

PREA Facility Audit Report: Final

Name of Facility: Green Ridge Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: 12/22/2025

Date Final Report Submitted: 06/08/2026

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Rosa L. Webb

Date of Signature: 06/08/2026

AUDITOR INFORMATION

Auditor name: Webb, Rosa

Email: derrywebb1959@outlook.com

Start Date of On-Site Audit: 11/06/2025

End Date of On-Site Audit: 11/07/2025

FACILITY INFORMATION

Facility name: Green Ridge Youth Center

Facility physical address: 10700 15 Mile Creek Road , Flintstone, Maryland - 21530

Facility mailing address:

Primary Contact

Name:	J. Aaron Keech
Email Address:	aaron.keech@maryland.gov
Telephone Number:	240-609-7386

Superintendent/Director/Administrator	
Name:	Corey Marshall
Email Address:	corey.marshall@maryland.gov
Telephone Number:	301-478-2930

Facility PREA Compliance Manager	
Name:	Tiffany Sebolt
Email Address:	tiffany.sebolt@maryland.gov
Telephone Number:	(301) 478-2930

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	17
Average daily population for the past 12 months:	20
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	16-21 years of age
Facility security levels/resident custody levels:	Staff Secure
Number of staff currently employed at the	82

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

Agency Chief Executive Officer Information:	
Name:	Betsy Tolentino
Email Address:	betsy.tolentino@maryland.gov
Telephone Number:	

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

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

8

- 115.316 - Residents with disabilities and residents who are limited English proficient
- 115.321 - Evidence protocol and forensic medical examinations
- 115.333 - Resident education
- 115.334 - Specialized training: Investigations
- 115.335 - Specialized training: Medical and mental health care
- 115.363 - Reporting to other confinement facilities
- 115.365 - Coordinated response
- 115.371 - Criminal and administrative agency investigations

Number of standards met:

35

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-11-06
2. End date of the onsite portion of the audit:	2025-11-07

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Family Crisis Resource Center Western Maryland Medical Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	30
15. Average daily population for the past 12 months:	20
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	15
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	82
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	11
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor requested a resident roster upon arrival during day one of the onsite visit. The auditor selected the residents that were interviewed based on length of stay, age, race and ethnicity.

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

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed resident information, documentation and interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor requested a staff roster upon arrival of day one during the onsite review. The auditor selected the random staff members to be interviewed.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	17

63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The auditor had access to all areas and buildings of the facility, as well as the ability to have informal conversations with staff and residents. The auditor conducted a site tour of the second day of the visit, due to the weather, and was accompanied by the Superintendent and the PREA Coordinator. There were two housing units. The auditor was given access to the entire campus and visited the control room and observed the different camera angles to ensure there were no identifiable blind spots. During the site review the auditor noted PREA Audit announcements, PREA posters, reporting posters, and information for outside emotional support services were placed throughout the facility. There was a PREA board in each of the housing units. The auditor was given access to the outside recreational areas.

The auditor tested the following critical functions:

- The facility's process for securing interpretation services
- Internal reporting methods for confined persons (grievance procedure). The auditor put a note in the grievance box and was contacted by the person who checks the box.
- External reporting methods for confined persons (211 Maryland) The auditor called the hotline and talked with the person taking the call and determined that it was a live person. The process for taking and processing the calls was explained to the auditor. The auditor received an email verification from the hotline.
- Access to outside emotional support services (Family Crisis Resource Center)
- Third-Party Reporting (calling the number provided on the posters).

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes

☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The auditor reviewed additional documents for staff and residents that were interviewed. Documents reviewed included personnel and training records. The resident documents reviewed included intake records, resident education, and risk screening instruments. There were no barriers to receiving any documentation. The agency and facility provided any documentation right up to the completion of the audit.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	11	6	11	11
Staff-on-inmate sexual abuse	6	6	6	6
Total	17	12	17	17

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	7	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	8	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	7	0	1	3
Staff-on-inmate sexual abuse	1	3	0	2
Total	8	3	1	5

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

17

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	11
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	6
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

The investigation files were available to review. There were some missing management investigation reports that were missing due to a change in administration at the facility over the past 12 months. The documentation was found and provided to the auditor during the course of the audit process.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

ABM Consulting

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: - Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) - Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) - Green Ridge Youth Center Standard Operating Procedures, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (updated 07/30/2025) - Maryland Department of Juvenile Services Organizational Chart (effective 12/04/2023) - Maryland Department of Juvenile Services PREA Coordinator and Compliance Managers Organizational Chart (effective 03/17/2025) - Green Ridge Youth Center Organizational Chart (updated 07/30/2025)

- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager
- Observations Made during Onsite Visit

Reasoning and analysis by provision: 115.311 (a)

PAQ: The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The agency and the facility have a policy outlining how they implement the prevention, detection and response to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policies include sanctions for those found to have participated in prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facilities Standards Compliance: The Department of Juvenile Services has zero tolerance for all forms of sexual abuse and harassment against any youth in its custody and in its licensed or contracted residential programs. Suspected or alleged acts of sexual abuse and harassment shall be referred for investigation to the Department of Social Services, Child Protective Services Division, DJS Office Inspector General (OIG) and law enforcement in accordance with applicable laws and regulations.

Green Ridge Youth Center Facility Operating Procedures Elimination and Reporting of Sexual Abuse and Harassment: The Green Ridge Youth Center establishes the 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 at the Green Ridge Youth Center. These procedures apply to all staff employed by or assigned to Green Ridge Youth Center.

Observations made during onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility to include the dining room, visitation room, gym, living areas, school and in all common areas.

Reasoning and analysis by provision: 115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA coordinator. The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA coordinator is in the agency's organizational structure.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facilities Standards

Compliance: 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.

Maryland Department of Juvenile Services PREA Coordinator and Compliance Managers Organizational Chart: The agency PREA coordinator position is part of the agency leadership team under the Office of Inspector General and has access to the agency's senior leadership. The agency PREA coordinator is in the organizational structure as a program manager.

Interview with the agency PREA coordinator: The agency PREA coordinator stated they have sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA Standards. They oversee PREA standard implementation with eight facility PREA compliance managers. There is a lot of turnover in the facilities so the PREA coordinator does a lot of training. They meet regularly with the compliance managers. There is a drive for all the facilities that contains the standards, rules and policies. The PREA coordinator tries to focus on the facility documentation and makes sure that everything is getting done. They stated they relied on their team for checks and balances from safety and security to mid-level managers.

Reasoning and analysis by provision: 115.311 (c)

PAQ: The facility has designated a PREA compliance manager. The PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA compliance manager is in the organizational structure.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facilities Standards Compliance: 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.

Green Ridge Youth Center Facility Operating Procedures Elimination and Reporting of Sexual Abuse and Harassment: 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 standards.

Interview with PREA compliance manager: The PREA compliance manager is currently serving as the assistant superintendent. They would normally have plenty of time to manage their PREA-related responsibilities. They coordinate the facility's efforts to comply with the PREA standards by monitoring and reviewing all incidents, and training. They provide PREA-related information to be shared with staff. This is accomplished by following up and reminding staff what their expectations are. There are also conversations with staff and the residents.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Natchez Trace Youth Academy 2018 PREA Audit • Compliance Law for Contractors • Wayne Halfway House, Inc. Contract • Duck River Youth Center Contract • Brooksville Youth Opportunity Investments Contract • Hollis Residential Treatment Center 2023 Final PREA Audit Report • Rockdale Youth Academy 2024 Final PREA Audit Report • Interview with Agency Contract Administrator Staff Reasoning and analysis by provision: 115.312 (a) PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the contracts require contractors to adopt and comply with PREA standards. • The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit: 4 • The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0 Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: Any new contract or contract renewal for the confinement of DJS youth with private providers or other entities, including other government agencies, shall include an obligation that the provider adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for DJS contract monitoring to ensure that the contractor is complying with the PREA standards.

	Compliance Law for Contractors: 25.3 – It shall comply with all federal, state and local laws, regulations, and ordinances applicable to its activities and obligations under this Contract including the Family and Medical Leave Act, the Americans with Disabilities Act, the Prison Rape Elimination Act, and the Investment Activities in Iran Act. Contracts with Cornell Abraxas Group, Inc., Wayne Halfway House, Inc., Duck River Youth Center, and Brooksville Youth Opportunity Investments – The auditor reviewed these contracts. Article 19 addresses compliance with laws and requires the contractors to be in compliance with the Prison Rape Elimination Act. Final PREA Audit Reports for Hollis Residential Treatment Center, Abraxas Academy, and Rockdale Youth Academy – The auditor reviewed these PREA Audit Reports and confirmed that the facilities were in compliance with the PREA standards. Reasoning and analysis by provision: 115.312 (b) PAQ: The contracts entered into for the confinement of residential services require the agency to monitor the contractor's compliance with PREA standards. • Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0 Interview with Agency Contract Administrator Staff: The agency contract administrator confirmed the agency, and facility does contract with other entities for the confinement of residents and the PREA language is written into its contracts. They maintain contact with the Director or Contracts and Monitoring. They continually monitor residential facilities for PREA compliance on an annual basis. Any incidents that occur require an incident report and notifications are made. There are currently four contracts, and they are all in compliance with PREA. The contract facilities completed and submitted PREA Final Audit Reports. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and

Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018)\Maryland Department of Juvenile Services Policy RF-713-14, Direct Care Staffing (effective 06/05/2014)

- Maryland Department of Juvenile Services Policy RF-740-17, Supervision and Movement of Youth
- Green Ridge Youth Center Facility Operating Procedures, Direct Care Staffing (updated 07/30/2025)
- Green Ridge Youth Center Facility Operating Procedures, Unannounced Rounds (updated 07/30/1025)
- Green Ridge Youth Center 2024 and 2025 Staffing Plans
- Green Ridge Youth Center 2025 Facility Assessment Form
- Unannounced Rounds Memo
- Interview with Superintendent
- Interview with PREA Compliance Manager
- Interview with Intermediate or Higher-Level Facility Staff
- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.313 (a)

PAQ: The agency ensures that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.

- The average daily number of residents in the past 12 months: 30
- The average daily number of residents on which the staffing plan was predicated: 27

Maryland Department of Juvenile Services Policy RF-713-14, Direct Care Staffing: Each Superintendent shall develop a staffing plan to ensure adequate staffing levels. The plan shall account for the following: A minimum of 1:8 staff to youth during waking hours and 1:16 staff to youth during sleeping hours in adherence with the Prison Rape Elimination Act Standards for Juvenile Facilities; compliance with department approved facility staff-to-youth ratios; a post is created or abolished; post hours change; all components of the physical plant, to include size of living units, blind spots, and installation of cameras for video monitoring; special housing (medical units, intensive services units); programming occurring on a particular shift; composition of the youth population; number and placement of supervisory staff; findings of inadequacy by executive and managerial staff; findings of inadequacy from Federal investigative agencies; applicable State laws and regulations; department approved standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. The staffing plan shall identify all facility posts and required coverage by shift. Absent exigent circumstances, all facilities shall maintain staff-to-youth supervision ratios in accordance with department approved guidelines. The staffing plan shall provide for a shift commander, resident advisor supervisor, or group life manager on each shift who shall be responsible for conducting and documenting unannounced rounds to

identify and deter staff sexual abuse and sexual harassment. All deviations from the staffing plan shall be fully documented in the Shift Status Report. Whenever necessary, but no less frequently than once a year, the Superintendent, in consultation with the PREA Coordinator, shall assess, determine, and document whether adjustments are needed to: a. the staffing plan; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. An annual assessment, as described, shall be completed and documented using the Facility Vulnerability Assessment Tool. The facility's annual review of the staffing plan and the facility vulnerability Assessment shall be submitted to the Executive Director by June 15th of each year. The staffing plan shall be finalized within 30 days of receipt.

Green Ridge Youth Center 2024 and 2025 Staffing Plans: The auditor reviewed the staffing plans and observed the plan shows the facility develops, implements, and documents a staffing plan that provides for adequate levels of staffing. The staffing plans are well documented and provide for adequate levels of staffing.

Interview with the superintendent: The superintendent stated the plan is inclusive of all the standard provision requirements: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of facility's physical plant; the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable state or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. They stated that adequate staffing levels and video monitoring are considered as part of the plan. The plan looks at all of the blind spots for the all-male facility. If there are areas of concern, the superintendent and staff develop a corrective action plan. They monitor and update the plan as needed.

Interview with PREA compliance manager: The facility considers all 11 of the requirements outlined in the standard.

Reasoning and analysis by provision: 115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents justify all deviations from the staffing plan.

Green Ridge Youth Center Facility Operating Procedures, Direct Care Staffing: Absent exigent circumstances, this facility shall maintain staff-to-youth supervision ratios in accordance with the department approved guidelines. The facility will utilize a daily shift roster to account for the daily assignment of each direct care staff, reasons for absences, and an explanation for time worked beyond the scheduled workday.

Observations made during onsite visit: There have been no deviations from the staffing plan in the past 12 months, so there were no documented deviations to review. The facility maintains the staffing ratio required for both waking and sleeping hours.

Interview with the superintendent: The superintendent confirmed there have been no deviations from the staffing plan in the past 12 months. If there were any deviations, all deviations would be documented.

Reasoning and analysis by provision: 115.313 (c)

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

- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0
- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0

Green Ridge Youth Center Facility Operating Procedures, Direct Care Staffing: A minimum of 1:8 staff to youth during waking hours and 1:16 staff to youth during sleeping hours in adherence with the Prison Rape Elimination Act Standards for Juvenile Facilities.

Green Ridge Youth Center 2024 and 2025 staffing plans: The plans document that the facility has a plan to meet the required staffing ratios.

Observations made during onsite visit: The standard states that there shall be a 1:8 staffing ratio during waking hours and 1:16 during sleeping hours by direct care staff. The facility staffing ratios are 1:8 for waking hours and 1:16 for sleeping hours. It was noted that the staffing ratios were being followed as required.

Interview with the superintendent: The superintendent stated that the facility ratios are 1:8 waking and 1:16 sleeping. There have been no issues with meeting the staffing ratios.

Reasoning and analysis by provision: 115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Maryland Department of Juvenile Services Policy RF-713-14, Direct Care Staffing: Whenever necessary, but no less frequently than once a year, the Superintendent, in consultation with the PREA Coordinator, shall assess, determine, and document whether adjustments are needed to: the staffing plan; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. An annual assessment shall be completed and documented using the Facility Vulnerability Assessment Tool. The facility's annual review of the staffing plan and the facility vulnerability assessment tool shall be submitted to the Executive Director by June 15th of each year.

Green Ridge Youth Center 2025 Facility Assessment Form: The auditor reviewed the plan. The form addresses all areas of the facility.

Interview with the agency PREA coordinator: The plan is reviewed and updated annually. The Executive Director and Deputy Secretary look at any assessments or adjustments to the staffing plan.

Reasoning and analysis by provision: 115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents the unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

Maryland Department of Juvenile Services Policy RF-713-14, Direct Care Staffing: The staffing plan shall provide for a shift commander, resident advisor supervisor, or group life manager on each shift who shall be responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Green Ridge Youth Center Facility Operating Procedures, Unannounced Rounds: The facility will have an intermediate-level Shift Commander or higher-level supervisor conduct and document unannounced rounds three times per shift to identify and deter staff sexual abuse and sexual harassment. Documentation will be placed in each group logbook and documented in red ink. Documentation will state: date, time, all youth and staff accounted for, no safety or security issues to report and staff initials. The facility prohibits staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

Unannounced facility visits documented in logbooks: The auditor reviewed the logbook entries during the tour of the facility. They confirmed that the PREA unannounced rounds were regularly occurring on all three shifts.

Unannounced rounds memo from the agency PREA coordinator: Unannounced rounds are conducted by shift commanders (intermediate level staff) at all facilities and are documented in the unit/group logbooks. Unannounced rounds are completed three times per shift on each living unit and documented in red ink.

Interview with Intermediate higher-level facility staff: Unannounced rounds occur at a minimum of three times per shift. The rounds consist of checking in with the youth and the staff and noting any concerns. The rounds are documented in the unit logbooks. The staff member conducting does them randomly and staggered out. Staff are not told when they are scheduled.

Finding: Based on this analysis, the facility and is substantially compliant with the provisions of this standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Maryland Department of Juvenile Services Policy RF-712-18, Searches of Youth, Employees and Visitors (effective 01/26/2018) • Maryland department of Juvenile Services Policy RF-740-17, Supervision and Movement of Youth (effective 12/18/2017) • Green Ridge Youth Center Facility Operating Procedures, Searches of Youth, Employees and Visitors (updated 07/30/2025) • Green Ridge Youth Center Facility Operating Procedures, Limits to Cross-Gender Viewing (updated 07/30/2025) • PREA Pat Down Search Step-By-Step Training Guide • Pat Down Search Training Notes • Interviews with Random Staff • Interviews with Random Residents • Observations Made During Onsite Visit Reasoning and analysis by provision: 115.315 (a) PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past twelve (12) months: • The number of cross-gender strip or cross-gender visual body cavity searches of residents. 0 Maryland Department of Juvenile Services Policy RF-712-18, Searches of Youth, Employees and Visitors: Staff shall not conduct cross-gender pat-down searches except in justified exigent circumstances. When an employee of the same gender as the youth being searched is not available, the youth shall be kept under constant visual supervision until a same gender staff is available to perform the search, unless, as determined by the Superintendent or designee, an exigent circumstance exists that threatens the safety and security of the facility, staff or other youth and dictate an immediate pat-down search of the youth. Searches made under justified exigent circumstances must be approved by the Superintendent and documented in the unit and facility logbook. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards

Compliance: Searches of youth to eliminate incidents of sexual abuse and harassment must adhere to the Searches of Youth, Employees, and Visitors Policy and Procedures.

Interviews with random staff: All random staff interviewed stated that they were restricted from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances.

Interviews with random residents: All random residents interviewed stated no staff member of the opposite gender have performed a pat-down search of their body.

Reasoning and analysis by provision: 115.315 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past twelve (12) months:

- The number of cross-gender strip or cross-gender pat-down searches of residents: 0
- The number of cross-gender pat-down searches that did not involve exigent circumstances: 0

Green Ridge Youth Center Facility Operating Procedures, Searches of Youth, Employees and Visitors: Staff shall not conduct cross-gender pat-down searches except in justified exigent circumstances. When an employee of the same gender as the youth being searched is not available, the youth shall be kept under constant visual supervision until a same gender staff is available to perform the search, unless, as determined by the Superintendent or designee, an exigent circumstance exists that threatens the safety and security of GRYC, staff or other youth and dictate an immediate pat-down search of the youth. Searches made under exigent circumstances must be approved by the Superintendent and documented in the unit and facility logbook.

