and
    d. the qualified agency staff member (staff who have completed the Sexual Assault Responder Support Staff (SARS) training).
        - The licensed BH clinician will respond in person, via telephone or poly-com within **1** hour of the allegation being reported for debriefing and assessment purposes and will see the youth face-to-face within **24** hrs.
        - Should an allegation occur after hours, weekend or holiday and no licensed BH clinician is available on site, the responding on call clinician will report to the facility the following calendar day to sign off on the VTSP to provide additional input and follow up consultation and assessment with the alleged victim, aggressor, or witness.
3. The original completed plan will be given to the Facility Administrator/Designee and copies will be made for the Shift Commander, Medical Staff, Case Management, and Behavioral Health.
4. Within 48 hours, the Safety Plan will be reviewed to ensure all safety provisions are being implemented and to determine if modifications are required.
5. Within 7 calendar days of the alleged sexual abuse, the Safety Plan should be reviewed and updated by the Treatment Team comprised of Administration, Direct Care Staff, Education, Case Management, Behavioral Health, and Medical Staff.
    - Ongoing appropriate services will be documented and may include a guarded care plan, follow-up services, and referrals for continued care following transfer to or placement in another facility or release into the community.
6. Refer to Policy and Procedures #RF-701-26, Elimination and Reporting of Sexual Abuse and Harassment (PREA) to ensure compliance with all areas after an alleged sexual abuse has occurred.

MARYLAND DEPARTMENT OF JUVENILE SERVICES

TRAUMA SAFETY PLAN FOR ALLEGED SEXUAL ABUSE AND SEXUAL HARASSMENT

YOUTH NAME:_____ **ASSIST #_____**

Section I - Notifications

The Facility Administrator/Designee will ensure all appropriate contacts have been made.

Checklist for Safety Plan (Place a check by all areas completed)

- ☐ Completion of Incident Report
- ☐ Behavioral Health Notified and Behavioral Health Referral Form completed: _____ Date/Time
- ☐ Separation from Alleged Aggressor
- ☐ Medical Staff Notified
- ☐ Medical Assessment– Immediately by a SAFE Nurse
- ☐ Law Enforcement Notified
- ☐ Child Protective Services (CPS) Notified
- ☐ Youth's Attorney Notified
- ☐ PREA Kit Utilized: Yes or No If Yes: Date: _____ Time: _____
- ☐ Qualified Agency Staff Member, Name/Title _____/_____
- ☐ MCASA Rape Crisis Center Contacted (Name, site, and location) _____
  _____
- ☐ Family/Guardian Notified, Name _____
- ☐ Other _____

Comments:

_____

_____

MARYLAND DEPARTMENT OF JUVENILE SERVICES

TRAUMA SAFETY PLAN FOR ALLEGED SEXUAL ABUSE AND SEXUAL HARASSMENT

YOUTH NAME:_____ **ASSIST #_____**

Section II - Supervision for Protective Custody

The Facility Administrator/Designee in consultation with the Deputy Secretary for Residential Services and the Executive Director of Detention or Treatment Services shall determine appropriate housing to provide for the safety of the youth.

The alleged victim and the aggressor must be physically separated immediately.

- Housing Assignment

***Check One*:**

	Separation from General Population (ISU)
	Facility Transfer
	Other: Specify

MARYLAND DEPARTMENT OF JUVENILE SERVICES

TRAUMA SAFETY PLAN FOR ALLEGED SEXUAL ABUSE AND SEXUAL HARASSMENT

YOUTH NAME:_____ ASSIST #_____

- Document special supervision requirements for participation in educational/vocational programming.

  _____
  _____
  _____

- Document special supervision requirements for recreational programming and leisure activities, etc.

  _____
  _____
  _____

- Describe special supervision and monitoring procedures:

  _____
  _____
  _____

- Suicide Watch

  ***Check One*:**

	Level I
	Level II
	Youth not placed on SWL at this time

Section III-Behavioral Health Assessment and Interventions

The Behavioral Health clinician will complete the final step to identify high-risk behaviors the youth may display (e.g., isolating, angry outbursts, fighting, bad dreams, flashbacks, excessive sleeping or lethargy, etc.) and coping skills he/she can utilize during this time.