PREA Pat Down Search Step-By-Step Training Guide: The auditor reviewed this training. It is a comprehensive guide for the appropriate way for staff to conduct a pat down search.

Interviews with random staff: All random staff interviewed stated that they were restricted from conducting cross-gender pat-down searches except in exigent circumstances. An exigent circumstance would be in the event of an emergency, and no staff of the same gender were present.

Interviews with random residents: All random residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body.

Observations made during onsite visit: Only male staff performed searches of the residents. These were both pat-down searches and the use of a metal detection wand.

Reasoning and analysis by provision: 115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual

body cavity searches, and cross-gender pat-down searches be documented and justified.

Green Ridge Youth Center Facility Operating Procedures, Searches of Youth, Employees and Visitors: Staff shall not conduct cross-gender pat-down searches except in justified exigent circumstances. When an employee of the same gender as the youth being searched is not available, the youth shall be kept under constant visual supervision until a same gender staff is available to perform the search, unless, as determined by the Superintendent or designee, an exigent circumstance exists that threatens the safety and security of the facility, staff or other youth and dictate an immediate pat-down search of the youth. Exigent circumstances must be approved by the Superintendent and documented in the unit and facility logbook.

There were no cross-gender searches conducted in the past 12 months, so there was no documentation to review.

Reasoning and analysis by provision: 115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ area where residents are likely to be showering, performing bodily functions, or changing clothing.

Maryland Department of Juvenile Services Policy RF-740-17, Supervision and Movement of Youth: Staff of the opposite gender of the youth shall announce their presence when entering a youth's housing unit. In facilities that do not contain a discrete housing unit, staff of the opposite gender shall be required to announce their presence when entering an area where youth are likely to be showering, performing bodily functions, or changing clothing.

Green Ridge Youth Center Facility Operating Procedures, Limits to Cross-Gender Viewing: At Green Ridge Youth Center when a Female Direct Care Staff assigned to a unit section enters the unit section of the dormitory, she must announce her presence. This is only required one time at the beginning of her shift, unless she is relieved at scheduled or unscheduled shower time and is rotated back into the group upon completion of showers. Additionally, this would include any Female Non-Direct Care Staff entering the unit section for programming and therapeutic purposes. When the female enters the living section she would state "Female on the Unit."

Interviews with random staff: All random staff interviewed stated that female staff members in the facility always announce their presence in any area where the males are located. All staff stated residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Interviews with random residents: All random residents interviewed stated that staff

	of the opposite gender announce their presence when entering the housing unit. Observations made during onsite visit: Staff of the opposite gender were observed announcing their presence upon entering the areas where the residents were located. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Maryland Department of Juvenile Services Policy RF-747-20, Admission and Release of Youth in DJS Facilities (effective 12-21-2020) • Maryland Department of Juvenile Services Policy OPS-911-18, Accessibility for Youth with Hearing Impairments (effective 05/18/2018) • Maryland Department of Juvenile Services Policy OPS-920-18, Communication with Limited English Proficient Persons (effective 04/27/2018) • Maryland Department of Juvenile Services Policy MGT-625-14, Nondiscrimination of Youth (effective 10/31/2017) • AD Astra Contract Agreement (effective 01/23/2019) • Interpreters Unlimited Inc. Contract (effective 01/31/2013) • Language Line Services, Inc. Contract (effective 01/23/2019) • Language Provider Memo (effective 03/25/2013) • DJS Sexual Abuse and Sexual Harassment Brochure, English and Spanish Versions • Interview with Agency Head Designee • Interviews with Random Staff • Observations during site review Reasoning and analysis by provision: 115.316 (a) PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. Facilities shall ensure the provision of interpreters for youth who have limited English proficiency.

Maryland Department of Juvenile Services Policy RF-747-20, Admission and Release of Youth in DJS Facilities: Accommodations shall be made to address the special needs of youth to include vision or hearing losses, limited reading ability, intellectual, psychiatric, or speech disabilities.

Maryland Department of Juvenile Services Policy OPS-911-18, Accessibility for Youth with Hearing Impairments: To provide a standard process for staff to ensure youth with hearing impairments receive appropriate auxiliary aids and services while in DJS care. This procedure establishes guidelines to: maintain a screening and assessment process to identify youth with hearing impairments; provide appropriate auxiliary aids and services for youth with hearing impairments free of charge; maintain a procedure that allows each youth with a hearing impairment to request auxiliary aids and services, giving primary consideration to the choice expressed by the youth; monitor to ensure that appropriate auxiliary aids and services are made available to youth with hearing impairments so that they may participate and benefit from programs and services equal to that of other youth; and maintain a recordkeeping system to monitor the provision of appropriate auxiliary aids and services for youth with hearing impairments.

Contracts with AD Astra, Interpreters Unlimited, Inc., and Language Line Services, Inc. – The auditor reviewed the contracts and confirmed that they provide the required services the State of Maryland

DJS Sexual Abuse and Sexual Harassment Brochures – The auditor reviewed the brochures and confirmed they are available in English and Spanish

Observations during site review: The auditor observed PREA posters and information throughout the facility in all areas in which the residents are present were in both English and Spanish.

Interview with Agency Head/Designee: The agency has established procedures to provide disabled residents and those with limited English proficiency, equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. As part of the Fair Practices Unit, the agency assigns interpreters to the facilities and to individual residents. Interpreters can also be assigned to parents if needed. There is a language line that can be utilized when necessary.

Reasoning and analysis by provision: 115.316 (b)

PAQ: The agency has established procedures to provide residents with limited

English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Maryland Department of Juvenile Services Policy RF-747-20, Admission and Release of Youth in DJS Facilities: Facilities shall ensure the provision of interpreters for youth who have limited English proficiency. If youth do not understand, and/or indicate they cannot read or write the English language, assessments and other materials will be translated and provided to youth in their language. When a literacy problem exists, staff assist the youth in understanding the material.

Maryland Department of Juvenile Services Policy OPS-920-18, Communication with Limited English Proficient Persons: The purpose of these procedures is to implement the Department's policy of providing equal access to services for persons with limited English proficiency. The expected result of these procedures is that the Department shall: establish a general process for providing language interpretation services to limited English proficient (LEP) persons; train appropriate staff in providing language interpretation services to LEP persons; inform LEP persons that they may receive language interpretation services at no cost; and monitor the provision of language services to LEP persons to ensure that reasonable steps are taken to achieve equal access to DJS services.

Observations during site review: The auditor called the language services line and confirmed that they provided services to the residents at the justice center if needed.

Reasoning and analysis by provision: 115.316 (c)

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-responder duties under §115.364, or the investigation of the resident's allegations: 0

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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.

	Interviews with random staff: All staff interviewed stated that the agency never allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. All stated that to the best of their knowledge this has never occurred. Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Maryland Department of Juvenile Services Policy HR-410-19, DJS Background Investigations Policy (effective 05/14/2019) • Maryland Department of Juvenile Services Policy OPS-908-14, Volunteer Services (effective 12/24/2014) • Signed PREA Disclosure Forms • Background Check Spreadsheet • Five-year Background Check Spreadsheet • Maryland Department of Justice Standards of Conduct (effective 03/30/25) • Contracts for Dental, Medical, Nursing and Vision Services • Interview with Administrative (HR) staff Reasoning and analysis by provision: 115.317 (a) PAQ: Agency policy. prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards

Compliance: All applicants, volunteers, and contracted staff shall be subject to a criminal records check, Child Protective Services (CPS) check and Sex Offender Registry check, in accordance with the Background Investigations, Reporting and Investigating Child Abuse and Neglect Policies and Procedures. PREA Mandated Disclosure Form All new applicants, as well as current employees applying for a promotional opportunity, shall complete and sign the PREA Mandated Disclosure Form. Employees have an ongoing obligation to disclose to supervisors/ administrators any sexual misconduct as described on the PREA Mandated Disclosure Form. At the time of each performance review (interim or annual), all employees shall complete and sign the PREA Mandated Disclosure Form. The completed PREA Mandated Disclosure Form shall be placed in the employees' personnel file. Material omission by an employee regarding their misconduct, or the provision of materially false information, shall be grounds for termination. Contractors (to include contract Resident Advisors) shall be subject to the requirements of sections III.A.5(a) and 5(b) above. They also shall be required to complete the PREA Mandated Disclosure Form annually on July 1st and no later than July 10th. A copy of the completed forms shall be maintained by the designated departmental Director or Administrator

Maryland Department of Juvenile Services Policy HR-410-19, DJS Background Investigations Policy: The OIG staff shall promptly provide the results of each search listed below for each applicant and contractor to OHR; OIG shall forward search results for volunteers to the Office of Family Engagement: any indicated findings of child abuse or neglect recorded in the Department of Human Resources' Children's Electronic Social Services Information Exchange (CHESSIE) database; any indications the applicant has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or any other institution; any indication the applicant has been convicted of engaging or attempting to engage in sexual activity in the community by force or threat of force or coercion, if the victim did not or was unable to consent or refuse; any indications of civil or administrative adjudication for the activity described in c. above; any incidents of sexual harassment; any indicated registration requirements with any sex offender registration systems; and consistent with applicable law, the result of efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Maryland Department of Juvenile Services Policy OPS-908-14, Volunteer Services: The Statewide Community Services Coordinator shall require each volunteer to undergo a criminal background check that includes fingerprinting and investigation of any gang affiliation in accordance with the Background Investigations Policy. The results are entered into the Volunteer database by the staff from the Office of the Inspector General. A criminal background checks and fingerprinting for each volunteer shall be completed.

Reasoning and analysis by provision: 115.317 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any

contractor, who may have contact with the residents.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: All applicants, volunteers, and contracted staff shall be subject to a criminal records check, Child Protective Services (CPS) check and Sex Offender Registry check, in accordance with the Background Investigations, Reporting and Investigating Child Abuse and Neglect Policies and Procedures.

Maryland Department of Juvenile Services Policy HR-410-19, DJS Background Investigations Policy: The OIG staff shall promptly provide the results of each search listed below for each applicant and contractor to OHR; any incidents of sexual harassment; any indicated registration requirements with any sex offender registration systems; and consistent with applicable law, the result of efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Interview with Administrative (HR) staff: Interview with Administrative (HR) staff: DJS follows COMAR and Sexual Harassment is not listed; however, we would consider any current candidate that is on active probation for this charge.

Reasoning and analysis by provision: 115.317 (c)

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

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background records checks: 23

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: All applicants, volunteers, and contracted staff shall be subject to a criminal records check, Child Protective Services (CPS) check and Sex Offender Registry check, in accordance with the Background Investigations, Reporting and Investigating Child Abuse and Neglect Policies and Procedures.

Background Checks Spreadsheet – The auditor reviewed the background checks spreadsheet for Green Ridge Youth Center and confirmed that all employees have had background checks completed when they were hired.

Interview with Administrative (HR) staff: Interview with Administrative (HR) staff: DJS Human Resource Unit and OIG work hand in hand on background checks on newly hired employees; HR performs background checks on non-mandated employees and

OIG does the Mandated/Volunteers. Currently, DJS is developing a process on all contracted vendors - they are responsible for conducting their own background checks. DJS is responsible for verifying - this is the process we are working on; OIG/ Contract Management Unit verification. DJS follows PREA standards. All pending new hires or candidates are verified through CPS checks. DJS requires all contracted vendors to perform their own backgrounds. All DJS employees are vetted through CPS checks every five (5) years.

Reasoning and analysis by provision: 115.317 (d)

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

- In the past 12 months, the number of contracts for services where criminal background checks were conducted on all staff covered in the contract who might have contact with residents: 4

Maryland Department of Juvenile Services Policy HR-410-19, DJS Background Investigations Policy: The OIG staff shall promptly provide the results of each search listed below for each applicant and contractor to OHR; OIG shall forward search results for volunteers to the Office of Family Engagement: any indicated findings of child abuse or neglect recorded in the Department of Human Resources' Children's Electronic Social Services Information Exchange (CHESSIE) database; any indications the applicant has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or any other institution; any indication the applicant has been convicted of engaging or attempting to engage in sexual activity in the community by force or threat of force or coercion, if the victim did not or was unable to consent or refuse; any indications of civil or administrative adjudication for the activity described in c. above; any incidents of sexual harassment; any indicated registration requirements with any sex offender registration systems; and consistent with applicable law, the result of efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Interview with Administrative (HR) staff: DJS Human Resource Unit and OIG work hand in hand on background checks on newly hired employees; HR performs background checks on non-mandated employees and OIG does the Mandated/Volunteers. Currently, DJS is developing a process on all contracted vendors - they are responsible for conducting their own background checks.

Reasoning and analysis by provision: 115.317 (e)

PAQ: Agency policy requires that either criminal background records background checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Five-year background checks spreadsheet: The auditor reviewed the five-year background check spreadsheet and confirmed that background checks are occurring every five years for all employees, contractors, and volunteers at Green Ridge Youth Center.

Interview with Administrative (HR) staff: DJS requires in the Standard Code of Conduct DJS employees to self-report; if they do not there are ramifications. CJIS provides arrest "hits" to DJS on all current DJS employees. Also, DJS employees are run through CPS checks every five (5) years.

Reasoning and analysis by provision: 115.317 (f)

PAQ: The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

PREA Requirements for DJJ Staff form: The auditor reviewed the PREA Requirements for DJJ and documented that all applicants were required to answer questions about previous misconduct such as if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; if they have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or have they been civilly or administratively adjudicated to have engaged in the activity. This is a self evaluation form that is completed by the applicant or employee.

Random review of staff background checks: The auditor reviewed human resource files for and documented that this form is being completed as part of the hiring process.

Interview with Administrative (HR) staff: This part of the application process has addendum questions for all new hires and promotional positions. This is part of the interview packet. As part of the Standard Code of Conduct all employees must sign that they have read and understand the Standard Code of Conduct and self-report.

Reasoning and analysis by provision: 115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Maryland Department of Juvenile Services Policy HR-410-19, DJS Background Investigations Policy: If an applicant or employee submits false information or makes a material omission regarding any misconduct on any employment, volunteer, student intern application, required disclosure, or any addendum or supplement thereto, such falsification or omission may result in the disqualification of the applicant or termination of the employee. If a volunteer submits false information on the Volunteer and Internship Application, this falsification may result in the dismissal of the volunteer.

	Reasoning and analysis by provision: 115.317 (h) PAQ: Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interview with Administrative (HR) staff: Human Resources receives these requests, and the content of the requests depends on the requesting Organization/Agency. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Camera Repair Memo (10/05/2025) • Interview with Agency Head Designee • Interview with Superintendent Reasoning and analysis by provision: 115.318 (a) PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: The Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect youth from sexual abuse. 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 9). Interview with agency head designee: The agency considers the effects of any

	substantial modifications will have on the ability to protect the residents from sexual abuse. The executive directors work with the IT Department to look at any recommendations for the buildings. The executive leadership and the facility leadership work together to make sure the recommendations will protect the residents from any abuse. Interview with superintendent: There have not been any substantial expansions or modifications since the last PREA audit. There has been some changes to a door with the addition of a wall for separation between the groups. Reasoning and analysis by provision: 115.318 (b) PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Camera repair memo from agency PREA coordinator: At all facilities, request for camera repairs is emailed by Facility Administrators to DJS Department of Information Technology specialist and are repaired in a timely manner. Interview with agency head designee: No new system has been installed at BCJJC, however, we are constantly monitoring the electronic technology. This is an ongoing process. The agency and facility are always monitoring the systems and making sure they are maintained as they should. This includes replacing the cameras as they age out. Interview with superintendent: The facility has not added more cameras. The facility would look at blind spots if updating the video monitoring system. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Maryland Forensic Exams Regulations (effective 12/29/2008) • Maryland State Police PREA Incidents in Facilities • Maryland State Police Guidelines for Submitting Physical Evidence (12/2012)

- Maryland VAWA Forensic Compliance Guidelines
- Maryland Coalition Against Sexual Assault SAFE Hospital List
- Memo – Free Exams (effective 10/01/2025)
- Sexual Assault Responder Staff Protocol
- Sexual Assault Responder Staff Training Curriculum
- Interview with PREA Compliance Manager
- Interview with Medical and Behavioral Health Staff
- Interviews with Random Staff
- Interview with SAFE/SANE Staff

Reasoning and analysis by provision: 115.321 (a)

PAQ: The agency is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

Maryland State Police conducts criminal investigations. Child Protective Services rules out abuse and neglect. DJS Office of Inspector General conducts administrative investigations.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. Staff shall refer all allegations of sexual abuse and harassment to DJS OIG. If the OIG completes an administrative investigation, the investigation shall include efforts to determine whether staff actions or failures to act contributed to the abuse; a description of the physical and testimonial evidence; the reasoning behind credibility assessments; and investigative facts and findings.

Maryland State Police PREA Incidents in Facilities: Criminal Investigations of alleged sexual contact with prisoners will be conducted and documented by troopers assigned to the Criminal Enforcement Division in accordance with OPS13.03. Substantiated allegations of employee criminal conduct will be referred to the State's Attorney.

Maryland State Police Guidelines for Submitting Physical Evidence and Maryland VAWA Forensic Compliance Guidelines: The auditor reviewed these and confirmed that the Maryland State Police follow a uniform evidence protocol.

Interviews with random staff: All random staff stated they understand the protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They stated that they would preserve the area, and the Maryland State Police would gather the evidence. Part of preserving the scene is making sure the residents

involved do not do anything to tamper with the evidence such as showering, changing clothes or using the bathroom. They stated that investigations are conducted by the Maryland State Police and the Office of the Inspector General.

Reasoning and analysis by provision: 115.321 (b)

PAQ: The protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Maryland VAWA Forensic Compliance Guidelines: It is recommended that all Sexual Assault Forensic Exams be conducted in accordance with the U.S. Department of Justice National Protocol for Sexual Assault Medical Forensic Examinations regardless of a patient/victim's decision to immediately report the crime to law enforcement.

Reasoning and analysis by provision: 115.321 (c)

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. When possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.

- The number of forensic medical exams conducted during the past 12 months: 0
- The number of exams performed by SANEs/SAFEs during the past 12 months: 0
- The number of exams performed by a qualified medical practitioner during the past 12 months: 0

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: As requested by youth, contact the Youth Advocate, qualified staff member, or qualified community-based organization staff member to accompany and support the youth through the forensic medical examination process and investigatory interview and provide emotional support, crisis intervention, information, and referrals.

Memo - Free Exams: To fulfill the supporting documentation requirement for Juvenile Standards 115.383 the agency provides the following in applicable resident file who have suffered sexual abuse and harassment: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services; the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment at

each facility with consultation with the Medical Director and Executive Director of Clinical Services; medical and mental health materials document based on each allegation: the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interview with medical and behavioral health staff: The facility does not conduct forensic examinations. Youth are taken to a SANE hospital where they have trained staff for forensic examinations.

Interview with SANE/SAFE Staff: The SANE program at Western Maryland Regional Medical Center provides specialized care for sexual assault victims. The trained nurses conduct forensic examinations and collect evidence while offering emotional support. The hospital would provide services to Green Ridge Youth Center.

Reasoning and analysis by provision: 115.321 (d)

PAQ: The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Maryland Department of Juvenile Services Policy OPS-907-15, Youth Grievance: When requested by the youth, the Youth Advocate shall be available to serve as a qualified agency staff member during an investigation of sexual abuse or harassment. The Youth Advocate may serve as a qualified agency staff member only upon completion of specialized Sexual Assault Responder Staff (SARS) Training.

Sexual Assault Responder Staff Protocol: Shift Commander shall, as requested by the youth, contact the Youth Advocate, SARS qualified staff member, or qualified community-based organization staff member to accompany and support the youth through the forensic medical examination process and investigatory interview and provide emotional support, crisis intervention, information, and referrals. The youth's request shall be taken into consideration to allow for a qualified advocate to offer and provide emotional support for the youth. If the qualified community-based staff member affiliated with the local rape Crisis and Recovery Center is unable to respond in a timely manner to the local certified hospital, then the Shift Commander will utilize and initiate the Qualified Staff Member List of DJS Sexual Assault Responder Support (SARS) Staff.

Sexual Assault Responder Staff Training Curriculum: When requested by the youth,

the Youth Advocate serve as a qualified agency staff member during an investigation of sexual abuse or harassment. The Youth Advocate may serve as a qualified agency staff member only upon completion of specialized Sexual Assault Responder Staff (SARS) training.

Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is done through the local rape crisis center, the Family Crisis Resource Center. The Maryland Department of Juvenile Services completes the memorandum of understanding and monitors the qualifications to make sure they meet the standard.

Reasoning and analysis by provision: 115.321 (e)

PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organizations staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Maryland Department of Juvenile Services Policy OPS-907-15, Youth Grievance: When requested by the youth, the Youth Advocate shall be available to serve as a qualified agency staff member during an investigation of sexual abuse or harassment. The Youth Advocate may serve as a qualified agency staff member only upon completion of specialized Sexual Assault Responder Staff (SARS) Training.

Sexual Assault Responder Staff Protocol: Shift Commander shall, as requested by the youth, contact the Youth Advocate, SARS qualified staff member, or qualified community-based organization staff member to accompany and support the youth through the forensic medical examination process and investigatory interview and provide emotional support, crisis intervention, information, and referrals. The youth's request shall be taken into consideration to allow for a qualified advocate to offer and provide emotional support for the youth. If the qualified community-based staff member affiliated with the local rape Crisis and Recovery Center is unable to respond in a timely manner to the local certified hospital, then the Shift Commander will utilize and initiate the Qualified Staff Member List of DJS Sexual Assault Responder Support (SARS) Staff.

Sexual Assault Responder Staff Training Curriculum: When requested by the youth, the Youth Advocate serve as a qualified agency staff member during an investigation of sexual abuse or harassment. The Youth Advocate may serve as a qualified agency staff member only upon completion of specialized Sexual Assault Responder Staff (SARS) training.

Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and

	investigatory interviews. An advocate is provided by the Family Crisis Resource center or the Sexual Assault Responder Unit. The PREA Compliance Manager is part of the team. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect (effective 03/11/2015) • Maryland State Police PREA Incidents in Facilities • Management Investigation Report • Interview with Agency Head Designee • Interview with Investigative Staff Reasoning and analysis by provision: 115.322 (a) PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. • In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 20 • In the past 12 months, the number of allegations resulting in an administrative investigation: 20 • In the past 12 months, the number of allegations referred for criminal investigation: 20 Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. Staff shall refer all allegations of sexual abuse and harassment to the DJS OIG. If the OIG completes an administrative investigation, the investigation shall include: efforts to determine whether staff actions or failures to act contributed to the abuse; a description of the physical and testimonial evidence; the reasoning behind credibility assessments; and investigative facts and findings. All administrative investigations shall be documented in a written report. All administrative investigations are carried through to completion regardless of whether the alleged abuser or victim refuses to comply with the investigation and regardless of whether the source of the allegation recants his or her allegation.

Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect: Incidents shall be reported verbally and in writing to the Department of Social Services – Child Protective Services (CPS) Unit for investigation to determine abuse or neglect. Incidents shall be reported, verbally and in writing to the State Police or law enforcement to determine criminal charges. Incidents shall be reported to the DJS Office of the Inspector General (OIG), who shall complete an administrative investigation. All CPS Suspected Child Abuse/ Neglect Reports shall be copied to the local State Attorney Office in accordance with State law.

Review of management investigation reports: The auditor reviewed the investigation reports for the cases that occurred within the past 12 months.

Interview with agency head designee: All sexual abuse and sexual harassment are reported to either the Office of the Inspector General, Child Protective Services or the Maryland State Police. Everything is investigated in some capacity. The agency PREA coordinator reviews all of the allegations and investigative reports. From those reviews, notifications are made to the youth on the outcome of the allegation and investigation.

Interview with investigative staff: It is a part of the investigation policy that when OIG investigators receive a case Child Protective Services and the Maryland State Police are notified.

Reasoning and analysis by provision: 115.322 (b)

PAQ: The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the investigation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment is published on the agency's website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect: Incidents shall be reported verbally and in writing to the Department of Social Services – Child Protective Services (CPS) Unit for investigation to determine abuse or neglect. Incidents shall be reported, verbally and in writing to the State Police or law enforcement to determine criminal charges. Interview with investigative staff: It is part of the investigative policy that Child Protective Services and the Maryland State Police are notified anytime OIG receives a case involving sexual abuse or sexual harassment. Reasoning and analysis by provision: 115.322 (c) Maryland State Police PREA Incidents in Facilities: Criminal Investigations of alleged sexual contact with prisoners will be conducted and documented by troopers assigned to the Criminal Enforcement Division in accordance with OPS13.03. Substantiated allegations of employee criminal conduct will be referred to the State’s Attorney. Corrective Action: There were some missing management investigation reports due to a change in administration at the facility. The current administration is looking for the reports and documentation, and will provide current information within 30 days of this report. The facility provided a sample of the management investigation reports that were missing on 03/24/2026. Corrective action has been completed. Finding: Based on this analysis, corrective action was completed and the facility is substantially compliant with the provisions for this standard.
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Maryland Department of Juvenile Services Policy MGT-640-18, Staff Training (effective 06/11/2018) • Green Ridge Youth Center Facility Operating Procedures Employee Training for PREA (updated 07/30/2025)

- PREA Training Chart
- Training Attendance Rosters
- Refresher Training Report
- PREA Training curriculum
- Interviews with Random Staff

Reasoning and analysis by provision: 115.331 (a)

PAQ: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents. The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: All employees who have direct contact with youth shall receive entry-level and annual training on the Department's Elimination and Reporting of Sexual Abuse and Harassment Policy and Procedures. They must also complete all other Department approved training as listed in PREA Mandated Training. The Department's training unit shall provide entry-level and annual training that addresses all areas of employee training in accordance with PREA Juvenile Facility Standard I 15.331, Employee Training. Staff shall acknowledge, in writing, receipt and understanding of all training provided.

Green Ridge Youth Center Facility Operating Procedures Employee Training for PREA: New employees will receive training at the Entry Level Training Academy. This training will include eight (8) hours of the "Your Role DJS PREA Training." This training includes four modules of an overview of PREA. The training also includes the PREA Response Kit Video which shows evidence protocols. The PREA Compliance

Manager will keep copies of all tests and sign-off sheets of all employees.

Maryland Department of Juvenile Services Policy MGT-640-18, Staff Training: All new mandated staff by classification must complete at a minimum 120 hours of Entry Level Training within 1 year of hire as indicated in the Training Requirements Matrix. Training shall cover the following areas: 1) Security procedures; 2) Supervision of youth; 3) Suicide Intervention and Prevention; 4) Restraints-Physical and Mechanical; 5) Report Writing; 6) Behavior Management; 7) Youth Rights and Responsibilities; 8) Social/Cultural Lifestyles of the Youth Population; 9) Fire and Emergency Procedures; 10) First Aid; 11) Search and Contraband; 12) Rules of Evidence; 13) Safety Procedures; 14) Key Control; 15) Interpersonal Relations; 16) Communications Skills; 17) Cultural Awareness; 18) Eliminating and Reporting Sexual Abuse and Harassment; 19) Sexual Harassment-Employees 20) Code of Ethics; and 21) Additional topics may be added as appropriate.

PREA Training Curriculum: The auditor reviewed the PREA training curriculum for the initial and refresher trainings. The curriculum covers all areas required by the standard.

PREA Training Chart: The auditor reviewed the PREA training chart. All employees have to have an initial eight hours of PREA training and an additional four hours each year as part of the refresher training.

Staff training acknowledgement forms/training records: The auditor reviewed the staff training acknowledgement forms, as well as the PREA testing forms and sign-in and sign-out sheets for PREA Training and confirmed that the employees are receiving the required PREA training.

Interviews with random staff: All random staff interviewed stated that they had been trained on the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; resident's right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with resident; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and relevant laws regarding the applicable age of consent.

Reasoning and analysis by provision: 115.331 (b)

PAQ: Training is tailored to the unique needs and attributes of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Training is tailored to both male and female juveniles.

PREA Training Curriculum: The auditor reviewed the training curriculum, and it is

	tailored to the unique needs and attributes of the residents at the facility. Reasoning and analysis by provision: 115.331 (c) PAQ: Between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually. Green Ridge Youth Center Facility Operating Procedures Employee Training for PREA: All employees who have direct contact with youth shall receive annual in-service training through the Department's Training Unit on the Department's Elimination and Reporting of Sexual Abuse and Sexual Harassment policy and procedures. Refresher Training Report: The auditor reviewed the spreadsheet and confirmed that staff have completed the annual refresher training. Interviews with random staff: All random staff stated that they have at least one annual PREA refresher and often more than that if needed. Reasoning and analysis by provision: 115.331 (d) PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. Green Ridge Youth Center Facility Operating Procedures Employee Training for PREA: Employees shall acknowledge in writing, a receipt and understanding of all training provided. Staff training acknowledgement forms/training records: The auditor reviewed the staff training acknowledgement forms, as well as the PREA testing forms and sign-in and sign-out sheets for PREA Training and confirmed that the employees are receiving the required PREA training. Findings: Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and

Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018)

- Maryland Department of Juvenile Services Policy MGT-640-18, Staff Training (effective 06/11/2018)
- Maryland Department of Juvenile Services Policy OPS-908-14, Volunteer Services (effective 12/22/2014)
- PREA Training Chart
- Training Records and Signed Acknowledgement Forms for Contractors
- Interview with Contractor

Reasoning and analysis by provision: 115.332 (a)

PAQ: All volunteers and contractors who have contact with residents have been training on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response.

- The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response: 11

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: Elimination and Reporting of Sexual Abuse and Harassment Policy and Procedures and shall acknowledge, in writing, receipt and understanding prior to having any contact with youth. 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.

Maryland Department of Juvenile Services Policy MGT-640-18, Staff Training: Part-time and contractual staff shall receive orientation and training according to their assigned job classification as indicated in the Training Requirements Matrix. Volunteers shall receive orientation and training in accordance with the Volunteer Services Policy and Procedure. The DJS Community Services Coordinator, in conjunction with the PTEU where needed, may require and shall ensure that all volunteers receive any additional training that is appropriate to the Department's needs and the capacity in which they are volunteering.

Maryland Department of Juvenile Services Policy OPS-908-14, Volunteer Services: The Statewide Community Services Coordinator may not permit a volunteer to perform any services prior to completion of an orientation. Each volunteer during the orientation will receive and review the following DJS policies: Confidentiality; Elimination and Reporting of Sexual Abuse and Harassment; Incident Reporting- Residential and Community Operations; Reporting and Investigating Child Abuse and Neglect; and Sexual Harassment and Discrimination Upon completion of the orientation the volunteer must sign the Volunteer and Intern Contract to acknowledge understanding of the facility, policies and training received. Volunteers who are placed in a DJS facility are provided with training for safety and security. Student interns are provided an orientation with the Volunteer Liaison at the

community office of placement.

PREA Training Chart: The auditor reviewed the PREA Training Chart and confirmed that contractors and volunteers are required to complete PREA training. Medical and Behavioral Health staff are required to complete specialized training. Volunteers and Contractors must complete training on DJS policies related to PREA, confidentiality, incident reporting for child abuse and neglect. Volunteers and youth development programming staff must complete the Youth Development Orientation training. Training records and signed acknowledgement forms for volunteers and contractors: The auditor reviewed the training records and signed acknowledgment forms and confirmed that training is provided.

Interview with contractor who have contact with residents: The contractor stated they had received training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. They stated that they went over the policies related to PREA.

Reasoning and analysis by provision: 115.332 (b)

PAQ: The level and type of training provided to the volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and coordinators who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Maryland Department of Juvenile Services Policy OPS-908-14, Volunteer Services: Each volunteer during the orientation will receive and review the following DJS policies: Confidentiality; Elimination and Reporting of Sexual Abuse and Harassment; Incident Reporting-Residential and Community Operations; Reporting and Investigating Child Abuse and Neglect; and Sexual Harassment and Discrimination Upon completion of the orientation the volunteer must sign the Volunteer and Intern Contract to acknowledge understanding of the facility, policies and training received. Volunteers who are placed in a DJS facility are provided with training for safety and security.

Interview with contractor who have contact with residents: They stated they have been trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Reasoning and analysis by provision: 115.332 (c)

PAQ: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

Volunteer and Contractor Acknowledgement PREA Training and Review of Policies: The auditor reviewed the signed forms for contractors for the completion of PREA Training and Policy Review. Their signature on the form indicated that they understood the training they had received.

Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.

115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Green Ridge Youth Center Facility Operating Procedures, Resident Training for PREA (updated 07/30/2025) • Sample of Signed Youth Acknowledgement of PREA Education and PREA Documentation • Monthly PREA Training Logs • What You Should Know About Sexual Abuse and Sexual Harassment trifold brochure, English and Spanish versions • PREA Posters, English and Spanish versions • Interview with Intake Staff • Interviews with Random Residents • Observations Made During Onsite Visit Reasoning and analysis by provision: 115.333 (a) PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion. • The number of residents admitted in the past 12 months who were given this information at intake: 88 Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. All youth admissions and orientation shall be completed in accordance with the guidelines of the Admissions and Orientation of Youth in DJS Facilities Policy and Procedures. Green Ridge Youth Center Facility Operating Procedures, Resident Training for PREA:

When a new admission is transported to GRYC he/she will receive PREA orientation given by a Facility Case Management Specialist (CMS). The Facility CMS will go over the Zero Tolerance Policy. The Facility CMS will have the youth sign the Orientation Checklist stating that he/she understands the policy/procedure. This would also include any youth that would be transferred from one Youth Center to another at the time of their admission. The PREA Compliance Manager will ensure a copy of this form will be placed in the PREA Audit File under Audit Standard #115.333. Weekly training at the facility will be taught by the Facility CMS during scheduled community meetings. The Facility CMS will again explain the procedure on how to report Child Abuse or Sexual Harassment. The Facility CMS will have the group sign a PREA Bi-Weekly Educational Training Sign-Off Sheet. The sign-off sheets will be placed in the PREA Audit File under Audit Standard #115.333.

Sample of Signed Youth Acknowledgement of PREA Education and PREA Documentation and Monthly PREA Training Logs: The auditor reviewed the youth acknowledgment forms and the training logs to confirm that the residents have received the required PREA training.

Interview with intake staff: PREA education is part of the intake process. There is a PREA packet that is given to the residents. They also watch a PREA video. The case managers go over PREA at least once per month.

Interviews with random residents: All random residents interviewed confirmed that they received PREA education as soon as they got to the facility during the admission process. The residents stated that this information was provided verbally, by watching a video, and they were given a packet of information.

Reasoning and analysis by provision: 115.333 (b)

PAQ: Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

- The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake: 88

Green Ridge Youth Center Facility Operating Procedures, Resident Training for PREA: Within ten (10) days of intake, the Child Advocate for the Department of Juvenile Services will meet with the youth at GRYC. At this time, the Child Advocate will go over the Zero Tolerance Policy with the youth and have the youth sign for the Elimination and Reporting of Sexual Abuse and Sexual Harassment Policy and the Youth Grievance Policy. Copies of both sign-off sheets will be given to the Superintendent and/or the PREA Compliance Manager. The forms will be placed in the PREA Audit File under Audit Standard # 115.333.

Interview with intake staff; The residents are given a packet of information. The information is also read to them. This occurs during the intake process.

Interviews with random residents: All random residents interviewed stated that they were told they had a right to not be sexually abused or sexually harassed; they had a right to report sexual abuse or sexual harassment; and they had a right not to be punished for reporting sexual abuse or sexual harassment. All the residents stated that they received this information on the first day that they arrived at the facility.

Reasoning and analysis by provision: 115.333 (c)

PAQ: There are no residents who were not educated within 10 days of arriving at the facility. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Interview with intake staff: PREA education is part of the intake process. There is a PRREA packet that is given to the residents. They also watch a PREA video. The case managers go over PREA at least once per month.

Reasoning and analysis by provision: 115.333 (d)

PAQ: Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually, impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. All youth admissions and orientation shall be completed in accordance with the guidelines of the Admissions and Orientation of Youth in DJS Facilities Policy and Procedures.

The following educational materials were provided in both English and Spanish versions: WYSK brochures, and PREA Information Page. – The auditor reviewed the materials and confirmed that they are part of the resident education for Baltimore City.

Observations made during the onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, common areas. and the school area.