The Behavioral Health Clinician shall assess the following areas:

- Psychiatric Assessment referral made, if applicable
- Monitor for symptoms of Acute Stress Disorder (ASD) including sleeplessness, bad dreams, night terrors, etc. and document accordingly in the Youth's Health Record file, located in the mental health section.
- Monitor and assess for suicidal/self-destructive impulses and ideation
- Monitor and assess for homicidal impulses and ideation (i.e. retaliation toward staff or peers)
- Relaxation Skill Building/Coping Skill Assessment

MARYLAND DEPARTMENT OF JUVENILE SERVICES

TRAUMA SAFETY PLAN FOR ALLEGED SEXUAL ABUSE AND SEXUAL HARASSMENT

YOUTH NAME:_____ ASSIST #_____

BEHAVIORAL HEALTH SUMMARY/RECOMMENDATIONS/PLAN:

Youth will be seen: ☐ Daily ☐ Weekly ☐ Other (Specify):_____

_____

_____

Special Instructions for Direct Care Staff:

_____

_____

_____

_____

_____

_____

Section IV - Verification of Plan Review and Completion

Signature of Licensed Behavioral Health Clinician:

Name: _____Date: _____ Time: _____

Signature of Facility Administrator/Designee:

Name: _____Date: _____ Time: _____

****

A mandatory review of this plan is required within 48 hours of the alleged sexual abuse.

Facility Administrator/Designee: _____Date: _____Time: _____

Licensed Behavioral Health Supervisor/Designee: _____Date: _____Time: _____

****

It is mandatory for the Treatment Team to review the Safety Plan and develop recommendations for services within 7 calendar days of the alleged sexual abuse/incident.

Confirmed by:
Facility Administrator/Designee: _____Date: _____

CC: Facility Administrator, Shift Commander, Medical Staff, Case Management, Behavioral Health, Youth's Base File

YOUTH NOTICE OF INVESTIGATION OUTCOME

DATE: _____ FACILITY: _____

NAME OF YOUTH: _____ ASSIST #: _____

This is to inform you of the outcome of the investigation involving the allegation of _____ reported on _____.

It has been determined that your allegation is:

☐ Substantiated (Indicated) – the event was investigated and determined to have occurred, based on a preponderance of the evidence.
☐ Unsubstantiated – the investigation concluded that evidence was insufficient to determine whether or not the event occurred.
☐ Unfounded (Ruled Out) – the investigation determined that the event did NOT occur.

If it has been determined that your allegation is unfounded, the following action has been taken as it relates to the staff accused:

☐ The staff member is cleared to resume supervision of youth.

If it has been determined that your allegation is substantiated, the following action has been taken as it relates to the staff accused:

☐ The staff member is no longer assigned to your living unit.
☐ The staff member is no longer employed at the facility.
☐ DJS has learned that the staff member has been indicted on a charge related to sexual abuse within the facility.
☐ DJS has learned that the staff member has been convicted on a charge related to sexual abuse within the facility.

Regardless of the case outcome, the following information is being relayed to you regarding the youth accused:

☐ DJS has learned that the youth (alleged aggressor) have been charged related to harassment and assault within the facility.
☐ DJS has learned that the youth (alleged aggressor) has been convicted related to sexual abuse within the facility.

_____ _____

Superintendent **Date**

Youth was informed of the determination and outcome of the allegation and received the letter. Signature and date below acknowledges receipt. If the youth has been released from the facility, mail the original and copy to the youths current address on file by certified mail requesting receipt.

_____ _____

Youth Signature **Date**

cc: Parent
File

Phone: 410-230-3100 Toll Free: 1-888-639-7499 TDD: 1-800-735-2258

Maryland
DEPARTMENT OF JUVENILE SERVICES

Youth Advocate

Retaliation Monitoring of Youth

Name of Youth Requiring Monitoring:	
Date of Incident:	
Facility/Unit:	
Name of Youth Advocate:	

The Department of Juvenile Services (DJS) is required to monitor the conduct or treatment of youth who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff. Youth Advocates shall act promptly to remedy any such retaliation by reporting it to the Superintendent, Executive Director of Residential Services and the Deputy Secretary of Operations. DJS shall monitor for 90 days which may be extended if there is a continuing need. Monitoring and status checks with youth shall be completed weekly.

Indicate protective measures DJS has employed:

- ☐ Housing changes or bedding assignments, transfers for youth victims or abusers
- ☐ Removal of alleged staff or youth abusers from contact with victims
- ☐ Emotional support services for youth who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Items the Youth Advocate should monitor include: Youth Disciplinary Reports, housing or program changes**,** eating and behavioral changes

Date	Status Check Week	Retaliation	Comments (include remedy for retaliation)	Youth Signature
	Week 01	☐Yes ☐No		
	Week 02	☐Yes ☐No		
	Week 03	☐Yes ☐No		
	Week 04	☐Yes ☐No		
	Week 05	☐Yes ☐No		
	Week 06	☐Yes ☐No		
	Week 07	☐Yes ☐No		
	Week 08	☐Yes ☐No		
	Week 09	☐Yes ☐No		
	Week 10	☐Yes ☐No		
	Week 11	☐Yes ☐No		
	Week 12	☐Yes ☐No		

DJS shall continue monitoring beyond 90 days, if the initial monitoring indicated a continuing need. Is there a continuing need for monitoring? ☐Yes ☐No

_____
Date

Phone: 410-230-3100 Toll Free: 1-888-639-7499 TDD: 1-800-735-2258

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DEPARTMENT OF JUVENILE SERVICES

PREA COMPLIANCE MANAGER

Retaliation Monitoring

Protections Against Retaliation

☐ Staff ☐ Youth

Name of Staff/Youth Requiring Monitoring:	
Date of Incident:	
Facility/Unit:	
Name of Staff Monitor:	

The Department of Juvenile Services (DJS) is required to monitor the conduct or treatment of youth and staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff. The PREA Compliance Manager shall act promptly to remedy any such retaliation by reporting it to the Superintendent, Executive Director of Residential Services and the Deputy Secretary of Operations. DJS shall monitor for 90 days which may be extended if there is a continuing need. Monitoring and status checks with youth and staff shall be completed bi-weekly.

Indicate protective measures DJS has employed:

- ☐ Housing changes or bedding assignments, transfers for youth victims or abusers
- ☐ Removal of alleged staff or youth abusers from contact with victims
- ☐ Emotional support services for staff or youth who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Items the PREA Compliance Manager should monitor include:

YOUTH: Youth Disciplinary Reports, housing or program changes, eating and behavior changes
STAFF: Negative performance reviews, reassignments of staff.

Date	Status Check Week	Retaliation	Comments (include remedy for retaliation)	The person being monitored should sign below.	
				Youth Signature	Staff Signature
	Week 01	☐Yes ☐No			
	Week 03	☐Yes ☐No			
	Week 05	☐Yes ☐No			
	Week 07	☐Yes ☐No			
	Week 09	☐Yes ☐No			
	Week 11	☐Yes ☐No			
	Week 13	☐Yes ☐No			
	Week 15	☐Yes ☐No			

DJS shall continue monitoring beyond 90 days, if the initial monitoring indicated a continuing need. Is there a continuing need for monitoring? ☐Yes ☐No

_____
Date

Phone: 410-230-3100 Toll Free: 1-888-639-7499 TDD: 1-800-735-2258

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DEPARTMENT OF JUVENILE SERVICES