Reasoning and analysis by provision: 115.333 (e)

	PAQ: The agency maintains documentation of resident participation in PREA education sessions. Green Ridge Youth Center Facility Operating Procedures, Resident Training for PREA: All new admissions entering the center will receive orientation at the Intake Office by the Intake Officer. After the orientation, the Intake Officer will have the youth sign the department's zero tolerance memo with the youth's signature. New admissions are shown the "PREA Youth Orientation Video". After completion, they sign off on the "PREA Orientation Video Form" acknowledging viewing and understanding of the video. Sample of Signed Youth Acknowledgement of PREA Education and PREA Documentation: The auditor reviewed the signed Youth Acknowledgement of PREA Education and Documentation forms for GRYC residents. The signed form documents that the residents have received the education and have understood the material they were given. The documentation signed included understanding of the PREA policy, understanding of the grievance procedure, youth handbook acknowledgement, PREA orientation video acknowledgement, and PREA orientation. Reasoning and analysis by provision: 115.333 (f) PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The following educational materials were provided in both English and Spanish versions: WYSK brochures, and PREA Information Page. Residents are given a copy of these at intake. In addition, this information is read by staff to the residents. Observations made during the onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, common areas. and the school area. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018)
- PREA Training Chart
- NIC PREA Investigating Sexual Abuse in a Confinement Setting Course
- Memo
- Training Certificates and Records for Investigators
- Interview with Investigative Staff

Reasoning and analysis by provision: 115.334 (a)

PAQ - Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

The number of investigators currently employed who have completed the required training: 9

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: All employees who have direct contact with youth shall receive entry-level and annual training on the Department's Elimination and Reporting of Sexual Abuse and Harassment Policy and Procedures. They must also complete all other Department approved training as listed in PREA Mandated Training. The Department's training unit shall provide entry-level and annual training that addresses all areas of employee training in accordance with PREA Juvenile Facility Standard I 15.331, Employee Training. Staff shall acknowledge, in writing, receipt and understanding of all training provided.

NIC PREA Investigating Sexual Abuse in a Confinement Setting Course: The purpose of this course is to assist agencies in meeting the requirements of Prison Rape Elimination Act (PREA) Section 115.334 Specialized Training for Investigators. At the end of this course, the investigator will be able to explain the knowledge, components, and considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards.

PREA Training Chart: This chart was reviewed by the auditor, and it states that investigators are required to complete eight hours of PREA training and the PREA Response Kit training.

All investigators have completed the PREA refresher in service training and the NIC Specialized Training: Investigating Sexual Abuse in a Confinement Setting.

Interview with investigation staff: All Office of the Inspector General investigators receive training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The investigators take the initial and annual PREA training offered by the Department of Juvenile Services. Investigators also take the National Institute of Corrections (NIC) PREA Investigator Trainings. These

	training courses with NIC are completed at least every two years and are offered online. Reasoning and analysis by provision: 115.334 (b) PAQ: Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interview with investigation staff: The NIC training covered techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral. Reasoning and analysis by provision: 115.334 (c) Training certificates and records for investigators: The auditor reviewed the training certificates and records for the OIG investigators. Specialized training has been completed, and training records are documented. Finding: Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • PREA Training Chart • Medical and Behavioral Health Contractor Acknowledgement and Certificates of Medical and Behavioral Health Training • Interviews with Medical and Behavioral Health Staff Reasoning and analysis by provision: 115.335 (a) PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities

- The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 13
- The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: All employees who have direct contact with youth shall receive entry-level and annual training on the Department's Elimination and Reporting of Sexual Abuse and Harassment Policy and Procedures. They must also complete all other Department approved training as listed in PREA Mandated Training. In addition to all other departmental training, the Office of the Inspector General investigators (OIG), medical and behavioral health staff shall complete specialized training as listed in the PREA Mandated Training chart. The Supervisors are responsible is responsible for maintaining training records.

PREA Training for Medical and Behavioral Health: The auditor reviewed the training curriculum for medical and mental health staff. The medical and behavior health training consists of initial and refresher DJS PREA training and specialized training offered online by the National Institute of Corrections (NIC). These training phases are required medical and mental health staff includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and whom to report allegations of suspicions of sexual abuse and sexual harassment.

PREA Training Chart: The auditor reviewed the PREA Training Chart. It identifies the training that is required for the medical and behavioral health staff.

Interview with medical and behavioral health staff: Medical and mental health staff confirmed that they had received specialized training regarding sexual abuse and sexual harassment. They stated that the training covered the topics of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and whom to report allegations of suspicions of sexual abuse and sexual harassment.

Reasoning and analysis by provision: 115.335 (b)

PAQ: The agency medical staff at this facility does not conduct forensic medical exams.

Forensic examinations are conducted at the local hospital.

Interview with medical and behavioral staff: Both the medical and mental health staff interviewed stated they did not conduct forensic examinations. They stated these were conducted at a local hospital.

	Reasoning and analysis by provision: 115.335 (c) PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Medical and Behavioral Health Contractor Acknowledgement and Certificates of Medical and Behavioral Health Training: The auditor reviewed the training acknowledgement forms and NIC certificates for the medical and behavioral health staff. They signed the forms, acknowledging that they had received and understood the training. Reasoning and analysis by provision: 115.335 (d) PAQ: Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: All employees who have direct contact with youth shall receive entry-level and annual training on the Department's Elimination and Reporting of Sexual Abuse and Harassment Policy and Procedures. They must also complete all other Department approved training as listed in PREA Mandated Training. In addition to all other departmental training, the Office of the Inspector General investigators (OIG), medical and behavioral health staff shall complete specialized training as listed in the PREA Mandated Training chart. The Supervisors are responsible is responsible for maintaining training records. Medical and Behavioral Health Contractor Acknowledgement and Certificates of Medical and Behavioral Health Training: The auditor reviewed the training acknowledgement forms and NIC certificates for the medical and behavioral health staff. They signed the forms, acknowledging that they had received and understood the training. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-747-20, Admission and

Release of Youth in DJS Facilities (effective 12/21/2020)

- Sample of Youth Vulnerability Assessments
- Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness
- Interviews with Random Residents
- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager

Reasoning and analysis by provision: 115.341 (a)

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement.

- The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 85

Maryland Department of Juvenile Services Policy RF-747-20, Admission and Release of Youth in DJS Facilities: Within 24 hours of admission and periodically throughout a youth's confinement, information shall be obtained and used about each youth's personal history to reduce any safety risk to the youth and other youth. The VAI is completed to determine the youth's risk of being victimized sexually or being sexually aggressive towards others; this risk screening along with the Housing Classification Assessment Instrument is completed to determine the youth's supervision level and special needs. The Admissions Officer or Facility CMS will make an initial classification decision utilizing the results of these two screenings in accordance with the guidelines of the Classification of Youth in DJS Residential Facilities Policy and Procedure.

Review of Vulnerability Assessments: The auditor reviewed the assessments of the residents that were interviewed and confirmed they were being completed within 72 hours of intake.

Interview with staff that perform screening for risk of victimization and abusiveness: The facility has vulnerability and housing assessments. They are administered during intake. Information is obtained from conversations with the residents and any documentation that is available. There is a reassessment every 60 days or sooner if there was an issue or allegations.

Interviews with random residents: All the random residents stated they remember when they first came to the facility being asked questions like whether they had ever been sexually abused, whether they had any disabilities, and whether they

thought they might be in danger at the facility.

Reasoning and analysis by provision: 115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

Sample of resident Vulnerability Assessment: The auditor reviewed the Vulnerability Assessment for the residents that were interviewed. The instrument is an objective assessment.

Reasoning and analysis by provision: 115.341 (c)

PAQ: At a minimum, the agency attempts to ascertain information about: prior sexual victimization or abusiveness; whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Interview with staff that perform screening for risk of victimization and abusiveness: The assessment considers the resident's body size, age, sexual history and history of any abusiveness.

Reasoning and analysis by provision: 115.341 (d)

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

Interview with staff that perform screening for risk of victimization and abusiveness: There is a set format and includes yes and no questions. There is a review of all data and includes court documents that accompany the resident. Conversations with the residents are conducted.

Reasoning and analysis by provision: 115.341 (e)

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

Interview with agency PREA coordinator: The agency has outlined that case managers, and those that need to know have access to the assessment. A copy is placed in the social youth file. The PREA compliance manager uploads it to the facility PREA drive.

Interview with PREA compliance manager: The facility has outlined that the case management team, behavioral health and administration have access to the assessment.

	Interview with staff that perform screening for risk of victimization and abusiveness: The PREA coordinator, administrative team and supervisors have access to the assessment. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-716-18, Classification of Youth in DJS Residential Facilities (effective 09/11/2018) • Green Ridge Youth Center Facility Operating Procedures, Classification of Youth in DJS Residential Facilities (updated 07/30/2025) • Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager • Interview with the Superintendent • Interview with Medical and Behavioral Health Staff Reasoning and analysis by provision: 115.342 (a) PAQ: The agency/facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Maryland Department of Juvenile Services Policy RF-716-18 and Green Ridge Youth Center Facility Operating Procedures: Classification of Youth in DJS Residential Facilities: DJS shall use all information obtained in the initial classification and any information obtained thereafter to make housing, bed, program, education, and work assignments for youth with the goal of keeping all youth safe and free from all forms of abuse. Green Ridge Youth Center Facility Operating Procedures, Classification of Youth in DJS Residential Facilities: Housing classification assessment tools, along with the Vulnerability Assessment Instrument (VAI), shall be administered within 24 hours of admission and shall guide decision-making regarding the appropriate housing assignment for each youth.

Interview with staff that perform screening for risk of victimization and abusiveness: The assessment determines a risk level which helps determine housing placements.

Interview with PREA compliance manager: The screening tool is used to determine housing and programming.

Reasoning and analysis by provision: 115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

- The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0
- The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0
- The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

Maryland Department of Juvenile Services Policy RF-716-18, Classification of Youth in DJS Residential Facilities: Youth may be separated from others only as a last resort when less restrictive measures are inadequate to keep them and/or other youth safe and then only until an alternative means of keeping all youth safe can be arranged. During any period of seclusion, youth shall not be denied daily large-muscle exercise, or any legally required educational programming or special education services. Youth shall be seen daily by health care professionals and qualified behavioral health professionals. Youth shall also have access to other programs and work opportunities to the extent possible. If a youth is in seclusion, the Superintendent must ensure that documentation placed in the youth's file identifies the basis for the concern for the youth's safety, and the reason why no alternative means of separation can be arranged. The Superintendent shall ensure that each youth separated from the general population is reviewed every 30 days to determine whether there is a continuing need for separation.

Green Ridge Youth Center Facility Operating Procedures, Classification of Youth in DJS Residential Facilities: Youth may be separated from others only as a last resort when less restrictive measures are inadequate to keep them and/or other youth safe and then only until an alternative means of keeping all youth safe can be arranged. During any period of seclusion, youth shall not be denied daily large-muscle exercise, or any legally required educational programming or special education

	services. Youth shall be seen daily by health care professionals and qualified behavioral health professionals. Youth shall also have access to other programs and work opportunities to the extent possible. If a youth is in seclusion, the Superintendent must ensure that documentation placed in the youth's file identifies the basis for the concern for the youth's safety, and the reason why no alternative means of separation can be arranged. Interview with the superintendent: The facility does not use isolation for residents for any reason. Interview with medical and behavioral health staff: The facility does not use isolation. Reasoning and analysis by provision: 115.342 (h) PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:(1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged, was 0. There were no files to review. No residents have been placed in isolation during the audit period. Reasoning and analysis by provision: 115.342 (i) PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. The facility does not use isolation for sexual victimization. There were no residents placed in isolation to interview during the onsite visit. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018)

- Maryland Department of Juvenile Services Policy RF-747-20, Admission and Release of Youth in DJS Facilities (effective 12/21/2020)
- Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect (effective 03/11/2015)
- DJS and 2-1-1 Maryland MOU
- Sexual Abuse Hotline Flyer, English and Spanish Versions
- GTL Dialing Instructions
- Call Specialist PREA Training
- Staff Reporting – PREA Lesson
- Interview with PREA Compliance Manager
- Interviews with Random Staff
- Interviews with Random Residents
- Observations Made During Onsite Visit

Reasoning and analysis by provision:115.351 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and • staff neglect or violation of responsibilities that may have contributed to such incidents.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: Each youth shall receive, and have access to, a facility Youth Handbook. Staff shall ensure that each youth understands its contents. The Youth Handbook shall provide details on the multiple ways to report suspected or alleged incidents of sexual abuse and harassment, including verbal and written reports or the use of the youth phone system. Youth shall be instructed and encouraged to report incidents to any DJS and MSDE staff member, to include, direct care staff case managers, somatic or behavioral health staff, youth advocates, and parent/guardian or attorney. 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. Youth should 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 the use of the youth phone system shall be posted in each living unit. Youth should be advised that these reports will be shared with the Department for investigation.

Maryland Department of Juvenile Services Policy RF-747-20, Admission and Release of Youth in DJS Facilities: Orientation for youth shall include the following instructions to guide youth in the reporting of suspected or alleged sexual abuse or harassment. Youth shall be instructed and encouraged to report any incident to any employee, case manager, somatic or behavioral health staff, parent/guardian/custodian, Youth Advocate, and/or attorney. Youth will be encouraged to report incidents verbally, in writing or anonymously, if necessary. Youth shall be encouraged to use the Youth Grievance Policy and Procedure. Within 10 calendar

days of placement, youth will receive an orientation of the Youth Grievance Policy and Procedure and role of the Youth Advocates. All youth will be educated that locked boxes are placed in areas throughout the facility accessible to youth so that they can submit confidential grievances. No time limit shall be imposed on when a youth may submit a grievance. Youth will be told that they are not required to use any informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse. Youth will be advised that they can report sexual abuse or harassment to an outside party that is not part of the Department using the youth phone system. Instructions for the use of the phone system are posted in each living unit. Youth shall be advised that these reports will be shared with the Department for investigation.

Interviews with random staff: All random staff stated that the residents could privately report sexual abuse or sexual harassment by calling 211 reporting to a staff member. Staff were not sure that the residents could write a grievance to report sexual abuse or sexual harassment. Staff stated that if the youth put the report in writing through the grievance process, it might take a few days for it to be seen and reported because the youth advocate was only on site twice a week. Staff stated that the resident could report sexual abuse or sexual harassment by telling a family member, attorney, case worker, or any trusted adult.

Interviews with random residents: All random residents stated that they could privately report sexual abuse or sexual harassment by calling 211 or by telling a staff member, writing a grievance, if they wanted to, or telling someone who does not work at the facility. Residents stated that they typically use the grievance process for other things and some stated they did not want a paper trail.

Observations made during the onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy, as well as multiple ways to report. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, school, recreation room, living units, and in all common areas. The auditor tested the ways to report by calling the hotline and received email verification of the call.

Reasoning and analysis by provision: 115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not detain residents solely for civil immigration purposes.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: Each youth shall receive, and have access to, a facility Youth Handbook. Staff shall ensure that each youth understands its contents. The Youth Handbook shall provide details on the multiple ways to report suspected or alleged incidents of sexual abuse and harassment, including verbal and written reports or the use of the youth phone system. Youth shall be instructed and encouraged to report incidents to any DJS and MSDE staff member, to include, direct care staff

case managers, somatic or behavioral health staff, youth advocates, and parent/guardian or attorney. 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. Youth should 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 the use of the youth phone system shall be posted in each living unit. Youth should be advised that these reports will be shared with the Department for investigation.

Maryland Department of Juvenile Services Policy RF-747-20, Admission and Release of Youth in DJS Facilities: Youth will be advised that they can report sexual abuse or harassment to an outside party that is not part of the Department using the youth phone system. Instructions for the use of the phone system are posted in each living unit. Youth shall be advised that these reports will be shared with the Department for investigation.

DJS and 2-1-1 Maryland MOU and Call Specialist PREA Training: These were reviewed by the auditor. They detail what the responsibilities of the 211 Maryland and call specialist are when they received a call from a DJS facility.

Interview with PREA compliance manager: Residents can call 211 or mail the report. They can tell their family or attorney. The residents can use the GTL phone to contact the Family Crisis Resource Center to make a report as well. The name of the person making the call can remain anonymous.

Interviews with random residents: All random residents interviewed stated that they could privately report sexual abuse or sexual harassment by calling 2-1-1- by telling a staff member, by writing a grievance, or telling someone who does not work at the facility. They stated that they could make an anonymous report, as well.

Observations made during the onsite visit: The auditor observed PREA posters and signage were posted throughout the facility that provided the information to make a report of sexual abuse or sexual harassment. The auditor tested the hotline, and it was answered by a live person and was not automated. The hotline representative explained the call process to the auditor. All calls are taken seriously. Calls can be anonymous if requested.

Reasoning and analysis by provision:115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports.

Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect (pp. 4 and 5): DJS employees shall accept reports of sexual abuse or neglect verbally or in writing, made anonymously, or by third parties. Third parties may include other youth, a youth's parent, legal

	guardian, family members, outside advocates, attorneys, hotline calls, and others. Interviews with random staff: All random staff stated that a resident can make a verbal report of sexual abuse to any staff member or tell someone outside of the facility. The staff stated that once they have been made aware of such a report, they are required to immediately report and document it. Reasoning and analysis by provision: 115.351 (d) PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Interview with PREA compliance manager: The facility provides paper and pencils, and the residents can utilize the grievance process. The grievance forms are posted in the dorm.. Reasoning and analysis by provision: 115.351 (e) PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff Reporting – PREA Lesson: The auditor reviewed this training and confirmed that it details ways for the staff to report sexual abuse and sexual harassment. Interviews with random staff: All random staff interviewed stated that they could not privately report any allegation or suspicion of sexual abuse or sexual harassment of a resident. They stated that they would have to tell their supervisor. Corrective Action: Staff were not sure that the residents could write a grievance to report sexual abuse or sexual harassment. Staff stated that if the youth put the report in writing through the grievance process, it might take a few days for it to be seen and reported because the youth advocate was only on site twice a week. All random staff interviewed stated that they could not privately report any allegation or suspicion of sexual abuse or sexual harassment of a resident. They stated that they would have to tell their supervisor. Green Ridge Youth Center completed the requested staff training education on ways the residents can report to include filing a grievance, as well as understanding that they can privately report any sexual abuse or sexual harassment. Residents were also trained on the grievance process and given information that a report of sexual abuse or sexual harassment could be done in writing. The facility provided documentation on 12/18/2025 that this was completed. Finding: Based on this analysis, correction action was completed and the facility is substantially compliant with the provisions of this standard.
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115.352	Exhaustion of administrative remedies
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018)
- Maryland Department of Juvenile Services Policy RF-747-20, Admission and Release of Youth in DJS Facilities (effective 12/21/2020)
- Maryland Department of Juvenile Services Policy OPS-907-15, Youth Grievance (effective 06/23/2014)
- Grievance Form
- Memo
- Youth Grievance Policy Appendices
- Observations Made During Onsite Visit
- Interview with Grievance Staff

Reasoning and analysis by provision: 115.352 (a)

PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: 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.

Maryland Department of Juvenile Services Policy RF-747-20, Admission and Release of Youth in DJS Facilities: Youth shall be encouraged to use the Youth Grievance Policy and Procedure. Within 10 calendar days of placement, youth will receive an orientation of the Youth Grievance Policy and Procedure and role of the Youth Advocates. All youth will be educated that locked boxes are placed in areas throughout the facility accessible to youth so that they can submit confidential grievances. No time limit shall be imposed on when a youth may submit a grievance. Youth will be told that they are not required to use any informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse.

Maryland Department of Juvenile Services Policy OPS-907-15, Youth Grievance: Report allegations of abuse and neglect in accordance with the procedures in the Reporting and Investigating Child Abuse and Neglect Policy and Procedure and

Incident Reporting Policy and Procedure and, where applicable, state laws if the youth indicates to the staff that this subject is the nature of the grievance. Report allegations of sexual abuse or harassment in accordance with the DJS PREA - Elimination and Reporting of Sexual Abuse and Harassment Policy and Procedures, if the youth indicates to the staff that this subject is the nature of grievance.

Interview with grievance staff: A grievance can be used to report sexual abuse, sexual harassment, retaliation, or neglect of duties by a staff member. The grievance process is discussed with the residents within the first 10 days of being at the facility. The right to grieve is explained, how to report PREA, and the zero-tolerance policy are discussed. The difference between sexual harassment and sexual abuse is discussed, as well as what retaliation is.

Observation made during onsite visit: The auditor observed the locked grievance box and the form that can be used to make a grievance. The auditor tested the grievance box process and received notification that it was received.

Reasoning and analysis by provision: 115.352 (b)

PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (page 6): 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.

Maryland Department of Juvenile Services Policy RF-747-20, Admission and Release of Youth in DJS Facilities (page 9): No time limit shall be imposed on when a youth may submit a grievance. Youth will be told that they are not required to use any informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse.

Interview with grievance staff: There is no time limit on when the resident may file a grievance for sexual abuse. It can be reported any time. No grievance for sexual abuse or sexual harassment is asked to be informally resolved. They are reported to Child Protective Services and goes straight to a formal process.

Reasoning and analysis by provision:115.352 (c)

PAQ: The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Maryland Department of Juvenile Services Policy OPS-907-15, Youth Grievance: The Office of the Secretary shall appoint a substitute Youth Advocate when a grievance is filed against a Youth Advocate.

Interview with grievance staff: Grievances do not go to any staff member. Only the youth advocates handle the grievances. Grievances remain confidential. If needed, the superintendent could follow up. Only the youth advocate has a key to the box.

Reasoning and analysis by provision: 115.352 (d)

PAQ: The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made

- In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0
- In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

Maryland Department of Juvenile Services Policy OPS-907-15, Youth Grievance: Any grievance that is submitted that alleges sexual abuse, child abuse or neglect will be immediately forwarded to the DJS OIG for investigation and will not be handled via the grievance process. There is no time limit on any such allegation. Upon verbal notification or receipt of the grievance, the Youth Advocate must immediately notify the Superintendent. The Youth Advocate must also immediately verbally notify CPS, MSP, and DJS OIG and complete an Incident Report in accordance with the Reporting and Investigating Child Abuse and Neglect Policy and Incident Reporting Policy so DJS OIG can begin an investigation. The OIG will begin a prompt, thorough and objective investigation of the incident and the youth will be notified of the result of the investigation after its completion.

Interview with grievance staff: A grievance is resolved as soon as possible with an immediate response. Policy states the advocate has three days to conduct the interviews and provide a resolution within five days. There has never been a grievance go past 90 days.

Reasoning and analysis by provision: 115.352 (e)

PAQ: Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a

grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

- The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

Maryland Department of Juvenile Services Policy OPS-907-15, Youth Grievance (page 6): Third parties, including fellow youth, staff, family members, attorneys, and outside advocates shall be permitted to assist youth in filing requests for administrative remedies and to file such requests on behalf of a youth. If a third party, other than a parent/ guardian/custodian, files such a request, the facility may require as a condition of processing the request, the alleged victim's consent to have the request filed on his/her behalf and may also require the alleged victim to personally pursue any sequential steps in the administrative remedy process. If the youth declines to have the request processed, the Youth Advocate shall document the youth's decision to decline. A parent/ guardian/custodian shall be allowed to file a grievance on behalf of the youth. Such grievance shall not be conditioned upon the youth agreeing to have the request filed on the youth's behalf.

Interview with grievance staff: All third party grievances are accepted.

Reasoning and analysis by provision: 115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0
- The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours: 0
- The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

Maryland Department of Juvenile Services Policy OPS-907-15, Youth Grievance (page 7): Special procedures shall apply for grievances of an emergency nature. Any staff receiving an emergency grievance from a youth shall immediately notify the Shift Commander. The Shift Commander shall notify the Superintendent or designee who shall direct the resolution of the grievance. If the Superintendent or designee determines that the grievance is an emergency, he/she shall notify the Executive Director of Residential Services. If the Superintendent determines the grievance is

	not an emergency, the Shift Commander shall inform the youth in writing, indicating the reason the grievance shall be processed as a regular grievance and have the youth sign and date the form. Such grievances shall be processed by the Youth Advocate as a routine grievance. The Superintendent shall notify the Director of the Youth Advocacy Unit of all emergency grievances and the resolution. Time Limits: Emergency grievances must be resolved within eight hours of receipt. A verbal response must be followed with a written response within 48 hours of receipt to the youth and the Director of the Youth Advocacy Unit. Memo from of Youth Advocacy Unit: Please be advised that for the past 12 months, there have not been any notifications of Emergency Grievances, as outlined in the DJS Youth Grievance Policy, from the Superintendent of the Green Ridge Youth Center. Interview with grievance staff: Any allegation of sexual or physical abuse is considered an emergency grievance situation and is treated as such. Anything else that needs an immediate response goes to the shift commander who gives it to the superintendent. Reasoning and analysis by provision:115.352 (g) PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. • In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0 Maryland Department of Juvenile Services Policy OPS-907-15, Youth Grievance (page 5): Youth may be subject to sanctions pursuant to the behavior management program for filing a grievance only when the DJS demonstrates the youth filed the grievance in bad faith. Interview with grievance staff: A youth could be held accountable for a blatant false report.. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making determination of compliance:

- Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018)
- Maryland Department of Juvenile Services Policy RF-706-18, Visitation (effective 01/22/2018)
- Maryland Department of Juvenile Services Policy RF-728-18, Youth Access to Telephone Calls, Mail, Legal Counsel, and Notification of Family Death or Illness (effective 01/22/2018)
- Maryland Rape Crisis Recover Centers
- MOU with Family Crisis Resource Center
- What You Should Know- Sexual Abuse and Sexual Harassment Brochures, English and Spanish
- MCASA OCS Advocate Helpline Poster, English and Spanish
- Resident Education – PREA Lesson – Outside Counseling Services
- Interview with the Superintendent
- Interview with PREA Compliance Manager
- Interviews with Random Residents
- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.353 (a)

PAQ: The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: Each facility shall post toll-free numbers and addresses of victim advocates in outside community programs that can provide emotional support counseling related to sexual abuse.

Resident Education – PREA Lesson – Outside Counseling Services: There are services outside of this facility for dealing with sexual abuse should you or a loved one need it. Outside counseling services can be provided through the Maryland Coalition Against Sexual Assault (MCASA) at local Rape Crisis Counseling Centers located in county or city jurisdictions throughout the state of Maryland can provide outside counseling services. Services available through the local Rape Crisis Centers: Crisis intervention, counseling, and referral, Victim accompaniment to hospitals, police

interviews, and court to provide support and information about options, 24-hour Crisis Hotline with counselors trained to listen and offer information, Individual, group, and family psychotherapy. Assistance navigating the legal and judicial systems, all crisis-intervention, referral, and accompaniment services are free. Clinical services provided by specially trained psychologists, social workers, and paraprofessionals are either free or based on a sliding scale according to individual financial resources. Programs may also accept private insurance, medical assistance or Medicare and most offer subsidized fees. No one is turned away due to an inability to pay for services. MCASA provides a resource list of local Rape Crisis and Counseling Centers located throughout the state of Maryland. Each Rape Crisis and Counseling Center is listed by address with local telephone numbers. The MCASA Rape Crisis and Counseling Center list is distributed at the time of admission to all residents. The listings are posted near the GTL Youth Telephone System on each living unit. In addition to the MCASA list, the Department of Mental Health and Hygiene, "Rape No More" posters are displayed throughout the facility along with a toll-free number. Residents will be allowed reasonable access by request to speak with OCS services during times to not interrupt facility activities including programming, education, recreation, counseling and mealtimes. Telephone calls could be made to OCS in the privacy of a Facility Case Manager or Behavioral Health staff office to allow in as confidential a manner as possible. Outside Counseling Services provided by Rape Crisis and Recovery Centers provides confidential services to adult and child victims as well as their families, partners, and loved one. In cases of abuse, reports will be forwarded to authorities in accordance with mandatory reporting laws.

What You Should Know- Sexual Abuse and Sexual Harassment Brochures, English and Spanish – The auditor observed that these are located all around the facility.

MCASA OCS Advocate Helpline Poster, English and Spanish: The auditor observed these are posted all around the facility.

PREA Zone Postings – Outside Emotional Support Services names and addresses are posted throughout the facility and in the PREA Board of each housing unit.

Interviews with random residents: The residents that were interviewed all stated that they were aware of outside services. They could not all name the facility or agency, but they all knew where to find the information and stated that it was posted throughout the facility and in the dorm units and in their packet of information.

Observations made during onsite visit. There was signage throughout the facility that provided information on outside support services.

Reasoning and analysis by provision: 115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including

any limits to confidentiality under relevant Federal, State, or local law.

Resident Education – PREA Lesson – Outside Counseling Services: There are services outside of this facility for dealing with sexual abuse should you or a loved one need it. Telephone calls could be made to outside counseling services in the privacy of a Facility Case Manager or Behavioral Health staff office to allow them in as confidential a manner as possible. Outside Counseling Services provided by Rape Crisis and Recovery Centers provides confidential services to adult and child victims as well as their families, partners, and loved one. In cases of abuse, reports will be forwarded to authorities in accordance with mandatory reporting laws.

Interviews with random residents: The random residents stated they could call these services whenever they needed to. They all stated that the conversation would be private and stated that the agency would have to report any abuse or harm.

Reasoning and analysis by provision: 115.353 (c)

PAQ: The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

DJS-MCASA: The agency has an agreement with the Maryland Coalition Against Sexual Assault to provide rape crisis centers and emotional support services with each of their juvenile facilities. They are in the process of completing a MOU with the Family Crisis Resource Center.

Reasoning and analysis by provision: 115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Maryland Department of Juvenile Services Policy RF-728-18, Youth Access to Telephone Calls, Mail, Legal Counsel, and Notification of Family Death or Illness:
Upon admission to a facility, each youth shall have access to a Youth Handbook that shall provide written guidelines for making and receiving phone calls and youth shall also receive verbal instructions. Each youth shall be allowed a minimum of two (2) telephone calls of ten (10) minutes each in duration per week between the department's phone system, virtual video, and through facility case management. These telephone calls shall not be denied for disciplinary reasons. Youth and their families will not incur any costs for phone calls; phone calls are funded by DJS. Incoming and outgoing mail shall be distributed within 24 hours of receipt, excluding weekends and holidays. Youth are permitted to mail two (2) letter/ correspondence per week to maintain community ties. Postage is paid by DJS. The Admissions Officer shall inform a youth that they may communicate with their legal counsel by telephone, uncensored mail, and visits. Youth may not be denied access to legal counsel as punishment or as a disciplinary action.

Maryland Department of Juvenile Services Policy RF-706-18, Visitation: The following persons are eligible to visit youth subject to verification by designated facility staff: mother, stepmother father, stepfather legal guardian siblings, stepsibling's children

	of youth in DJS care, maternal and paternal grandparents, and spouse Exceptions to the authorized visitors list must be approved by the Superintendent. Each youth may have up to four (4) visitors at a time. Legal counsel shall have the right to meet with youth they represent at any reasonable time. Advance notification to the Facility CMS is recommended but not required. A special visiting area shall be provided for legal counsel/client interviews to provide private conversation. Interview with the superintendent: The residents get calls and visits from their attorneys or legal counsel. They also get video calls with their attorneys. Staff stand on the other side of the door to allow for privacy. Residents get 105 minutes of calls per week with their parents or guardians. Visitation is every day of the week. Video calls also take place in family therapy sessions. Interview with the PREA compliance manager: The residents get calls and visits from their attorneys or legal counsel. They also get video calls with their attorneys. Staff stand on the other side of the door to allow for privacy. Residents get 105 minutes of calls per week with their parents or guardians. Visitation is every day of the week. Video calls also take place in family therapy sessions. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018) • Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect (effective 03/11/2015) • Third Party Reports on DJS Website • Third Party Reporting Diagram • PREA If U Suspect Poster • Observations Made During Onsite Visit Reasoning and analysis by provision: 115.354 (a) PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment

	on behalf of residents. Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: 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 the 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. Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect: "DJS employees shall accept reports of alleged abuse or neglect verbally or in writing, made anonymously or by third parties. Third parties may include other youth, a youth's parent, legal guardian, family members, outside advocates, attorneys, hotline calls, and others." Third Party Reports on DJS Website: "If you suspect or have knowledge of a youth being sexually abused or sexual harassed by either a staff member or another youth, please contact the Office of the Inspector General at 855-821-2103." Third Party Reporting Diagram: A Third Party can report abuse using methods such as verbal reports (in-person or via telephone,) written communication such as a letter, contact with agency officials, and outside reporting entities. Third Party can submit a report without disclosing their name or that of the alleged abuser or victim. The resident, witness, or victim reports the allegation to Family Members, Attorneys, CCMS, Volunteers, Service Providers such as Medical and Behavioral Health staff, Child Advocate. The third party makes the report on their behalf to Law Enforcement, CPS, or Agency Officials such as OIG. Law Enforcement, CPS, OIG begins to investigate the allegation by interviewing residents, victim, or witnesses. PREA If U Suspect Poster: Making a third-party report on behalf of a resident. If you suspect or have knowledge of a youth being sexually abused or sexually harassed by either a staff member or another youth, please contact the Office of the Inspector General at 1-855-821-2103. Observations during on site visit: The auditor reviewed the signage posted throughout the facility and confirmed that it contained information and phone numbers on third party reporting. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making determination of compliance:

- Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018)
- Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect (effective 03/11/2015)
- Maryland Department of Juvenile Services Policy OPS-900-15, Incident Reporting –Residential Facilities and Community Operations (effective 02/15/2018)
- Maryland Department of Juvenile Services Policy MGT-623-15, Confidentiality (effective 11/16/2017)
- Green Ridge Youth Center Facility Operating Procedures Incident Reporting Procedures (updated 07/30/2025)
- Incident Reporting Form
- Comar Standard
- Family Law Article
- Interview with the Superintendent
- Interview with PREA Compliance Manager
- Interviews with Random Staff
- Interviews with Medical and Behavioral Health Staff

Reasoning and analysis by provision: 115.361 (a)

PAQ: The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: "All staff shall report immediately and in accordance with the Incident Reporting Policy and Procedures and the Reporting and Investigating Child Abuse and Neglect Policy and Procedures any knowledge, suspicion, or information they receive regarding any incident of sexual abuse or harassment that occurred in a facility involving a youth, whether or not it is part of the Department; retaliation against youth or staff who reported such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 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 workday shift. Youth shall be provided access

to writing tools to make a written report. Staff may privately report sexual abuse or harassment of youth by contacting Child Protective Services (CPS) and completing an incident report.”

Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect: “All employees must immediately report any knowledge, suspicion, or information they receive regarding child abuse and neglect, to include any incident of sexual abuse or harassment of a youth under the supervision, custody or care of the Department in accordance with State law and the guidelines of this procedure. Incidents shall be reported verbally and in writing to the Department of Social Services – Child Protective Services (CPS) Unit for investigation to determine abuse or neglect. Incidents shall be reported, verbally and in writing to the State Police or law enforcement to determine criminal charges. Incidents shall be reported to the DJS Office of the Inspector General (OIG), who shall complete an administrative investigation. All CPS Suspected Child Abuse/ Neglect Reports shall be copied to the local State Attorney Office in accordance with State law. DJS employees shall accept reports of alleged abuse or neglect verbally or in writing, made anonymously or by third parties. Third parties may include other youth, a youth’s parent, legal guardian, family members, outside advocates, attorneys, hotline calls, and others. Employees shall also immediately report incidents through their chain of supervision to ensure that appropriate measures are taken to protect youth. Incidents of suspected retaliation against a youth or employees must also be reported to the OIG for investigation and corrective actions by DJS management. All reports shall be documented in accordance with the Incident Reporting Policy and Procedures. All allegations of abuse and neglect shall be reported to the Deputy Secretary for Operations via the appropriate supervisory chain, which includes the immediate supervisor/shift commander, Superintendent, Regional Director and Executive Director of Residential Services, as appropriate.”

Maryland Department of Juvenile Services Policy OPS-900-15, Incident Reporting –Residential Facilities and Community: The employee involved in or having knowledge of an incident shall immediately report the incident to the Shift Commander.

Green Ridge Youth Center Facility Operating Procedures Incident Reporting Procedures: The employee involved in or knowing about an incident shall immediately report the incident to the Shift Commander. The Shift Commander shall utilize the chain of command to report the incident, ensuring communication with the Superintendent.

Comar Standard: The auditor reviewed this document. It outlines the steps taken in making a report of abuse or neglect and who are mandated reporters.

Family Law Article: The auditor reviewed this document. It gives the duties and responsibilities of Child Protective Services and steps for reporting child abuse or neglect.

Interviews with random staff: All random staff interviewed stated that the agency requires all staff to report any knowledge, suspicion, or information regarding and

incident of sexual abuse or sexual harassment. They stated all incidents are reported by informing their supervisor, calling 211, or by calling the Maryland State Police.

Reasoning and analysis by provision: 115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Comar Standard: Mandated reporters: a health practitioner, educator, human service worker, or police officer shall immediately report suspected child abuse or neglect: immediately by oral report; and in writing within 48 hours of the contract that revealed the suspected abuse or neglect.

Interview with random staff: All random staff interviewed stated that they had received training on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Reasoning and analysis by provision: 115.361 (c)

PAQ: Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Maryland Department of Juvenile Services Policy MGT-623-15, Confidentiality: "DJS staff may not disclose any youth records or information to any person unless the person is known to the staff member and is authorized to have that information or the staff member is able to confirm that the person is authorized to have the information. This includes, but is not limited to, respecting and holding in confidence any youth's sexual orientation or gender identity unless the youth has disclosed it and given or implied permission to discuss it. Any such information shall be disclosed only to those persons who need to know the information in order to achieve a specific beneficial purpose for the youth."

Interviews with random staff: All random staff interviewed stated that the agency requires them to report and that is done by reporting to their supervisor, calling 211 or contacting the Maryland State Police.

Reasoning and analysis by provision: 115.361 (d)

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

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: "If the allegation is reported to health care professionals or qualified

behavioral health professional (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. “

Interviews with medical and behavioral health staff: Medical and behavioral health staff that were interviewed stated that they are required to disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. They both stated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official upon learning of it. They both stated they are mandated reporters.

Reasoning and analysis by provision: 115.361 (e)

PAQ: Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: Superintendent shall notify the youth's attorney of the allegation as soon as possible but no later than 14 calendar days after the allegation.

Maryland Department of Juvenile Services Policy OPS-900-15, Incident Reporting –Residential Facilities and Community Operations: The Shift Commander must ensure that the parent, legal guardian, or custodian of the youth involved in an incident is notified within two (2) hours of the incident's occurrence. The Shift Commander shall notify the youth's Case Management Specialist (facility and community) and Regional Director of the youth's involvement in an incident using email within 24 hours.

Interview with Superintendent: Notifications are made to the parents and/or guardians, case workers and attorneys by the facility. These notifications are made as soon as possible, within two hours. The facility informs the probation officer who keeps the court informed.

Interview with PREA compliance manager: Notifications are made to the parents and/or guardians, case workers and attorneys by the facility. These notifications are made as soon as possible, within two hours. The facility informs the probation officer who keeps the court informed.

Reasoning and analysis by provision: 115.361 (f)

	PAQ: The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators. Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: 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. Interview with the superintendent: All allegations of sexual abuse and sexual harassment are reported to the Office of the Inspector General, and the PREA Coordinator. There are no designated facility investigators. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018) • Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect (effective 03/11/2015) • Interview with Agency Head • Interviews with Random Staff • Interview with the Superintendent Reasoning and analysis (by provision): 115.362 (a) PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). • In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 20

	Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: Staff having knowledge or suspicions of alleged sexual abuse or harassment shall: 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. Immediately inform the Shift Commander or designee. Ensure that the alleged victim and alleged perpetrator are physically separated so that there is no possibility of contact and or communication. If the alleged perpetrator is a staff, the shift commander, or designee must remove the staff from having contact with all youth. This separation shall be maintained until the investigation is completed and the staff receives administrative clearance to resume regular duties or administrative action is completed. Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect: Medical, behavioral health, educators, and human service workers who have a reason to suspect that a youth has been abused or neglected shall adhere to the following reporting guidelines: Take immediate steps to protect the alleged victim and ensure he or she does not take any actions that could destroy physical evidence. Immediately notify the Shift Commander. All other facility employees (does not include medical, behavioral health, educators, and human service workers) who have reason to suspect that a youth has been abused or neglected shall adhere to the following action and reporting guidelines: Take immediate action to protect and separate the victim from the alleged perpetrator. Immediately notify the Shift Commander. Interview with agency head designee: Staff would separate the aggressor and the victim. Staff are trained to act in a protective manner. There could be a change in units, staff could be reassigned, and the youth could be transferred to another DJS facility. The expectation is that these means of protection would occur immediately. Interview with the superintendent: The youth would immediately be separated and placed in another group. The facility would consider possible placement changes. If the incident involved staff, they would be removed from the post. Staff are expected to respond to an imminent risk immediately. Interviews with random staff: All random staff stated they would immediately separate the resident from the potential threat, notify supervisor, keep resident under close supervision, and gather as much information as possible to complete an incident report. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion**Evidence relied upon in making determination of compliance:**

- Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018)
- Maryland Department of Juvenile Services Policy OPS-900-15, Incident Reporting –Residential Facilities and Community Operations (effective 02/15/2018)
- Interview with Agency Head Designee
- Interview with the Superintendent

Reasoning and analysis by provision: 115.363 (a)

PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

- In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: Upon receiving an allegation that a youth was sexually abused while confined at another facility, within 72 hours the Superintendent that received the allegation shall notify the Superintendent where the alleged abuse occurred and immediately report the incident in accordance with the Incident Reporting- Residential and Community Operations Policy and Procedures and the Reporting and Investigating Child Abuse and Neglect Policy and Procedures.

Maryland Department of Juvenile Services Policy OPS-900-15, Incident Reporting –Residential Facilities and Community Operations: All incidents related to child abuse or neglect must be reported to CPS and the local law enforcement agency in accordance with the DJS Reporting and Investigating Child Abuse and Neglect Procedure. A copy of the completed DJS Incident Report shall be forwarded to CPS, local law enforcement and the State's Attorney in accordance with state law.

Reasoning and analysis by provision: 115.363 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and

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

Reasoning and analysis by provision: 115.363 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Maryland Department of Juvenile Services Policy OPS-900-15, Incident Reporting –Residential Facilities and Community Operations: All incidents must be documented using the DJS Incident Reporting Form (Appendix 1). Instructions for completing the form can be found in the Step-by-Step Guide to Completing the Maryland Department of Juvenile Services’ DJS Incident Reporting Form (Appendix 2). Incident Reports shall be legible and completed by staff no later than the end of the shift/ workday of the incident’s occurrence or when an incident is reported. All reports shall be entered into the Incident Reporting database no later than 12 p.m. the next business day after its occurrence. The Superintendent or Regional Director shall designate staff responsible for data entry. All reports entered shall be reviewed and approved by the Superintendent or Regional Director.

Reasoning and analysis by provision: 115.363 (d)

PAQ: The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.

- In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Maryland Department of Juvenile Services Policy OPS-900-15, Incident Reporting –Residential Facilities and Community Operations: All incidents related to child abuse or neglect must be reported to CPS and the local law enforcement agency in accordance with the DJS Reporting and Investigating Child Abuse and Neglect Procedure. A copy of the completed DJS Incident Report shall be forwarded to CPS, local law enforcement and the State’s Attorney in accordance with state law.

Interview with agency head designee: The receiving superintendent reaches out to where the abuse allegedly occurred. All staff are mandated reporters so the incident would be reported.

Interview with the superintendent: If the facility received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, it would be treated the same way as any allegation. A full investigation would be completed. The facility would look at the staff and residents that are still here to ensure safety. There is not an incident of this happening.

Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.364	Staff first responder duties
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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	Evidence relied upon in making determination of compliance:
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| | <ul style="list-style-type: none">• Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)• Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018)• Maryland Department of Juvenile Services Policy OPS-900-15, Incident Reporting –Residential Facilities and Community Operations (effective 02/15/2018)• Green Ridge Youth Center Facility Operating Procedures, Staff First Responder's and Coordinated Response to Sexual Abuse and Harassment Incidents (updated 07/30/2025)• Interview with Security and Non-Security First Responders• Interviews with Random Staff• Observations from the site visit |
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	Reasoning and analysis by provision: 115.364 (a)
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	PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
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| | <ul style="list-style-type: none">• In the past 12 months, the number of allegations that a resident was |
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sexually abused: 20

- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 20
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: The first staff responding to an incident of alleged sexual abuse shall: 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. 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. Request that the alleged-victim does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Staff shall communicate to the alleged victim the importance of preserving evidence. If the alleged victim insists upon washing, the staff shall permit the victim to do so to avoid re-traumatizing. 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. Immediately notify medical staff and the Shift Commander of the alleged abuse to initiate services promptly.

Green Ridge Youth Center Facility Operating Procedures, Staff First Responder's and Coordinated Response to Sexual Abuse and Harassment Incidents: Staff having knowledge or suspicions of alleged sexual abuse or harassment shall: Take seriously all statements from youth that they have been the victim of alleged sexual abuse or harassment and respond supportively and non-judgmentally. Immediately inform

the Shift Commander/designee. Ensure that the youth and alleged perpetrator are physically separated so that there is no possibility of contact. The first staff responding to an incident of alleged sexual abuse shall: 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. Request the alleged victim does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Ensure that the alleged aggressor does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Immediately notify medical staff, and the Shift Commander of the alleged abuse initiate services promptly. The Shift Commander shall: Ensure that the youth is protected from the alleged perpetrator. Immediately advise medical and mental health staff. Arrange for the transport of the youth, as directed by medical staff, to the nearest hospital emergency room. As requested by youth, contact the youth advocate, SARS-DJS qualified staff member, or qualified community-based organization staff member from the local rape crisis and recovery center to accompany and support the youth through the forensic medical examination process and investigatory interview and provide emotional support, crisis intervention, information, and referrals. Ensure the incident is reported to MSP and the DJS OIG. Ensure that all notifications are made in accordance with the Incident Reporting Policy and Procedures including notifying the Facility Administrator, youth's parent, guardian, the facility and community case managers, social worker as appropriate, and utilizing the chain of command to ensure notification of the Facility Administrator, assigned Executive Director, Deputy Secretary for Operations, and the Secretary. Ensure that the incident is reported to CPS. If the medical unit makes the notification to CPS confirm notification through receipt of the CPS Suspected Child Abuse/Neglect Report otherwise make the oral report to CPS, complete the CPS Suspected Child Abuse/Neglect Report and forward to CPS prior to the end of the shift. Actively cooperate with the MSP, any other law enforcement agencies, and CPS to ensure that any allegations of sexual abuse or harassment, including third party and anonymous reports, are investigated. Ensure the completion of an Incident Report in accordance with the Incident Reporting Policy and Procedures

Interview with Security First Responder: The victim and alleged perpetrator are separated, and the scene is preserved. This is done by making sure nothing is touched. Ensure that the victim and the alleged perpetrator do not wash, go to the bathroom, or change their clothes. Staff contacts the Shift Commander who makes all other notifications.

Reasoning and analysis by provision: 115.364 (b)

PAQ: Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

- Of the allegations that a resident was sexually abused made in the past 12

	months, the number of times a non-security staff member was the first responder: 0 • Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0 • Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0 Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: The first staff responding to an incident of alleged sexual abuse shall: 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. 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. Request that the alleged victim does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Staff shall communicate to the alleged victim the importance of preserving evidence. If the alleged victim insists upon washing, the staff shall permit the victim to do so to avoid re-traumatizing. 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. Immediately notify medical staff and the Shift Commander of the alleged abuse to initiate services promptly. Interview with Non-Security First Responder: Separate the victim and alleged perpetrator. Don't let anyone touch anything. Call security to assist and follow the First Responder Plan. Interviews with random staff: The random staff interviewed all stated that their job was to preserve the scene, separate the parties involved and notify the Shift Commander and follow the PREA kit. Staff stated that part of preserving the scene was ensuring no evidence was destroyed and the alleged perpetrator does not shower, change clothes, use the bathroom or bathroom their teeth. Staff would request the same of the victim. Observations from the site visit: Staff are given a PREA Standards pocket guide and a First Responder Duty Card to assist them in remembering what is expected of them if they are the first to come upon a scene. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.365	Coordinated response
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Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence relied upon to make determination of compliance:

- Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018)
- Maryland Department of Juvenile Services Policy OPS-900-15, Incident Reporting –Residential Facilities and Community Operations (effective 02/15/2018)
- Green Ridge Youth Center Facility Operating Procedures, Staff First Responder's and Coordinated Response to Sexual Abuse and Harassment Incidents (effective 07/30/2025)
- Maryland Department of Juvenile Services Coordinated Response Plan for Incidents of Youth Sexual Abuse SARS Protocol (revised 03/18/2025)
- Interview with the Superintendent

Reasoning and analysis by provision: 115.365 (a)

PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: The first staff responding to an incident of alleged sexual abuse shall: 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. 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. Request that the alleged victim does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Staff shall communicate to the alleged victim the importance of preserving evidence. If the alleged victim insists upon washing, the staff shall permit the victim to do so to avoid re-traumatizing. 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. Immediately notify medical staff and the Shift Commander of the alleged abuse to initiate services promptly. The Shift Commander shall: Ensure that the youth is protected from the alleged perpetrator, and that steps are implemented. Initiate the Coordinated Response Plan that outlines the responsibilities of first responders, health care professionals and QBHP, investigators and facility leadership. The

Coordinated Response Plan will follow the guidelines of Section C of this procedure. Immediately advise health care professionals and the QBHP to arrange for the transport of the youth to the clinic or, as directed by healthcare staff, to the nearest hospital emergency room. As requested by youth, contact the Youth Advocate, qualified staff member, or qualified community-based organization staff member to accompany and support the youth through the forensic medical examination process and investigatory interview and provide emotional support, crisis intervention, information, and referrals. 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 Policy and Procedures including notifying the Facility Administrator, youth's parent, guardian, the facility and community case managers, social worker as appropriate, and utilizing the chain of command to ensure notification of the Facility Administrator, assigned Executive Director, Deputy Secretary for Operations, and the Secretary. Ensure that the incident is reported to CPS. If the medical unit makes the notification to CPS, confirm notification through receipt of the CPS Suspected Child Abuse/Neglect Report (Appendix 3), otherwise make the oral report to CPS, complete the CPS Suspected Child Abuse/Neglect Report and forward to CPS prior to the end of the shift. Actively cooperate with the MSP, any other law enforcement agencies, and CPS to ensure that any allegations of sexual abuse or harassment, including third party and anonymous reports, are investigated. Ensure the completion of an Incident Report in accordance with the Incident Reporting- Residential and Community Operations Policy and Procedures. Health Care Professionals shall: 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. Complete the Nursing Report of Youth Injuries Form. Report the incident to CPS. Complete the CPS Suspected Abuse/ Neglect Report and forward a copy to CPS and the Shift Commander or designee. Photograph any visible injury in accordance with Incident Reporting- Residential and Community Operations Policy and Procedures. Refer, as needed, the alleged victim to the nearest hospital emergency room that has a qualified, trained forensic medical examiner. 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. Qualified Behavioral Health Professionals shall: a. Meet with the youth as soon as possible to provide an assessment and crisis intervention on the day of the notification. A QBHP shall provide 24/7 on call services. Refer the youth to community-based organizations, institutions and/or support groups equipped to evaluate and treat sexual abuse/assault victims.

Green Ridge Youth Center Facility Operating Procedures FOP-015-2024, Staff First Responder's and Coordinated Response to Sexual Abuse and Harassment Incidents: Green Ridge Youth Center Facility Operating Procedures, Staff First Responder's and Coordinated Response to Sexual Abuse and Harassment Incidents: Staff having knowledge or suspicions of alleged sexual abuse or harassment shall: Take seriously all statements from youth that they have been the victim of alleged sexual abuse or

harassment and respond supportively and non-judgmentally. Immediately inform the Shift Commander/designee. Ensure that the youth and alleged perpetrator are physically separated so that there is no possibility of contact. The first staff responding to an incident of alleged sexual abuse shall: 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. Request the alleged victim does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Ensure that the alleged aggressor does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Immediately notify medical staff, and the Shift Commander of the alleged abuse initiate services promptly. The Shift Commander shall: Ensure that the youth is protected from the alleged perpetrator. Initiate the Coordinated Response Plan outlines the responsibilities of first responders, health care professionals, and QBHP (Qualified Behavioral Health Professional), investigators and facility leadership.

Sexual Assault Responder Support Staff (SARS) Protocol: Shift Commander shall, as requested by the youth, contact the Youth Advocate, SARS qualified staff member, or qualified community-based organization staff member to accompany and support the youth through the forensic medical examination process and investigatory interview and provide emotional support, crisis intervention, information, and referrals. The youth's request shall be taken into consideration to allow for a qualified advocate to offer and provide emotional support for the youth. However, it is recommended that a qualified community-based organization staff member be contacted in order to provide the youth with unbiased and non-partial support and intervention. The Shift Commander shall contact a qualified community-based organization staff member using the Maryland Rape Crisis and Recovery Center Directory. The local Rape Crisis and Recovery Center located in the same county as the facility shall be contacted. If the qualified community-based staff member affiliated with the local rape Crisis and Recovery Center is unable to respond in a timely manner to the local certified hospital, then the Shift Commander will utilize and initiate the Qualified Staff Member List of DJS Sexual Assault Responder Support (SARS) Staff. The Shift Commander shall contact the SARS staff within the same catchment region as the facility. To prevent conflicts of interest, the Shift Commander will not contact SARS staff from the same facility. Once the Shift Commander contacts the DJS Sexual Assault Responder Support Staff, the responding support staff will travel to the designated hospital to accompany and support the youth through the forensic medical examination process, investigatory interview, and provide emotional support, crisis intervention, and referrals. When the qualified community-based organization staff member responds to the hospital, the DJS SARS Staff will debrief with the staff member of the community-based organization. Upon the conclusion, the DJS SARs Staff will relinquish their involvement, and the community-based organization staff member will assume control of the situation.

Interview with the superintendent: The facility follows the PREA kit and ensures that it is used. The staff preserve the scene and do not let the alleged perpetrator

	shower, use the bathroom, or brush their teeth. Maryland State Police would be contacted to gather the evidence. Medical and mental health would be contacted. Medical would determine if the resident needs to be transported to the hospital for an exam. The agency PREA coordinator would also be contacted. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • MOU Between the American Federation of State, County and Municipal Employees and the State of Maryland, Original and Amendment (between 01/01/2024 and 12/31/2026) • State of Marland MOU for Bargaining Units E and G • Maryland DJS Standard of Conduct and Disciplinary Process (March 2025) • Interview with Agency Head Designee Reasoning and analysis by provision: 115.366 (a) PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. These memorandums of understanding and standards of conduct indicate that the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf have entered into or renewed any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Interview with agency head designee: The collective bargaining agreements do not prevent or interfere with the investigations or the ability to remove staff sexual abusers from contact with the residents. They do not interfere with disciplinary procedures up to termination if necessary.

	Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018) • Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect (effective 03/11/2015) • Retaliation Monitoring Forms • Interview with Agency Head Designee • Interview with Superintendent • Interview with Designated Staff Member Charged with Monitoring Retaliation Reasoning and analysis by provision: 115.367 (a) PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: The Department protects all youth and staff who report sexual abuse or harassment from retaliation by other youth or staff. Retaliation is prohibited against anyone who reports alleged sexual abuse or harassment. Youth may be disciplined for retaliation through the behavior management system and counseled. Youth may also be transferred to a different housing unit or facility. This information will be shared with the youth's parents 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. For at least 90 calendar days following a report of sexual abuse, the Youth Advocate shall monitor youth by reviewing youth disciplinary reports, housing or program changes and complete weekly status checks with youth. Monitoring and status checks shall be documented on the Youth Advocate Retaliation Monitoring Form. For at least 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, 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. 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 and the assigned Executive Director of Residential Services and Deputy Secretary of Operations. Monitoring will continue beyond 90 calendar days if the initial monitoring indicates a continued need.

Maryland Department of Juvenile Services Policy OPS-913-15, Reporting and Investigating Child Abuse and Neglect: "Incidents of suspected retaliation against a youth or employees must also be reported to the OIG for investigation and corrective actions by DJS management."

Reasoning and analysis by provision: 115.367 (b)

PAQ: The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: Youth may be disciplined 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 parents 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. Youth monitoring shall include a review of disciplinary reports, housing or program changes.

Interview with agency head designee: The PREA compliance manager and the youth advocates monitor for retaliation. The PCM monitors both youth and staff, while the youth advocate monitors youth retaliation only. Interview with superintendent: The staff member talks to the residents and/or staff member to ensure there are no issues. Retaliation monitoring forms are completed. Retaliation can be monitored internally and by the Youth Advocates.

Interview with superintendent: Retaliation monitoring occurs bi-weekly by the superintendent as well as contact provided by the youth advocate. Behavioral health would provide necessary interventions. The occurs up to 90 days or longer if needed.

Interview with designated staff member charged with monitoring retaliation: During weekly face-to-face meetings with the youth, the staff member follows up to ensure the situation is being monitored and that retaliation is not occurring. Staff would review point cards, incident referrals and behavioral reports, as well as any notable changes with the youth to ensure that retaliation is not occurring. If there were any

issues, they would be taken directly to the superintendent. Contact is initiated with the residents at the very beginning, and they are informed that the staff member will be touching base once a week for 90 days or 12 weeks.

Reasoning and analysis by provision: 115.367 (c)

PAQ: The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

- The length of time that the agency/facility monitors the conduct or treatment: 90 days
- The number of times an incident of retaliation occurred in the past 12 months: 0

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: The Department protects all youth and staff who report sexual abuse or harassment from retaliation by other youth or staff. For at least 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. 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 and the assigned Executive Director of Residential Services and Deputy Secretary of Operations. Monitoring will continue beyond 90 calendar days if the initial monitoring indicates a continued need.

Interview with superintendent: Retaliation monitoring occurs bi-weekly by the superintendent as well as contact provided by the youth advocate. Behavioral health would provide necessary interventions. The occurs up to 90 days or longer if needed. There have not been any reported incidents of retaliation.

Interview with designated staff member charged with monitoring retaliation: Any patterns of behavior, a change of attitude, any dramatic changes, and a review point cards, incident referrals and behavioral reports, as well as any notable changes with the youth to ensure that retaliation is not occurring. Retaliation monitoring is up to 90 days and beyond if there are any indicators.

Reasoning and analysis by provision: 115.367 (d)

PAQ: In the case of residents, such monitoring shall also include periodic status checks.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: "Advocate shall monitor youth by reviewing youth disciplinary reports, housing or program changes and complete weekly status checks with youth.

Monitoring and status checks shall be documented on the Youth Advocate Retaliation Monitoring Form. For at least 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, 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.”

Retaliation Monitoring Forms: “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.”

Reasoning and analysis by provision: 115.367 (e)

PAQ: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: “The Department protects all youth and staff who report sexual abuse or harassment from retaliation by other youth or staff. Retaliation is prohibited against anyone who reports alleged sexual abuse or harassment. Youth may be disciplined for retaliation through the behavior management system and counseled. Youth may also be transferred to a different housing unit or facility. This information will be shared with the youth's parents 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.”

Interview with agency head designee: Separation would be the first step. Room or unit changes may be necessary. Staff can be reassigned. Residents can be transferred within the agency to the same type of facility.

Interview with superintendent: Retaliation monitoring occurs bi-weekly by the superintendent as well as contact provided by the youth advocate. Behavioral health would provide necessary interventions. The youth could be moved as well as staff. The facility would make sure the resident is placed in a different group if needed. The occurs up to 90 days or longer if needed. There have not been any reported incidents of retaliation.

Findings: Based on the analysis, the facility is substantially compliant with the provisions for this standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018) • Green Ridge Youth Center Facility Operating Procedures, Housing Plan For At-Risk Youth (updated 07/30/2025) • Interview with Superintendent • Interviews with Medical and Behavioral Health Staff Reasoning and analysis by provision: 115.368 (a) PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. • The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0 • The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0 • The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0 Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: Youth who have been abused, abused others or who are at substantial risk for abuse may be secluded from others only as a last resort 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 shall be implemented in accordance with the guidelines of the Seclusion Policy and

	Procedures. During any period of seclusion, youth shall not be denied daily large-muscle exercise, and any legally required educational programming or special education services. Youth shall be seen daily by health care professionals and QBHP. Youth shall also have access to other programs and work opportunities to the extent possible. If a youth is secluded, the Superintendent or designee must document in the youth's file the basis for the concern for the youth's safety, and the reason why no alternative means of separation can be arranged. Youth in seclusion for four (4) hours or greater must be approved by the Executive Director of Residential Services. The Superintendent, in consultation with the Treatment Team, must complete a review of each youth who has been separated from the general population every 30 calendar days to determine whether there is a continuing need for the separation. Green Ridge Youth Center Facility Operating Procedures, Housing Plan For At-Risk Youth: Youth may be separated from others only as a last resort and less restrictive measures are inadequate to keep them and/or other youth safe and then only until an alternative means of keeping all youth safe can be arranged. Interview with superintendent: The facility does not use isolation for any reason. Interview with medical and behavioral health staff: The facility does not use isolation Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance (effective 04/28/2018) • Interview with Superintendent • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager • Interview with Investigative Staff Reasoning and analysis by provision: 115.371 (a)

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: INVESTIGATION - 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. Staff shall refer all allegations of sexual abuse and harassment to the DJS OIG. If the OIG completes an administrative investigation, the investigation shall include: efforts to determine whether staff actions or failures to act contributed to the abuse; a description of the physical and testimonial evidence; the reasoning behind credibility assessments; and investigative facts and findings. All administrative investigations shall be documented in a written report. All administrative investigations are carried through to completion regardless of whether the alleged abuser or victim refuses to comply with the investigation and regardless of whether the source of the allegation recants his or her allegation. 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. The DJS OIG will assign an investigator who has received specialized training in investigating sexual abuse or harassment to coordinate cooperation with CPS and MSP. The DJS OIG will notify the Superintendent if the CPS and MSP investigation will exceed 60 calendar days so that the victim may be notified of the extended investigation. The Department shall retain written reports, administrative and criminal investigations provided by MSP, for as long the alleged perpetrator is incarcerated or employed by the Department, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.

Interview with investigative staff: The Office of the Inspector General with DJS investigates all PREA complaints. Maryland State Police and Child Protective Services are notified anytime there is an investigation. The investigation starts as soon as OIG is made aware. It is assigned almost immediately. OIG has 19 calendar days to complete their investigation. The investigation procedure is the same for anonymous or third-party reports.

Reasoning and analysis by provision: 115.371 (b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: In addition to all other departmental training, the Office of the Inspector General investigators (OIG), medical and behavioral health staff shall complete specialized training as listed in the PREA Mandated Training chart

Interview with investigative staff: All OIG investigators receive training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. Investigators take the National Institute of Corrections (NIC) PREA Investigator Trainings, as well as specialized sexual assault and child abuse investigation training. The training covered techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The OIG investigators take the annual PREA training and the NIC training at least every two years.

Reasoning and analysis by provision: 115.371 (c)

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: If the OIG completes an administrative investigation, the investigation shall include: efforts to determine whether staff actions or failures to act contributed to the abuse; a description of the physical and testimonial evidence; the reasoning behind credibility assessments; and investigative facts and findings.

Interview with investigative staff: When OIG is made aware of the allegation, the case is assigned and there are 19 calendar days to conduct the investigation. CPS and Maryland State Police are contacted. The investigator reviews the allegation to determine the next steps which include interviews, and video and camera review, as well as any other documentation. Other documentation could include previous PREA allegations, and youth written and verbal statements. If the police or CPS are already involved, they all work together and follow the protocols.

Reasoning and analysis by provision: 115.371 (d)

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: All administrative investigations shall be documented in a written report. All administrative investigations are carried through to completion regardless of whether the alleged abuser or victim refuses to comply with the investigation and regardless of whether the source of the allegation recants his or her allegation.

Interview with investigative staff: An investigation will not terminate if the source of the allegation recants his/her allegation. The case would continue to be fully investigated.

Reasoning and analysis by provision: 115.371 (e)

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

Interview with investigative staff: OIG coordinates all efforts with the Maryland State Police. Depending on the investigation, it would determine who takes the lead in the investigation. Garrity is used for administrative investigations.

Reasoning and analysis by provision: 115.371 (f)

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Interview with investigative staff: The credibility of an alleged victim, suspect, or witness will be assessed on the facts and any other evidence available. OIG does not, under any circumstances, require a resident who alleges sexual abuse to a polygraph test or truth telling devices as a condition for proceeding with an investigation.

There were no residents who reported sexual abuse to be interviewed.

Reasoning and analysis by provision: 115.371 (g)

Administrative investigations: (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.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: If the OIG completes an administrative investigation, the investigation shall include efforts to determine whether staff actions or failures to act contributed to the abuse; a description of the physical and testimonial evidence; the reasoning behind credibility assessments; and investigative facts and findings.

Interview with investigative staff: The investigator makes every effort to determine whether staff actions or failures to act contributed to sexual abuse. Staff postings, staff style, blind spots, and ratios are considered. The investigator looks at everything they can see and monitor. Everything is documented in a written report at the end of the investigation.

Reasoning and analysis by provision: 115.371 (h)

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Interview with investigative staff: Criminal investigations are documented by the

Maryland State Police or the law enforcement agency that completes the investigation. Those reports include descriptions of physical, testimonial, documentary evidence and any attachments.

Reasoning and analysis by provision: 115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0

Interview with investigative staff: The Maryland State Police are contacted when a case is received. They are notified when it is determined that the allegation is criminal in nature. OIG works with them in providing what evidence we have if requested.

Reasoning and analysis by provision: 115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or alleged sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: The Department shall retain written reports, administrative and criminal investigations provided by MSP, for as long the alleged perpetrator is incarcerated or employed by the Department, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.

Reasoning and analysis by provision: 115.371 (k)

The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Interview with investigative staff: An investigation is not terminated when an employee terminates their employment. OIG will still try and track them down and attempt to conduct an interview and obtain a statement. The same applies when a victim alleging sexual abuse or sexual harassment leaves the facility.

Reasoning and analysis by provision: 115.371 (m)

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Maryland Department of Juvenile Services Policy RF-701-18 Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance: The Superintendent shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

	Interview with the superintendent: There is constant communication with Child Protective Services. They send the facility documentation. The facility can follow up with them as well if additional documentation is needed. The Office of the Inspector General always sends a report. The Maryland State Police will communicate to the facility if they are investigating a case or not. Interview with agency PREA coordinator: The director tracks the investigation. The investigation is received and read over and then a youth notification letter is generated. This letter contains the findings. It is signed by the superintendent and the youth. The case manager sends a copy to the parents or guardians. An incident review is then scheduled. Interview with PREA compliance manager: There is constant communication with Child Protective Services. They send the facility documentation. The facility can follow up with them as well if additional documentation is needed. The Office of the Inspector General always sends a report. The Maryland State Police will communicate to the facility if they are investigating a case or not. Finding: Based on this analysis, the facility substantially exceeds the provisions for this standard.
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Maryland State Personnel and Pensions Code Ann. § 11-101 • Interview with Investigative Staff Reasoning and analysis by provision: 115.372 (a) PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (page 11): The DJS OIG will assign an investigator who has received

	specialized training in investigating sexual abuse or harassment to coordinate cooperation with CPS and MSP. Maryland State Personnel and Pensions Code Ann. § 11-101: 11-103. Miscellaneous provisions (a) Standard of proof. -- Except as otherwise provided, the appointing authority has the burden of proof by a preponderance of the evidence in any proceeding under this subtitle. The head of a principal unit, the Secretary, and the Office of Administrative Hearings shall apply that standard of proof in appeals under this subtitle. Interview with investigative staff: Confirmed that the agency or program does conduct administrative investigations and determines evidentiary standards by using a preponderance of evidence as the standard. Findings: Based on this analysis, the facility is substantially compliant with the provision of this standard.
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Youth Notices of Investigation Outcome • Interview with Facility Superintendent • Interview with Investigative Staff Reasoning and analysis by provision: 115.373 (a) PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. • The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 20 • Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: Due to administrative changes, the facility

continues to review incidents to determine the correct number to which letters were completed and not completed.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (page 12): Following an investigation into a youth's allegations of sexual abuse suffered in a facility, the OIG and Superintendent shall request the relevant information from CPS in order to inform the youth whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Superintendent or designee shall advise the youth in writing using the Youth Notice of Investigative Outcome Form. 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: the staff member is no longer posted within the youth's unit; the staff member is no longer employed at the facility; the Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a youth's allegation that he or she has 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: the alleged perpetrator has been indicted on a charge related to sexual abuse within the facility; and the alleged perpetrator has been convicted on a charge related to sexual abuse within the facility. The facility's obligation to report as described in this section, Youth Notifications, shall terminate when the youth is released from the Department's custody.

Interview with the superintendent: If the facility had an investigation for sexual abuse or sexual harassment that was investigated, there would be a report and the resident that made the allegation would be notified of the outcome. The facility makes the youth aware of the outcome.

Interview with investigative staff: The facility handles the notifications. The PREA coordinates sends the information to the facility and then the notification is made to the youth.

Reasoning and analysis by provision: 115.373 (b)

PAQ: The agency requests the relevant information from the outside investigative entity in order to inform the resident of the outcome of the investigation.

The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 20
Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: Due to administrative changes, the facility continues to review incidents to determine the correct number to which letters were completed and not completed.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: Following an investigation into a youth's allegations of sexual abuse suffered in a facility, the OIG and Superintendent shall request the relevant information from CPS in order to inform the youth whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Reasoning and analysis by provision: 115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

- There has been substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in an agency/ facility in the past 12 months.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (page 12): 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: the staff member is no longer posted within the youth's unit; the staff member is no longer employed at the facility; the Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Reasoning and analysis by provision: 115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (page 12): Following a youth's allegation that he or she has 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: the alleged perpetrator has been indicted on a charge related to sexual abuse within the facility; and the alleged perpetrator has been convicted on a charge related to sexual abuse within the facility. Reasoning and analysis by provision: 115.373 (e) PAQ: The agency has a policy that all notifications to residents described under this standard are documented. • In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: Due to administrative changes, the facility continues to review incidents to determine the correct number to which letters were completed and not completed. • Of those notifications made in the past 12 months, the numbers that were documented: Due to administrative changes, the facility continues to review incidents to determine the correct number to which letters were completed and not completed. Review of Youth Notices of Investigation Outcome: The auditor reviewed seven of the 20 cases that required an investigation. Due to administrative changes, the facility continues to review incidents to determine the correct number to which letters were completed and not completed. Corrective action: The facility will provide the youth notification letters for all investigations, unless the allegation was unfounded, to the auditor within 30 days of this report. The facility provided the additional youth notification letters on 03/10/2026. Corrective action has been completed. Finding: Based on this analysis, corrective action has been completed and the facility is substantially compliant with the provisions for this standard.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018)

- Maryland Department of Juvenile Services Policy MGT-03-18, Sexual Harassment/Employment Discrimination Policy (effective 08/01/2018)
- Maryland Department of Juvenile Services Standards of Conduct and Disciplinary Process (March 2025)

Reasoning and analysis by provision: 115.376 (a)

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. Termination shall be the presumptive disciplinary sanction for a staff who has engaged in sexual abuse. 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. 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. In accordance with applicable statutory and regulatory mandates, incidents involving staff may be referred to MSP for the determination of criminal charges.

Maryland Department of Juvenile Services Policy MGT-03-18, Sexual Harassment/Employment Discrimination Policy: investigation of sexual harassment allegations. DJS shall apply appropriate disciplinary actions against each employee found to be in violation of the law or policy.

Maryland Department of Juvenile Services Standards of Conduct and Disciplinary Process: Employees found to have engaged in discrimination on the basis of race, color, religion, national origin, political affiliation, disability, age, sex (including sexual harassment), ethnicity, sexual orientation, gender identity, or other bases identified in Department policies and procedures are subject to disciplinary action up to and including termination depending on the degree of the infraction.

Reasoning and analysis by provision: 115.376 (b)

PAQ: Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 2
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual

abuse or sexual harassment policies: 2

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: Staff shall be subject to disciplinary sanctions up to and including termination for violating departmental sexual abuse and harassment policies and procedures.

Reasoning and analysis by provision: 115.376 (c)

PAQ: The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):
0

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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.

Reasoning and analysis by provision: 115.376 (d)

PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 2

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. In accordance with

	applicable statutory and regulatory mandates, incidents involving staff may be referred to MSP for the determination of criminal charges. Both staff were indicated by CPS but not charged criminally by MSP or prosecuted by the local county state's attorney's office. Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Maryland Department of Juvenile Services Policy OPS-908-14, Volunteer Services (effective 10/01/2018) • Interview with Superintendent Reasoning and analysis by provision: 115.377 (a) PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. • In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0 Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement and to relevant licensing bodies unless the activity was clearly not criminal. 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.

	Maryland Department of Juvenile Services Policy OPS-908-14, Volunteer Services: Termination of Volunteers. A volunteer(s) services may be terminated, postponed, suspended or receive a reduction in hours when there is a documented reason for doing so which may include, but is not limited to: Violation of DJS's confidentiality agreement; Violation of DJS's policies and standards; Violation of federal, state or local laws; Involvement in activities or behaviors that threaten the order, safety and security of the work site, staff, youth, other volunteers or the public; Failure to comply with attendance expectations; Conflict of interest; Involvement in illegal activity; or Overall unsatisfactory performance. There were no volunteers for the past twelve months, therefore no incidents reported. No issues with contractors being nurses are from Allegany County Health Department, and behavioral health therapist is from Shore Staffing. Reasoning and analysis by provision: 115.377 (b) PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. Interview with the superintendent: In the case of any violation of agency sexual abuse or sexual harassment by a contractor or volunteer, remedial measures would be taken. An incident report would be initiated, and the process would be the same as if a staff member violated the policies. To the knowledge of the superintendent, this has never happened. Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and

Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018)

- Maryland Department of Juvenile Services Policy RF-716-18, Classification of Youth in DJS Residential Facilities (effective 05/01/2018)
- Interview with Superintendent
- Interviews with Medical and Behavioral Health Staff

Reasoning and analysis by provision: 115.378 (a)

PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 2
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. The disciplinary process shall be documented on a behavioral report and consider whether a youth's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. 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. The facility may discipline a youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact. 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. All sexual activity between youth is prohibited, to include consensual acts. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Incidents of alleged abuse and harassment may be referred to MSP for determination of criminal charges.

Reasoning and analysis by provision: 115.378 (b)

PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse

results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0

Maryland Department of Juvenile Services Policy RF-716-18, Classification of Youth in DJS Residential Facilities: Youth may be separated from others only as a last resort when less restrictive measures are inadequate to keep them and/or other youth safe and then only until an alternative means of keeping all youth safe can be arranged. During any period of seclusion, youth shall not be denied daily large-muscle exercise, or any legally required educational programming or special education services. Youth shall be seen daily by health care professionals and qualified behavioral health professionals. Youth shall also have access to other programs and work opportunities to the extent possible. If a youth is in seclusion, the Superintendent must ensure that documentation placed in the youth's file identifies the basis for the concern for the youth's safety, and the reason why no alternative means of separation can be arranged.

Interview with the superintendent: The facility does not use isolation for any reason.

Reasoning and analysis by provision: 115.378 (c)

PAQ: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: The disciplinary process shall be documented on a behavioral report and consider whether a youth's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. 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.

Interview with the superintendent: The police would handle a criminal finding, and it could result in charges. An administrative finding would require a type 4 behavioral response. This would no incentives for two weeks and restrictions. Mental health would be involved at the very beginning. A CRT referral and other options for extra services would be made. The sanctions would be proportionate to the nature of the offense, the disciplinary history of the resident, and would be in comparison to similar offenses.

Reasoning and analysis by provision: 115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards
Compliance: 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.

Interviews with medical and behavioral health staff: The facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse for offending residents, as well as the victim. A resident's participation is not a condition of any rewards-based behavior management system. It is also not a condition for any programing or education.

Reasoning and analysis by provision: 115.378 (e)

PAQ: The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards
Compliance: The facility may discipline a youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact. 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.

	Reasoning and analysis by provision: 115.378 (f) PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. Reasoning and analysis by provision: 115.378 (g) PAQ: The agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: All sexual activity between youth is prohibited, to include consensual acts. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Maryland Department of Juvenile Services Policy OPS-900-15, Incident Reporting-Residential Facilities and Community Operations (effective 02/15/2018) • Maryland Department of Juvenile Services Policy BH-210-18, Behavioral Health and Substance Abuse Screening (effective 04/04/2018)

- Interviews with Medical and Behavioral Health Staff
- Interview with Staff That Perform Risk Screening for Prior Victimization and Abusiveness

Reasoning and analysis by provision: 115.381 (a)

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: In addition to providing an appropriate health care and behavioral health response to sexual abuse, the facility shall offer health care and behavioral health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse. If the Youth Vulnerability Assessment Instrument conducted at admission indicates that the youth has experienced prior sexual abuse or harassment, whether it occurred in an institutional setting or in the community, the youth shall be offered a follow-up meeting with a medical and mental health practitioner within 14 calendar days of admissions screening.

Interview with staff that perform risk screening: A follow up meeting with a medical and/or behavioral health practitioner is offered to all residents who have been victimized by sexual abuse. All residents get a medical screening. Behavioral health meets with the resident immediately.

There was no resident that disclosed prior victimization to be interviewed during the onsite portion of the audit.

Reasoning and analysis by provision: 115.381 (b)

PAQ: All residents who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percentage of residents who previously perpetrated sexual abuse, as indicated during screening, were offered a follow up meeting with a mental health practitioner: 100%

	Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: If the Youth Vulnerability Assessment Instrument conducted at admission indicates that the youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the youth shall be offered a follow-up meeting with a mental health practitioner within 14 calendar days of admissions screening. Interview with staff that perform risk screening: If the screening indicates that a resident previously perpetrated sexual abuse, a follow up meeting with behavioral health is offered right away, Behavioral health meets with the resident immediately.. Reasoning and analysis by provision: 115.381 (c) PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: All information related to sexual abuse or harassment that occurred in a facility shall be strictly limited to health care professionals and QBHP and, as necessary, other DJS staff to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. Reasoning and analysis by provision: 115.381 (d) PAQ: Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: Health care professionals and QBHP shall obtain informed consent from youth before reporting information about prior sexual abuse and harassment that did not occur in an institutional setting, unless the resident is under the age of 18. Interviews with medical and behavioral health staff: All residents are made aware that the staff, including medical and mental health, have a duty to report. Informed consent depends on the age. Under the age of 18 informed consent would not be required because the youth is in custody of the state. If over the age of 18, informed consent is received. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

Auditor Discussion**Evidence relied upon in making determination of compliance:**

- Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018)
- Memo
- Interviews with Medical and Behavioral Health Staff
- Interviews with Security and Non-Security First Responders

Reasoning and analysis by provision: 115.382 (a)

PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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.

Memo from agency PREA Coordinator: The agency provides the following in applicable resident files who have suffered sexual abuse and harassment: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment at each facility with consultation with the Medical Director and Executive Director of Clinical Services. Medical and mental health materials document based on each allegation: the timeliness of emergency medical treatment and crisis intervention services that were provided; The appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; The provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where

medically appropriate. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews with medical and mental health staff: Resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. The scope of the services are based on the medical and behavioral health professional judgement.

Reasoning and analysis by provision: 115.382 (b)

PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

Interviews with security and non-security first responders. The victim and alleged perpetrator are separated. The scene is preserved, and notifications are made to the supervisor. The supervisor makes all notifications after that, including medical and behavioral health.

Reasoning and analysis by provision: 115.382 (c)

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

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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.

Interviews with medical and behavioral health staff: Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

Reasoning and analysis by provision: 115.382 (d)

PAQ: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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.

Memo from agency PREA Coordinator: Treatment services are provided to every

	victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Memo • Interviews with Medical and Behavioral Health Staff Reasoning and analysis by provision: 115.383 (a) PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. Reasoning and analysis by provision: 115.383 (b) PAQ: The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: In addition to providing an appropriate health care and behavioral health response to sexual abuse, the facility shall offer health care and behavioral health evaluation and, as appropriate, treatment to all youth who have been

victimized by sexual abuse. 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.

Interviews with medical and behavioral health staff: Medical would address any emergency and the youth would be transported to the hospital if needed. The facility would follow all discharge instructions. Behavioral health would complete a behavioral assessment and provide treatment as needed.

Reasoning and analysis by provision: 115.383 (c)

PAQ: The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: The facility shall provide the victims and perpetrators with medical and mental health services consistent with continued care services in the community.

Interviews with medical and behavioral health staff: Medical and behavioral stated services are consistent with community level of care, and probably a little better. The residents always have access to 24-hour care.

Reasoning and analysis by provision: 115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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.

Reasoning and analysis by provision: 115.383 (g)

PAQ: Treatment services are 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.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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.

Memo from agency PREA coordinator: Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Reasoning and analysis by provision: 115.383 (h)

	PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: The facility shall ensure that a behavioral health evaluation of all known youth-on-youth abusers is completed within 60 calendar days of learning such abuse history and offer treatment when deemed appropriate. Interview with behavioral health staff: Behavioral health staff conduct a mental health evaluation and debrief of all known residents-on-resident abusers and offers treatment if appropriate. This occurs as soon as possible after being notified of the incident. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Green Ridge Youth Center Facility Operating Procedures, Sexual Abuse Incident Reviews (updated 07/30/2025) • Memo – Green Ridge Youth Center Incident Review Team Members • Interview with the Superintendent • Interview with PREA Compliance Manager • Interview with Sexual Abuse Incident Review Team Member Reasoning and analysis by provision:115.386 (a) PAQ: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. • In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding

only "unfounded" incidents: 9

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: Facility Review of Sexual Abuse Incidents-The facility shall conduct a review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review shall occur within 30 calendar days of the conclusion of the investigation. Each facility shall establish a review team. The Superintendent shall assign an Assistant Superintendent and other upper-level management staff to include line supervisors, investigators, medical and mental health staff to the review team. Review Team Responsibilities-Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. consider whether the incident or allegation was motivated by race; ethnicity; gang affiliation; or other group dynamics at the facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Prepare a report of the findings and any recommendations for improvement and submit the report to the Superintendent and PREA Compliance Manager. Ensure the facility implements recommendations for improvement or document the reasons for not implementing the recommendations. Document the review using the Sexual Abuse Incident Team Review Form.

Green Ridge Youth Center Facility Operating Procedures, Sexual Abuse Incident Reviews: GRYC shall conduct a sexual abuse incident review after every sexual abuse investigation, unless the allegation has been determined to be unfounded. This audit review is in addition to the Management Audit Review the Facility Administrator completes after every Incident Report and shall be completed in a timely manner to review the staff's handling of the incident. Such a review shall ordinarily occur within seven (7) days of the conclusion of the investigation. The multi-disciplinary treatment team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Reasoning and analysis by provision:115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 9

Green Ridge Youth Center Facility Operating Procedures, Sexual Abuse Incident Reviews: Such a review shall ordinarily occur within seven (7) days of the conclusion

of the investigation.

Reasoning and analysis by provision: 115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Green Ridge Youth Center Facility Operating Procedures, Sexual Abuse Incident Reviews: The multi-disciplinary treatment team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Memo – GRYC Incident Review Team: The following Staff are members of the PREA Incident Review Team at the Green Ridge Youth Center: superintendent, assistant superintendent, PREA compliance manager, case manager supervisor, nurse, behavioral health, education, and case managers.

Interview with Superintendent: The facility has a sexual abuse review team. It includes upper management for the facility.

Reasoning and analysis by provision: 115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager.

Green Ridge Youth Center Facility Operating Procedures, Sexual Abuse Incident Reviews: The review team shall prepare a report of its findings, including but not necessarily limited to determinations, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Interview with the superintendent: The facility uses information from the sexual abuse incident review team to review all areas of the physical plant, as well as video monitoring that may present limitations, staff issues or needing improvement. The information is used to make improvements to make sure such incidents do not occur again and to ensure the policies cover everything.

Interview with PREA compliance manager: The review team meets at the end of the investigation. A report with facility specific data is and shared with the agency PREA coordinator. The team looks at policy trends or specific needs based on the incident.

Interview with Sexual Abuse Incident Review Team Member: The team would consider whether the incident or allegation was motivated by race; ethnicity; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; and assesses whether monitoring technology should be deployed or augmented to supplement supervision

	by staff. Reasoning and analysis by provision:115.386 (e) PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so. Green Ridge Youth Center Facility Operating Procedures, Sexual Abuse Incident Reviews: The facility shall implement the recommendations for improvement or shall document its reasons for not doing so in the supporting document folder under juvenile standard #115.386. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Maryland Department of Juvenile Services Policy CS/RS-900-19, Incident Reporting –Residential Facilities and Community Operations (effective 09/18/2019) • 2022-and 2023 Survey of Sexual Victimization SSV-5 and SSV-IJ Reasoning and analysis by provision: 115.387 (a) PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: The Superintendent or designee shall ensure that incident reports documenting all allegations of sexual abuse and harassment are entered into the Department's incident database in accordance with the Incident Reporting-Residential and Community Operations Policy and Procedures and the Reporting and Investigating of Child Abuse Policy and Procedures. The Department's research unit shall aggregate the incident-based sexual abuse data at least annually. 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. The Department shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of youth. Upon request, the Department shall provide all such data from the previous calendar year to the U.S. Department of Justice.

Reasoning and analysis by provision: 115.387 (b) and (c)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency utilizes the DOJ Form SSV-5 and IJ, Survey of Sexual Victimization Report as their standardized instrument. The Agency PREA Coordinator requests incident based and aggregated data from every state and private facility with which it contracts for the confinement of its juveniles. All data from the previous calendar year to the Department of Justice as requested each year.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: The Department's research unit shall aggregate the incident-based sexual abuse data at least annually. 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. The Department shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of youth. Upon request, the Department shall provide all such data from the previous calendar year to the U.S. Department of Justice.

2022 and 2023 Survey of Sexual Victimization SSV-5 and SSV-IJ: The auditor reviewed the Survey of Sexual Victimization information that was provided for the previous calendar year to the U.S. Department of Justice and confirmed that the agency endures these reports are completed and filed accordingly.

Reasoning and analysis by provision: 115.387 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: The Department's research unit shall aggregate the incident-based sexual abuse data at least annually. 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.

Reasoning and analysis by provision: 115.387 (e)

PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.

	Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: The Department shall also obtain incident-based and aggregated data from every private facility with which it contracts with for the confinement of youth. Reasoning and analysis by provision: 115.387 (f) PAQ: The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Survey of Sexual Victimization SSV-5 and SSV-IJ: The auditor reviewed the Survey of Sexual Victimization information that was provided for the previous calendar year to the U.S. Department of Justice and confirmed that the agency endures these reports are completed and filed accordingly. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • 2022 and 2023 Annual PREA Reports • https://djs.maryland.gov/Pages/PREA-Reports.aspx#annual • Interview with Agency Head Designee • Interview with Agency PREA Coordinator • Interview with PREA Compliance Manager Reasoning and analysis by provision: 115.388 (a) PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards

Compliance: The PREA Coordinator shall review data collected and aggregated pursuant to Section III.K.3, Data Collection, to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, procedures, practices and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of findings and corrective actions for each facility, as well as the Department as a whole. The 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. The Department's report shall be approved by the Secretary and made readily available to the public through the DJS website. 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

Interview with agency head designee: The collection of data is like a layer cake. It starts with the data and goes all the way to corrective action if needed. This applies to all facilities. The PREA coordinator is the gatekeeper for all incident reports and provides an annual report of their findings.

Interview with agency PREA coordinator: The agency reviews data collected and aggregated to improve the effectiveness of its sexual abuse prevention, detection, and response policies and training and includes this information in an annual PREA Report. The annual report has findings and data review from any corrective actions for each facility, and the agency as a whole.

Interview with PREA compliance manager: The facility collects and provides the requested data to the agency PREA coordinator.

Reasoning and analysis by provision: 115.388 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards
Compliance: 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. The Department's report shall be approved by the Secretary and made readily available to the public through the DJS website. 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

Reasoning and analysis by provision: 115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through other means. The annual report is approved by the agency head.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards

	Compliance: The Department's report shall be approved by the Secretary and made readily available to the public through the DJS website. https://djs.maryland.gov/Pages/PREA-Reports.aspx#annual: The auditor reviewed the agency website and confirmed that PREA Annual Reports are posted. The site has PREA Annual Reports from 2015 to 2023. Interview with agency head designee: Annual reports are reviewed by several people, but the approval comes from the Secretary. Reasoning and analysis by provision: 115.388 (d) PAQ: When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted. Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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. Before making sexual abuse data publicly available, the Department shall remove all personal identifiers. Interview with agency PREA coordinator: Personal information such as names, dates of birth, violent or non-violent are redacted. The agency posts PREA Audit Reports on the agency's website. Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance (effective 04/27/2018) • Interview with Agency PREA Coordinator

Reasoning and analysis by provision: 115.389 (a)

PAQ: The agency ensures that incident-based and aggregate data are securely retained.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: The Department shall ensure that data collected is securely retained.

Reasoning and analysis by provision: 115.389 (b)

PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: 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.

<https://djs.maryland.gov/Pages/PREA-Reports.aspx#annual>: The auditor reviewed the agency website and confirmed that PREA Annual Reports are posted. The site has PREA Annual Reports from 2015 to 2023.

Interview with agency PREA coordinator: The agency reviews data collected and aggregated to access and improve the effectiveness of its sexual abuse prevention, detection, and response program. The PREA coordinator collects the data, maintains spreadsheets and publishes an annual PREA Report.

Reasoning and analysis by provision: 115.389 (c)

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: Before making sexual abuse data publicly available, the Department shall remove all personal identifiers.

There was no personal identifying information on any of the reports posted online and reviewed by the auditor.

Reasoning and analysis by provision: 115.389 (d)

PAQ: The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Maryland Department of Juvenile Services Policy RF-701-18, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance: All sexual abuse records including, incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings and/or recommendations for post release treatment and or counseling are

	retained in accordance with the Department's record keeping schedule. The Department shall maintain collected sexual abuse data for at least 10 years after the date of its initial collection unless federal, state, or local law requires otherwise. Finding: Based on this analysis, the facility is substantially compliant with the provisions for this standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Research • Policy Review • Document Review • Observations Made During Onsite Visit Reasoning and analysis: The auditor reviewed the Maryland Department of Juvenile Services website at https://djs.maryland.gov/Pages/PREA-Reports.aspx#annual containing the forty-one (41) audit reports for audits completed between 2015 and 2024. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, has been audited at least once. One third of each facility type operated by this agency was completed during the first PREA review cycle, year two in accordance with the standard. The Green Ridge Youth Center PREA audits were conducted in 2016, 2018, 2021. and 2023. The current audit of Green Ridge Youth Center was conducted in year one of Audit Cycle 5. The auditor was given access to, and the ability to observe, all areas of Green Ridge Youth Center and the entire campus. The auditor was permitted to conduct private interviews with residents at the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by uploading pictures of the posted audit notices to the supplemental files. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received. The agency/facility provided the auditor with copies of any requested documents

	and information (including, among other things, electronically stored information). Throughout the evidence review phase up to the forty-fifth day, the agency provided the requested documentation to the auditor. Based on the above information, the agency and facility meet the standard and comply with the standard for the relevant review period. Finding: Based on this analysis, the facility is substantially compliant with the provision of this standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the determination compliance: • Maryland Department of Juvenile Services, Green Ridge Youth Center PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Policy Review • Documentation Review Reasoning and analysis (by provision): 115.403 (f): The auditor observed the 2016, 2018, 2021 and 2023 Green Ridge Youth Center PREA Audit Reports are published on the agency's website at https://djs.maryland.gov/Pages/PREA-Reports.aspx#annual. The PREA final reports were published within 90 days after the final report was issued by the auditor. Finding: Based on this analysis, the facility is substantially compliant with this standard.

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

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

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

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.315 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective	yes

	communication with residents who are deaf or hard of hearing?	
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry	yes

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

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

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

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

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who	yes

	have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its	yes

	investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and	yes

	mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes

	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na

115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (f)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351	Resident reporting	

(a)		
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this	yes

	standard.)	
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352	Exhaustion of administrative remedies	

(f)		
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	

	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	

	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is	yes

	responsible for conducting administrative and criminal investigations.)	
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse	yes

	within the facility?	
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378	Interventions and disciplinary sanctions for residents	

(c)		
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate	yes

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

	115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in	yes

	addressing sexual abuse?	
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?	yes

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or	yes

	has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	
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