FACILITY ASSESSMENT TOOL

Facility: _____ Date:_____ Completed by: _____

A. Lighting and Surveillance Cameras	Yes	No	N/A	Comments
1. Is the interior lighting in the facility adequate and properly functioning?	☐	☐	☐	
2. Is all of the exterior building lighting adequate and functioning?	☐	☐	☐	
3. Are all areas outside and around the building reached by the exterior lighting on the poles/walls, i.e. free of dark areas?	☐	☐	☐	
4. Are the critical lighting areas of the facility connected to a generator for emergency lighting back-up?	☐	☐	☐	
5. Are there adequate surveillance cameras on/in the interior/exterior of the building of the facility and are they functioning properly?	☐	☐	☐	
6. Are the surveillance cameras protected by UPS battery backup or wired to a generator?	☐	☐	☐	
7. Is the camera range of the areas inside and outside the facility free of blind spots?	☐	☐	☐	
B. Blind Spots/Areas Not Visible to Employees	**Yes**	**No**	**N/A**	**Comments**
1. Are hallways and other areas of the facility free of blind spots?	☐	☐	☐	
2. Are youth's rooms free of blind spots from the window?	☐	☐	☐	

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DEPARTMENT OF JUVENILE SERVICES

FACILITY ASSESSMENT TOOL

3. Are the areas outside and around the room(s)/dorm(s) free of blind spots?	☐	☐	☐	
C. Common Areas on Campus	**Yes**	**No**	**N/A**	**Comments**
1. Is the lighting in the campus's common areas adequate and properly functioning?	☐	☐	☐	
2. Are the units/buildings reached by the lighting, i.e. free of dark areas?	☐	☐	☐	
3. Is the camera range of each camera in the units, school, recreation area, etc. and grounds free of blind spots?	☐	☐	☐	
4. Are supervisory personnel randomly monitoring the video cameras at least once a shift on all three shifts and conducting unannounced rounds?	☐	☐	☐	
5. Are the Zero Tolerance Posters displayed throughout the facility i.e. units/school/recreation?	☐	☐	☐	
D. Radio Communication	**Yes**	**No**	**N/A**	**Comments**
1. Is the facility free of dead spots/areas that will/have effects on proper radio communication?	☐	☐	☐	
2. Are the radios protected by UPS battery back-up or wired to the emergency generator?	☐	☐	☐	
3. Are all the radios in good working condition?	☐	☐	☐	
4. Is there at least one radio for staff per unit/dorm?	☐	☐	☐	
5. Are the spare radio batteries easily accessible to staff?	☐	☐	☐	

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FACILITY ASSESSMENT TOOL

E. Classrooms	Yes	No	N/A	Comments
1. Is the camera range inside classrooms free of blind spots?	☐	☐	☐	
2. Is youth movement from classroom to classroom monitored by staff?	☐	☐	☐	
3. Are all of the supply cabinets secured and locked?	☐	☐	☐	
F. Office Areas	**Yes**	**No**	**N/A**	**Comments**
1. Do all of the staff offices have windows?	☐	☐	☐	
2. Is the camera range inside the office areas free of blind spots?	☐	☐	☐	
3. Is the office lighting adequate and functioning?	☐	☐	☐	
G. Bathroom Areas	**Yes**	**No**	**N/A**	**Comments**
1. If the facility houses youth of more than one gender, are the toilet and shower areas used by youth of only one gender at a time?	☐	☐	☐	
2. Do the toilet/shower areas allow for direct sight and supervision of the youth? If so, does the facility ensure that staff of the same gender as the youth monitor those posts?	☐	☐	☐	
3. Is the ingress/egress to the toilet/shower areas controlled by staff?	☐	☐	☐	

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FACILITY ASSESSMENT TOOL

H. Visitation Areas	Yes	No	N/A	Comments
1. Is there controlled ingress/egress of visitors during visitation?	☐	☐	☐	
2. Are there separate rest room facilities for the youth and for visitors during visitation?	☐	☐	☐	
3. Is the area free of visual obstructions and/or blind spots that would prevent a good line of sight during visitation?	☐	☐	☐	
4. Is there sufficient video or in-person monitoring by staff during visitation to see all areas and the conduct of all individuals in the visitation space?	☐	☐	☐	
I. Supervision of Juveniles	**Yes**	**No**	**N/A**	**Comments**
1. Are staff maintaining continual visual supervision of all the assigned youth and regularly patrolling their assigned areas on each shift daily?	☐	☐	☐	
2. Are staff conducting a headcount during major movements and during each shift change?	☐	☐	☐	
3. Do staff continually patrol their assigned areas?	☐	☐	☐	
4. Is the required youth to staff ratio being maintained on each shift?	☐	☐	☐	
5. Are staff who are working the floor notifying another staff when they need to leave the floor for restroom breaks, etc. so as not to leave the youth in the common areas, etc. unsupervised?	☐	☐	☐	
J. Staffing Plan	**Yes**	**No**	**N/A**	**Comments**
1. Are additional post(s) required? (If so, please describe the incidents or observations that lead to this conclusion.)	☐	☐	☐	
2. Do existing post(s) require modification? (If so, please describe the incidents or observations that lead to this conclusion.)	☐	☐	☐	

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DEPARTMENT OF JUVENILE SERVICES

FACILITY ASSESSMENT TOOL

Vulnerability Assessment Reporting Supplemental Form - Please use this section to provide any additional information for the above sections or to provide descriptions of any additional deficiencies not noted above.		
Specific Building/Area Deficiencies:		
Areas of Deficiency	**Potential Vulnerability**	**Recommendation**

Reviewed by: _____ Date:_____
Superintendent

Reviewed by: _____ Date:_____
PREA Coordinator

Reviewed by: _____ Date:_____
PREA Compliance

Reviewed by: _____Date:_____
Executive Director

Maryland
DEPARTMENT OF JUVENILE SERVICES

Sexual Abuse Incident Review Team Report

Facility Name:	Date of Incident:	Time of Incident:	☐ AM ☐ PM
Incident Rept. #:	Location or Unit:	Type of Incident:	
Was the Incident Report Completed per policy?			☐ Yes ☐ No
Was the Incident Report entered into the database per policy?			☐ Yes ☐ No
Were proper notifications made per policy?			☐ Yes ☐ No
Youth Involved:			
Staff Involved:			
Management Investigation Report Reviewed by this review team? ☐ Yes ☐ No		OIG Investigation Reviewed by this review team?	☐ Yes ☐ No
Investigation Results: Unfounded ☐ (SAIR is not required for unfounded cases but may be helpful to understand reasons for unfounded allegations) Substantiated ☐ Unsubstantiated ☐		Youth Notified of Investigation Results	☐ Yes ☐ No

Review Team Considerations

Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect or respond to sexual abuse? (Please describe findings):	☐ Yes ☐ No

Sexual Abuse Incident Review Team Report

Was this incident or allegation motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, nonbinary or intersex identification, status, perceived status or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility? (Please describe findings):	□ Yes □ No
Upon examining the area in the facility where the incident allegedly occurred, were there physical barriers in the area that may have enabled the abuse? (Consider details: shower curtains, walls, dorm vs. room, bed placement, cameras) (Please describe findings):	□ Yes □ No
Were staffing levels adequate during all shifts in the area where the incident allegedly occurred? (Review staff in the immediate area and where they were posted) (Please describe findings):	□ Yes □ No

Sexual Abuse Incident Review Team Report

Should monitoring technology such as cameras, mirrors, or Guard Tour systems be deployed or augmented to supplement supervision by staff in the area where the incident allegedly occurred? (Please describe findings):	□ Yes □ No

Recommendations for Improvements
(Attach additional recommendations if more space is needed)

Will all recommendations be implemented? □ Yes □ No

List below deadlines for each recommendation to be implemented and who is responsible. If not all will be implemented, for each recommendation not implemented, explain why it was not approved or partially approved.

Sexual Abuse Incident Review Team Report

Name of Person Chairing the Review Team Meeting:		
Participants in Review Team Meeting:		
Date of Sexual Abuse Incident Team Review:		
Review Team Signatures		
Superintendent/Designee:	OIG Investigator:	
GLMII/GLMI/RAS:	Somatic Health:	
Case Manager Supervisor:	Behavioral Health:	
Report Submitted to Superintendent?	□ Yes □ No	Date:
Report Submitted to PREA Compliance Manager	□ Yes □ No	Date:
Report Submitted to PREA Coordinator?	□ Yes □ No	Date:
Report Submitted to Executive Director?	□ Yes □ No	Date: