

Final PREA REPORT



<b>Name of Agency:</b> J. DeWeese Carter Center			
<b>Physical Address:</b> 300 Scheeler Road, Chestertown, MD 21620			
<b>Date report submitted:</b> June 15, 2015			
<b>Auditor information</b>			
<b>Auditor:</b> Robert Lanier			
Address: 1825 Donald James Road, Blackshear, Georgia 31516			
Email: <a href="mailto:robrunsslow@gmail.com">robrunsslow@gmail.com</a>			
Telephone number: 912-281-1525			
<b>Date of facility visit:</b> June 2, 2015			
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> <i>(if different from above) same as above</i>			
<b>Telephone Number:</b> 410-776-6444			
<b>The Facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other: Grant Program
<b>Name of PREA Compliance Manager:</b> Michael Berry		<b>Title:</b> Assistant Superintendent	
<b>Email Address:</b> michael.berry@maryland.gov		<b>Telephone Number:</b> 410-778-6444	
<b>Agency Information</b>			
<b>Name of Agency:</b> J. DeWeese Carter Center			
<b>Governing Authority or Parent Agency:</b> Maryland Department of Juvenile Services			
<b>Physical Address:</b> One Center Plaza, 120 W. Fayette Street, Baltimore, MD 21201			
<b>Mailing Address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b> 410-230-3101			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Sam Abed		<b>Title:</b> Secretary	
<b>Email Address:</b> Sam.Abed@ Maryland.gov		<b>Telephone Number:</b> 410-230-3101	
<b>Agency Wide PREA Coordinator</b>			
<b>Name:</b> Wallis Norman		<b>Title:</b> Executive Director Residential Services	

Email Address: Wallis.Norman@ Maryland.gov

Telephone  
Number:410-230-  
3133

## **AUDIT FINDINGS**

### **NARRATIVE:**

The J. DeWeese Carter Youth Facility provides residential treatment services to fourteen (14) court committed females. The program is operated and governed by the Maryland Department of Juvenile Services (DJS). Typically the facility serves youth with a history of unsuccessful placements, who have been AWOLS from DJS Community Residential Facilities and youth with category one and two offenses. The average length of stay is six (6) to nine (9) months. There were twenty-five (25) youth admitted to the facility during the past twelve (12) months. The age range is from 14-21 years of age and the average length of stay was 181 days. The program offers an accredited educational program, behavior health which includes individual and family therapy by licensed mental health professionals, substance abuse programming, somatic health, nutritional services and regularly schedule structured learning activities to enhance pro-social skill development and intensive case management oversight. The program utilizes the CHALLENGE Program to address youth behaviors. The facility does not utilize isolation and disciplinary issues are addressed through the behavior management program.

The facility is staffed with forty (40) on site employees. These include DJS employees, Maryland State Department of Education (MSDE), Medical and Contracted Behavior Health Staff. Staffing includes the following: One (1) Superintendent, one (1) Assistant Superintendent, three (3) Group Life Mangers I, two (2) Resident Advisory Supervisors, fourteen (14) Resident Advisors I and II, one (1) Nursing Supervisor, two (2) Nurses, one (1) Substance Abuse Administrator, seven (7) Education Staff (Principal, Guidance Counselor, Special Education Teacher, two (2) Teachers, one (1) teacher's aide and one (1) secretary), two (2) Mental Health Clinicians , one (1) Management Associate, one (1) Case Management Associate, one (1) Maintenance Chief, and several Resident Advisor Trainees.

Medical Services are available between the hours of 7:30 AM and 10:30 PM Monday through Friday and 8:00 AM to 8:00 PM Saturday and Sunday. Sexual assault exams are conducted at Memorial Hospital in Easton, MD where SAFES/FNEs are available. Health care staff provide routine services including intake assessments, routine and other lab work, sexually transmitted disease testing and treatment, immunizations, weekly physician clinic and somatic health care. They also schedule routine dental and eye exams with outside providers, make dietary referrals, administer medications and treatment, assess youth with injuries and provide first aid and medical assessments and monitoring with any restraint or seclusion incident.

Behavioral Health services are provided through a contract with Corsica River. Services are provided Monday through Friday from 9:00 AM-5:30 PM with a clinician on call when they are not at the facility. In addition to Behavioral Assessments the Trauma Symptom Checklist for Children is administered to youth who are 17 and younger. All youth participate in one 45 minute individual therapy session per week and one 30 minute family therapy session every other week and as indicated on a court order on in the youth's Treatment Service Plan.

A substance abuse counselor utilizes the Seven Challenges Program for substance abusing and substance dependent individuals to motivate decisions and commitments to change.

Routine case management services are provided and involve meeting with youth regularly and keeping the family involved in the youth's treatment progress.

Educational programming is provided through the Maryland Department of Education. The rationale for this move was reportedly to facilitate a smoother transition back into public schools upon the youth's release from the program.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

In 2011 the facility was renovated from a male detention facility and reopened in November 2011, as the first female hardware secure facility in the state of Maryland. The first group of girls was admitted on November 7, 2011 and the second group came a week later.

The facility consists of one main building and a modular unit/trailer that houses the educational program. The administrative area of the facility consists of a master control room and offices housing the superintendent, the management associate, assistant superintendent, group life managers, resident advisor supervisors, behavioral health staff and substance abuse treatment staff, a conference room, break room, a supply room and several restrooms.

The housing and programmatic areas consist of the following: a large common area that serves as a dining and programmatic area where groups and other activities occur; a recreation area with a gym for activities in inclement weather; a spacious lounge area providing space for private meetings, groups, religious services, Seven Challenges and individual counseling; and a kitchen where daily meals are retrieved. Meals are provided by a food services contractor and youth are allowed to cook their own meals in this area on special occasions. There are two housing units. One unit has a capacity of five and another has a capacity of 10. Both units contain bathrooms and showers.

The education building contains an administrative area with offices for the secretary and principal, a break room, four classrooms and a restroom. Youth attend classes five days a week from 8:00 AM to 3:00 PM.

### **SUMMARY OF AUDIT FINDINGS:**

The notification of the on-site audit was posted in the facility on April 21, 2015, six weeks prior to the date of the on-site visit. Posting of the notices was verified by photos received electronically from the DJS PREA Specialist. There were six (6) photos representing locations throughout the facility including the main entrance to the facility, both living units, the entrance to the education building, in the medical pass room and in a common area. The auditor did not receive any communications from staff, youth or visitors as a result of the notices. The flash drive containing the Pre-Audit Questionnaire, DJS Policies, Facility Operating Procedures and other supporting documentation was received on May 4, 2015. The documentation that was uploaded to the USB Flash Drive was very well organized and easy to navigate. An initial review of the documentation revealed a PREA Policy that was very comprehensive in scope, very detailed, well written and that flowed logically. Additionally, the other supporting DJS Policies were once again very well written. Clarification was requested for several areas. This clarification was responded to expeditiously by the DJS PREA Specialist, whose responsiveness throughout the process was commendable. The DJS PREA Specialist is extremely knowledgeable of PREA and is an outstanding resource for the Department.

Prior to the audit on Tuesday, June 2, 2015, the auditor met on Sunday, May 31, 2015, with the DJS PREA Specialist and the three Superintendents whose facilities were to be audited during the week (June 1-4, 2015). In addition to getting acquainted, the Auditor, Superintendents and PREA Specialist discussed the audit process. This meeting was extremely helpful in developing a strategy to ensure staff from all shifts were interviewed.

The auditor arrived at the facility at 8:00AM. Following a brief entrance conference with the Superintendent and PREA Compliance Specialist during which youth and staff to be interviewed were selected, the Superintendent led the auditor on a complete tour of the facility. During the tour the facility was observed to be clean, neat and orderly. Youth were well behaved and were engaged with staff who were providing direct supervision. Audit Notifications were observed posted as shown in the photos sent to the auditor. During the tour the Superintendent pointed out the locations of cameras. The video camera system was enhanced in April, 2014 and the facility provided documentation indicating that there are a total of 30 cameras. The Superintendent related that cameras have been added in classrooms, the front parking lot, long and short halls, exercise room, the lobby and visitation area. Video Monitors were observed in the control room. Views were observed to be clear. Monitors were being viewed by the control room staff. The Superintendent explained that the video recordings are maintained for 30 days. A number of doors were equipped with windows enabling viewing inside of offices. Sampled doors that should have been locked were locked. A number of solid doors were observed during the tour. Solid doors provide a predator an opportunity to go undetected. Entrances to most of the doors were covered by video cameras. Staff related that access to areas behind the solid doors are off limits to youth. They also related that the keys to those areas are restricted. Another step that can be easily taken to mitigate liability even further would be to place simple laminated signs on any doors that do not have camera coverage to the entrances prohibiting staff who are not authorized from entry and prohibiting youth from entering the area/room. A laminated sign could simply state, "Authorized Staff Only, No Youth Allowed." Additionally, these areas are prime areas that should be checked during unannounced PREA rounds. Cameras were not observed in any bathroom/shower areas, resident rooms or safe rooms. Staff explained that showers are conducted by same sex staff; that youth shower and use the restrooms one at a time; that they come to the showers dressed and leave dressed; and that male staff are not on the hall while the showers are being conducted. Supervising staff are located outside the shower area but not in a position where they would be viewing youth using the restrooms or showers. PREA Posters were observed in the facility and instructions for accessing the hot line (Rape Crisis Center-211) were posted by the phones along with other contact information for youth.

There were eight (8) youth at the facility on the day of the audit. None of those youth were identified as disabled, limited English proficient, transgender, gay, lesbian, bisexual or mentally ill. Residents were randomly selected from each housing unit for interviews. A total of six (6) residents were interviewed. These youth were very knowledgeable of PREA, the Zero Tolerance Policy, their rights—to be free from sexual abuse, sexual harassment and sexual misconduct and how to report sexual abuse, harassment or sexual misconduct if it occurred. These youth were well versed in reporting procedures and could easily identify and name multiple ways they could report both internally and externally, in writing, verbally, anonymously and through third parties. Impressive was the fact that every interviewed youth stated they had staff at this facility that they trusted and to whom they would report sexual abuse. Every youth interviewed also reported that they felt safe at this facility. Youth knew the grievance procedures and stated the youth advocate explained the grievance process to them. The advocate was yet another individual the ladies felt comfortable reporting to if they needed to. Youth were knowledgeable of reporting via the Rape Crisis Hotline, 211 number and each interviewed youth reported they could access that phone 24/7 without impediment from staff. Several youth reported having been previously sexually abused outside the facility. They both stated they were seen by mental health either the same or the next day following the report. Both indicated they were receiving counseling from the mental health staff and indicated that the counseling was beneficial to them.

A total of twelve (12) staff, representing staff from all shifts, an investigator and a volunteer were interviewed. These included the Superintendent, Assistant Superintendent, Mental Health Staff, a nurse, case managers and Residents Advisors. Telephone interviews were conducted with the volunteer and investigator. Some of the interviewed staff were contracted employees. Interviews revealed that staff have been educated about PREA, the Zero Tolerance Policy as well as their responsibilities in preventing, detecting, responding and reporting sexual abuse and sexual harassment. Staff were eager to share their knowledge. They related consistently that they would take all allegations and suspicions seriously. All of them were knowledgeable of reporting procedures and their responsibilities as first responders.

At the conclusion of the audit an exit briefing was conducted with the Superintendent, Assistant Superintendent and the DJS PREA Specialist. Any areas where additional information was requested was provided. Reviewed documentation, including policies, procedures as well as supporting documentation was consistent with the PREA Standards. On-site interviews confirmed that staff and youth are well educated and understand how to prevent, detect, respond and report allegations, knowledge, or suspicions that sexual abuse or sexual harassment has occurred. Interviews also confirmed practices that were consistent with DJS Policies and Facility Operational Procedures, as well as consistent with the PREA Standards. No additional information was needed to complete the audit and the facility was found to be in full compliance with all PREA Standards. The auditor challenged the facility to maintain and sustain this level of compliance following the audit.

**§115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

It is evident that the Department of Juvenile Services (DJS) takes PREA seriously. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, describes the agency's Zero Tolerance of all forms of sexual abuse and sexual harassment and its approach to preventing, detecting, and responding to reports of alleged sexual abuse and sexual harassment is very detailed, clearly written and comprehensive. Additionally, the policy includes definitions of prohibited behaviors as well as sanctions for youth, staff, contractors and volunteers found to have violated those prohibitions. Youth are provided with the "What You Should Know About Sexual Abuse and Harassment" brochure that details the Zero Tolerance Policy. This brochure not only defines sexual abuse and sexual harassment, it explains how to avoid sexual abuse and harassment, as well as what to do if the youth is sexually abused. The Executive Director of Operations serves as the Agency PREA Coordinator. He reports directly to the Deputy Secretary of the Operations Division. This high level designation reflects, to this auditor, the seriousness with which the administration takes sexual abuse and sexual harassment and also their commitment to protecting the youth in their care and to the PREA and all PREA standards. The Department also has a statewide PREA Specialist who works with all the facilities by coordinating with the training unit to ensure that all PREA Compliance Managers at each facility have been trained on the standards and any updates and to serve as a resource person for the facilities. The PREA Compliance Manager for Carter Center is the Assistant Superintendent. He reports directly to the Superintendent. A sample of Youth Acknowledgment Statements confirmed youth were educated on the Zero Tolerance Policy and in reporting sexual abuse. Interviews with 13 staff, including direct care and specialized staff, and six (6) youth confirmed that they have all been educated on the agency's Zero Tolerance Policy. All youth reported that they were provided information about the Zero Tolerance Policy and reporting procedures during intake and were given a copy of the brochure entitled, "What You Should Know About Sexual Abuse and Harassment."

**§115.312 Contract with other Entities for the Confinement of Residents**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

All reviewed contracts with other entities for the confinement of residents contained language requiring the contractor to comply with PREA. The DJS PREA Specialist related that all contractors are monitored by the DJS to ensure compliance with the PREA Standards.

**§115.313 Supervision and Monitoring**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policy RF-713-14, Direct Care Staffing, with an effective date of 2/15/14 and DJS Policy 701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, with an effective date of 2/4/15 require each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of youth. DJS RF-713-14, Direct Care Staffing, also requires the plan to account for departmental youth to staff ratios, physical plant, video monitoring, and federal standards. The facility staffing plans for 2014 and 2015 provide for minimum staffing levels of 3-3-2 for each shift, 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> respectively with staff to youth ratios of 1:7 during days and 1:7 at night absent exigent circumstances. Documentation was provided to confirm the staffing plan is reviewed annually. Minimum staffing and ratios were predicated on an average daily population of 14; however, the documented average daily population for the past 12 months was 11. DJS Policy-RF-713-14 also provides instructions for responding to and documenting exigent circumstances. The facility reported that there have been two documented deviations from the minimum staffing levels as the result of exigent circumstances during the past 12 months. Unannounced rounds are required by DJS Policy RF-703-14, Direct Care Staffing, RF-703-14, Supervision and Movement of Youth. Unannounced rounds were documented in the reviewed logbooks and confirmed through staff interviews. An OIG Investigator, in an interview, reported that he and other OIG Investigators conduct weekly reviews of facility video and report to the Superintendent in weekly safety and security reports. A part of that viewing is to determine what staff are doing and whether or not they are complying with DJS Policy and Procedures. Interviews with staff indicated they are aware of the minimum staff to youth ratios. They also related that the established minimum staffing levels are maintained and they were not aware of any circumstances where the facility staffing was not compliant.

**§115.315 Limits to Cross Gender Viewing and Searches**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policies, Carter Center FOPs including the following: (DJS- RF-715-14, Admissions and Orientation of Youth in DJS Facilities, effective 5/27/14; DJS-RF-712-14, Searches of Youth, Employees, and Visitors, effective 11/5/14, FOP 8.7, Searches, effective 12/10/14, FOP 8.4, Limits to Cross Gender Viewing and Searches, effective 7/21/14; FOP 13.4, Shower Procedures, effective 3/30/15 and a Pat Down Search Training Brochure, March 2015, clearly prohibit cross gender pat down searches, cross gender strip or cross gender visual body cavity searches of residents and prohibits staff searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The reviewed Pat Down Search Training Brochure and reviewed training rosters indicated that staff were being trained in conducting pat down searches and in professionally searching transgender and intersex youth. DJS Policies and the Facility's FOPs require staff of the opposite gender to announce their presence upon entering a unit housing residents of the opposite gender. Showers are conducted by same gender staff. Youth shower one at a time and enter the shower area clothed and exit the shower area clothed. Opposite gender staff are not permitted on the hallway when showers are being conducted. All of the interviewed youth related that staff do not conduct any type of cross gender searches at this facility. They indicated that they had never been searched by an opposite gender staff nor had they ever seen an opposite gender staff conduct a search on any other opposite gender resident. Youth and staff confirmed shower practices.

**§115.316 Residents with Disabilities and Residents Who are Limited English Proficient**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Reviewed policies, procedures and other documentation provided indicates that the Department and this facility take seriously their responsibilities for ensuring that residents with disabilities and with limited English proficiency are provided equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. These policies and procedures also prohibit reliance on youth interpreters or resident readers except in limited circumstances where delay could compromise the youth's safety, the performance of first responder duties, or the investigation of a youth's allegations. The facility reported that they have not had any occasions where they have utilized resident interpreters or resident readers during the past twelve months. Reviewed policies included the following: DJS-RF-715-14, Admission and Orientation of Youth in DJS Facilities, effective 5/27/14; MGT-625-14, Nondiscrimination of Youth, effective 12/22/14; MGT-627-14, Communications with Limited English Proficiency, 12/22/14; and OPS-911-15, Accessibility for Youth with Hearing Impairments, effective 1/15/15. An email from the Director, Office of Fair Practices/Equal Employment Opportunity, dated 3/25/13, directed facility staff to utilize the following contracted services for interpretive services: On-Site Services: AdAstra Incorporated; Telephonic Interpretive Services: Language Line Solutions and Written Translation Services: Schreiber Translations, Incorporated. Interviewed staff related that youth readers or interpreters would not be used to translate or interpret for other youth absent an emergency.



All staff were aware that the facility has access to interpretive services. Intake staff explained how they would be able to access these services. Interviewed youth were aware that interpreters are available if needed.

### **§115.317 Hiring and Promotion Decisions**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Reviewed policies, procedures, documentation and interviews indicated that the Maryland DJS has a comprehensive and multilayered system for conducting background checks on employees, contractors and volunteers. DJS Policy HR-410-15, effective 3/13/15; COMAR 12.10.01.05B, Criminal History Investigation Requirements; Maryland State Department of Education Juvenile Services Education Program, Revised 9/26/13; DJS Policy HR-01-10, Random Reasonable Suspicion Checks of Child Abuse and Neglect, effective 7/7/10; and OPI, SD D1211-03-02, Selection and Certification Standards for Mandated Positions, effective 6/18/03 documented compliance with all requirements of this standard. Initial Background Checks minimally include the following: criminal history record checks, child abuse and neglect checks and sex offender registry checks through Child Protective Services and the Children's Electronic Social Services Information Exchange (CHESSIE), best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignations during a pending investigation or an allegation of sexual abuse and a driving records check. Policies also require additional random background checks of 5% of all employees annually (who were not previously randomly selected within the past 12 months) and checks based on reasonable suspicion of child abuse and neglect. The department also has the unique ability to receive alerts at any time an employee is arrested. An interview with the Director of Human Resources was conducted by Certified Auditor Dorothy Xanos on 4/15/15. The background check process described was consistent with all PREA requirements and included background checks prior to the first day of hire, background checks for staff who are promoted, and full background checks for contractual employees. An interview with the facility director confirmed the background check process.

### **§115.318 Upgrades to Facilities and Technology**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The DJS Video Surveillance System report indicates that the J. DeWeese Carter Youth Center has thirty (30) video cameras as the result of an enhancement completed in 2014. During the tour cameras were observed throughout the facility. Video monitors in the control room were observed to be clear and they were being monitored by staff. Staff reported that in the event a camera is out, work orders are submitted and the cameras are repaired expeditiously. Vulnerability surveys



conducted on 3/1/14 documented the need for an additional camera in the conference room. Another Vulnerability Survey, conducted 4/1/15 documented that a camera was added to the conference room.

### **§115.321 Evidence Protocol and Forensic Medical Examinations**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Reviewed documentation and interviews confirmed that the Office of Inspector General (OIG) conducts administrative investigations; however, initially the OIG, Child Protective Services and Maryland State Police work together to determine if the investigation is administrative or criminal. OIG investigates administrative allegations while the Maryland State Police investigate criminal allegations. Investigators follow a uniform protocol for collecting evidence (Maryland State Police Guidelines for Submitting Physical Evidence, revised 12/2012). Although the facility reported that they did not have any allegations in the past 12 months requiring a forensic exam, the department has been proactive in identifying medical facilities with SAFE/FNES. The Carter Center would utilize the Chester River Health System (for youth 13 and over) and the Memorial Hospital of Easton (for youth 12 and under) for forensic exams. These facilities have Sexual Assault Forensic Examiners and Forensic Nurse Examiners. DJS has documented attempts to enter into MOUs with the Rape Crisis Center (For All Seasons, Inc.) in Easton, MD. Reviewed documentation also included definitions of what constituted a qualified employee. A list of qualified staff, trained as advocates in March 2015, who would serve in the roles of Sexual Assault Responders when an advocate from For All Seasons, Inc. was unable to respond in a timely manner. Exams are provided with no cost to the victim. Interviewed staff were aware of the need to protect and collect evidence following an allegation of sexual abuse. An interview with the facility nurse confirmed the process for accessing forensic exams as well as how to collect evidence initially by using the PREA evidence kits.

### **§115.322 Policies to Ensure Referrals of Allegations for Investigations**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policies and procedures are replete with requirements to report all allegations and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.B, Reporting, in addition to requiring reporting instructs staff to report allegations made in verbally, in

writing, anonymously and by third parties. Section III.D, Investigations of that same policy require reports to be made to Child Protective Services (CPS), Maryland State Police (MSP) and the Office of Inspector General (OIG). The Office of Inspector General (OIG) is the unit responsible for conducting administrative investigations and the Maryland State Police (MSP) will investigate all criminal allegations. DJS OPS-913-15, Reporting and Investigating Child Abuse and Neglect. Effective 3/11/15 also addresses the requirements to report as well as investigation responsibilities by each unit (CPS,OIG and MSP). The facility reported one allegation of sexual abuse /sexual harassment received in the past 12 months. The Maryland DJS Website contains instructions on reporting allegations of sexual abuse to the DJS Office of Inspector General and provides a phone number. Additionally, the website provides easy access to DJS Policies RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance and DJS-OPS-913-15, Reporting and Investigating Child Abuse and Neglect. Additionally the Superintendent provided the auditor a memo dated May 20, 2015 confirming that all full and part time DJS Staff, intergovernmental agreement staff, education staff, contract staff, interns and volunteers have received and completed all DJS required PERA training. Staff are aware of the reporting process on receiving an allegation of sexual abuse or sexual harassment. Every staff interviewed was aware of the agencies responsible for conducting investigations, including Child Protective Services, the Office of Inspector General and the Maryland State Police.

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policy RF-701-15, III.A.5, Employee Training, requires PREA Training upon becoming an employee (entry level) and annually as well as refresher and the Facility's FOP, 18.6, Employee Training for PREA, effective 6/25/14, requires the following training for employees: 1) 4 hours PREA at the DJS Academy 2) PREA On Line annually, including the zero tolerance policy and 3) Training during at least 2 All Hands Meetings. A review of 4 Units of required training confirmed that all 11 items required in this standard are covered and the training was observed to be comprehensive and repetitive, which was effectively presented. A review of sampled training rosters as well as staff interviews confirmed that staff are receiving their required PREA Training. Sampled staff training records confirmed staff had received the training as required. In addition to the required training, documentation was provided to indicate that twenty-seven (27) staff had completed the NIC Training entitled Responding to Sexual Abuse. Staff's quick, confident and affirmative responses to questions during the interview process confirmed that staff are receiving PREA Education. Staff were knowledgeable of the Zero Tolerance Policy, as well as the agency's policies and procedures and practices to prevent, detect, respond and report sexual abuse, sexual harassment and sexual misconduct.

**§115.332 Volunteer and Contractor Training**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facilities Standards Compliance, III.6.a and b, require that volunteers and contractors are trained in the Zero Tolerance Policy and reporting and complete training required in the DJS PREA Mandated Training Document, Appendix 2 which requires training in DJS Policy RF-701-15 and that they complete the Youth Development Orientation, which provides training in the following: Zero Tolerance Policy, Reporting and Investigating Child Abuse and Neglect, PREA Policy (701-15), Incident Reporting and Confidentiality, and CPS Reporting of Child Abuse/Neglect. A list of volunteers was provided as the current active volunteers at the facility. A review of volunteer's contracts for nine (9) volunteers confirmed they had been made aware of the facilities requirements for confidentiality and reporting through Child Protective Services. Contracts documented that each volunteer was provided DJS Policies on Confidentiality, Elimination and Reporting of Sexual Abuse and Harassment, Incident Reporting and Investigating Child Abuse and Neglect. Volunteers acknowledge their understanding by signing and dating their contracts. The Superintendent provided a memo dated May 20, 2015 stating that all volunteers and contract staff have received and completed all required PREA training. An interview with a volunteer selected at random from the facility volunteer list indicated that she was aware of the Agency's Zero Tolerance Policy, confidentiality, keeping boundaries, and reporting immediately any allegation of sexual abuse or sexual harassment. She stated she was told she would have to report any allegation whether or not the youth reported that the alleged sexual abuse occurred in the community or in the facility. This volunteer stated she has been a volunteer for the past three years providing structured curricula on an array of topics ranging from honoring cultural differences to parenting and conflict resolution.

**§115.333 Resident Education**

**Overall Determination:**

- Exceeds Standard (*substantially exceeds requirements of standard*)
- Meets Standard (*substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard (*requires corrective action*)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and J. DeWeese FOP, Resident Training for PREA, requires that youth are trained during admission and orientation in the Zero Tolerance Policy and in reporting sexual abuse and sexual harassment. Youth are also provided the "What You Should Know" pamphlet, providing youth with information about sexual abuse, harassment and retaliation and actions the youth should take if they had become a victim, including how to report it. A memo dated May 21, 2015, signed by the Superintendent confirmed that all youth receive their initial PREA Orientation within 72 hours of arrival. Within 10 calendar days youth are required to have received comprehensive age appropriate education including the youth's rights to be free from sexual abuse and sexual harassment and retaliation, reporting and the agency's response to allegations. The FOP adds additionally that youth will also receive bi-weekly training by case managers. Reviewed documentation, including sign in sheets and a sample of acknowledgment statements indicated that youth were receiving the education and training as required. The facility also utilizes the End the Silence Series. 13 of 13 resident files contained documentation that youth received their PREA Orientation the same day as their admission date. Without exception, all of the interviewed youth confirmed that they were trained initially during the admissions process on the Zero Tolerance Policy and how to report allegations of sexual abuse, sexual harassment and sexual misconduct. Each one stated they also were provided a brochure entitled, "What You Should Know" giving them information related to sexual abuse and sexual harassment, including how to avoid it, as well as how to report it. They also confirmed training provided by the child advocate, including training in how to file a grievance. Youth stated that they were constantly having PREA education in the living units. This training is provided by the case managers. Youth also reported seeing a video about PREA.

### **§115.334 Specialized Training: Investigations**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Agency Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, OPS-913-15, Reporting and Investigating Child Abuse and Neglect require reports of allegations of sexual abuse, sexual harassment and retaliation to Child Protective Services, DJS Office of Inspector General and to the Maryland State Police. The Maryland State Police investigates allegations determined to be criminal and OIG investigates allegations determined to be administrative. There are six OIG staff who conduct investigations in DJS Facilities. Documentation was provided to confirm the six named investigators that have completed the Specialized Training provided by the National Institute of Corrections (NIC). The reviewed General Order, 01-14-004, Maryland State Police requires that "Troopers who conduct investigations of alleged sexual contact with prisoners will have received training that meets PREA Standards." The agency does not conduct criminal investigations. An interview with an Office of Inspector General Investigator confirmed that OIG Investigating staff are required to complete the National Institute of Corrections, on-line specialized training for investigators conducting investigations in confinement settings. He also related that a number of investigators have had prior law enforcement experience and training in investigation procedures.

### **§115.335 Specialized Training: Medical and Mental Health Care**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The PREA Mandated Training, Appendix 2, DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, identifies the medical staff, contracted and employees and mental health staff, contracted and employees, who are required to complete the NIC Specialized Medical Care, Sexual Assault Victims in Confinement Settings and the NIC Specialized Behavioral Health Care Sexual Assault Victims in Confinement Settings. The facility identified 6 medical and mental health staff who had completed the NIC Specialized training for Medical and Behavioral Health Staff. The facility Superintendent provided a memo dated May 21, 2015 confirming that all mental health and medical staff, full, part time, contracted and employees provided through intergovernmental agreements have successfully completed the NIC Specialized Training for Mental Health and Behavioral Health. Six NIC Specialized Training Certificates for medical and mental health staff were provided as well for review. An interview with the facility nurse and a behavioral health staff confirmed that they have received the NIC Specialized Training for Medical and Behavioral Health Staff. They stated that all medical and behavioral staff are required to complete the NIC Training. Additionally, the behavioral health staff who is an employee of Corsica Mental Health Services, is a licensed clinical counselor and has had

extensive training in sexual abuse. She also stated she has received the eight (8) hour PREA Training and Training in the use of the PREA Kit. The facility nurse, a registered nurse, reported that she has received all of the required PREA Training including the NIC Specialized Training for Medical Staff.

### **§115.341 Screening for Risk of Victimization and Abusiveness**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policies RF-715-14, Admissions and Orientation of Youth in DJS Facilities and DJS Policy RF-716-13, Classification of Youth in DJS Residential Facilities address screening, upon admission or transfer to another facility, for risk for victimization or sexual abusiveness. J. DeWeese Carter Children’s Center utilizes the Vulnerability Assessment Instrument (VAI), an objective screening instrument, to screen for risk for victimization or sexual abusiveness. The screening instrument is administered within 72 hours of intake. It is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments, as well as reviewed court records and case files. Residents who score “vulnerable” to victimization OR sexually aggressive are placed in an alert system (High Alert Status) and staff access to this information is limited and disclosed on a “need to know” basis. These policies also provide for reassessment to be conducted not more than 60 days from the initial VAI and “throughout the youth’s stay”. Reviewed Vulnerability Assessments and Reassessments indicated that practice was consistent with policy. A review of all eight (8) youth case files revealed that all Vulnerability Assessments were conducted on the day of admission as were the housing classification instruments. The reviewed case files documented reassessments that were all conducted as required by DJS Policy. The interviewed case manager was knowledgeable of policy related to Vulnerability Assessments and Housing Classifications and how they are used in tandem to ensure youth are housed appropriately to ensure their safety. She stated that intake staff utilize information that comes with the youth, any information in the DJS Database (ASSIST), including case notes, interviews, administration of the MAYSI Screening Instrument (Mental Health) and the Substance Abuse Screening Instrument (SASSI), observations and the Vulnerability Assessment and Housing Classification to make a determination for housing and programming. Alerts are input into the system and are available to staff on a need to know basis.

### **§115.342 Use of Screening Information**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Reviewed DJS Policies and the Carter Facility Operating Procedure 18.3, Housing Plan for Youth At Risk, thoroughly describe the screening and assessment process (Classification Assessments; Vulnerability Assessment Instrument – VAI) and how

that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to make and inform housing decisions, bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse (DJS Policy RF-716-13, Classification of Youth in DJS Residential Facilities and DJS Policy 715-13, Admission and Orientation of Youth in DJS Facilities.) Although the facility reports that there have been no residents at risk for sexual victimization in the past 12 months, policies and procedures require that residents at risk for sexual victimization may only be placed in isolation as a last resort and only if less restrictive measures are inadequate to keep them and other residents safe and then only until an alternative means of keeping all residents safe can be arranged. Residents who may be placed in isolation as a result of being at risk for sexual victimization would have access to services including education and special education, daily large muscle exercise and daily visits by medical and mental health staff. Policy and procedures prohibit placing LGBTI residents in particular housing, beds or other assignments based solely on their identification or status nor will their status or identification be considered an indicator of likelihood of being sexually abusive. The facility has not had any transgender or intersex residents admitted to the facility but policies and procedures require that housing and program assignments are made on a case by case basis.

### **§115.351 Resident Reporting**

#### **Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

#### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Youth who are detained at J. DeWeese Carter Children's Center have multiple internal ways to report sexual abuse and sexual harassment, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Youth are informed that they may report to a trusted adult, parent/legal guardian, youth advocate and attorney or through using the grievance process and these reports may be made verbally, in writing and through the grievance process. Youth are provided instruction in how to access the sexual abuse hotline (211) as a way to report allegations of sexual abuse and sexual harassment anonymously to an entity that is not a part of the DJS. DJS also has a youth advocate who comes to the facility weekly or twice a month to talk with you, to provide an additional orientation to the PREA Zero Tolerance Policy and Grievance Process. Reporting procedures are made available to youth in the Student Handbook, Instructions for accessing the Sexual Abuse Hotline and through posters accessible throughout the facility. An interview with the DJS PREA Specialist indicated that youth may not be detained in the Carter Center solely for civil immigration purposes. The Superintendent provide a memorandum dated May 28, 2015, confirming that there have been no youth at J. DeWeese Carter Facility detained solely for immigration purposes. One hundred percent (100%) of the eight (8) youth interviewed easily and quickly identified multiple ways to report sexual abuse, sexual harassment and sexual misconduct. Internally they said they could tell a trusted staff and every interviewed youth reported that there were staff at the facility that they trusted to report to. Additionally, they said they could report it verbally to any staff, the child advocate, to parents/guardians, to a volunteer, another youth, to the police and their attorney. They also related they could use the telephone to access the hotline to report sexual abuse and write letters. None of the youth stated they had had a need to report but all assured the auditor they would know how to report it if it occurred. Staff were equally aware of how youth and staff could make reports both internally and externally and privately and through third parties.

### **§115.352 Exhaustion of Administrative Remedies**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The facility has a multi-layered grievance process enabling timely response and layers of review. DJS Policies RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and OPS 907-14, Youth Grievance, describe the orientation youth receive explaining how to use the grievance process to report allegations of abuse. The orientation is done by the child advocate. Policies describe an unimpeded process and allow for other individuals to file grievances on behalf of youth. Youth are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. DJS Policy requires emergency grievances to be resolved within 8 hours with a written response within 48 hours. A reviewed letter from the Director of the Child Advocate Unit stated there have been no emergency grievances in the past 12 months. The facility also stated and confirmed in a memo dated May 28, 2015 that there have been no allegations of sexual abuse or sexual harassment or retaliation reports using the grievance process in the past 12 months. All of the interviewed youth stated they were made aware of the grievance process during intake and that the child advocate also comes to the facility to conduct an orientation about the grievance process. Youth also stated they are able to access the grievance process and have confidence in it. Interviewed staff confirmed the grievance process as well. An interview with the child advocate indicated that he does provide the orientation to the grievance process and youth sign an acknowledgment that they understand it.

**§115.353 Resident Access to Outside Confidential Support Services**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, the J. DeWeese Carter Youth Facility FOP Youth Rights: Accessibility to Telephone Calls and FOP Youth Rights: To Legal Counsel and Outside Support Services, as well as reviewed and observed posters, including dialing Instructions for the Sexual Abuse Hotline and reviewed flyers pertaining to sexual abuse provide multiple ways for youth to access outside support services. The facility is working on a MOU with the Rape Crisis Center (For All Seasons, Inc.) and Victim Advocacy Services and this was documented in several emails. Staff trained advocates are available as a part of the Sexual Assault Response Team. Names and numbers are posted and accessible. An interview with the DJS PREA Specialist indicated the facility does not detain youth solely for civil immigration purposes. Youth are able to communicate with their legal representative via phone, mail and through visitation. The facility provides two calls to parents weekly, provides for the toll free hotline to report sexual abuse and permits parental visitation and letter writing to parents/legal guardians. Youth are well aware of how to access outside reporting. They indicated that they have access to phone numbers for Rape Crisis Centers and Advocates. They are not as certain about all the services they provide but were aware of their rights to have an advocate. Staff are



knowledgeable of how to access outside support services including accessing Qualified Staff Advocates from the Sexual Assault Response List.

### **§115.354 Third-Party Reporting**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Agency Policies provide for third party reporting and instruct staff to accept third party reports. Youth are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, youth advocate or attorney. Third party reporting is discussed in DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.7.e and in DJS OPS-913-15, Reporting and Investigation of Child Abuse and Neglect, III.A.2. The public is encouraged to make third party reports. This is done with the J. DeWeese Orientation Post Card that encourages parents/legal guardians to report allegations and the Facility Administrator's Phone Number is provided. The DJS website also encourages third party reporting by providing the telephone number for reports. Youth and staff are well educated on multiple internal and external ways to report, verbally, in writing and anonymously, including third parties. Youth understood what a "third party" was and each was able to name an array of third parties who could report on their behalf or assist them in reporting. Staff, also were well informed and stated they have been trained to take each and every allegation seriously. They are told as well that they are to accept any form in which an allegation is presented whether in person verbally, in writing and from third parties.

### **§115.361 Staff and Agency Reporting Duties**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policies are replete with requirements for staff reporting all allegations, knowledge, information and suspicions regarding sexual abuse and sexual harassment or retaliation against a youth or staff for reporting. These include DJS RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, OPS 913-15, Reporting and Investigating Child Abuse and Neglect, OPS-900-15, Incident Reporting. Additionally, the policies explain in detail the reporting process for staff. The Family Law Article .07.07.02.00 identifies facility staff as mandated reporters. Every interviewed staff was able to articulate their procedures for reporting allegations of sexual abuse, sexual harassment and sexual misconduct. They very confidently stated they would be required, as mandated reporters, to report and they would notify Child Protective Services, Maryland State Police and the Office of Inspector General (OIG). Staff stated that their duty was not to investigate but to separate the victim from the perpetrator, notify the shift supervisor, protect the alleged crime scene and evidence, complete incident reports and make notifications.

## **§115.362 Agency Protection Duties**

### **Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

### **Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policy Rf-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, III.C.1 Interventions, requires immediate response and actions to be taken on learning that a youth is subject to a substantial risk of imminent sexual abuse. The facility reported that one youth was identified as having been in substantial risk of imminent sexual abuse in the past 12 months. They also related that action was taken immediately to protect the resident and investigate. Staff, once again related that they have been instructed to and will take all allegations seriously. When asked what actions they would take in response to an allegation made to them, they consistently stated they would take it seriously, separate the alleged victim from the alleged potential perpetrator. They indicated they would let the youth remain with them until decisions could be made, change the youth's room or living unit, and possibly transfer the youth or perpetrator to another facility. If the alleged potential perpetrator was a staff, they indicated that staff would be placed on no contact, reassigned to another unit, placed on leave or transferred to another facility.

## **§115.363 Reporting to other Confinement Facilities**

### **Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Although the facility reported in a memorandum to the auditor dated May 28, 2015 that they have not had any incidents in the past twelve (12) months in which a youth being admitted to the facility reported an allegation of sexual abuse while confined at another facility, DJS Policies and Procedures clearly address the procedures to be used if such an allegation was made. These include DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and DJS OPS-900-15, Incident Reporting. These procedures require the Facility Administrator, upon receiving an allegation that a youth was sexually abused while confined at another facility, to notify the Facility Administrator where the alleged abuse occurred and to report it in accordance with DJS Policies and ensure that it is investigated. The memo also stated that there have been no occasions where the facility received notification from another facility alleging that youth had been sexually abused while at the Carter Facility. The Facility Superintendent related that upon receiving a report or notification that a youth has made an allegation of sexual abuse, sexual harassment or sexual misconduct the occurred in the sending facility, she would contact the Superintendent of the sending facility to make him/her aware of the allegation. She related she would then report the allegation as she would any other allegation, make the required notifications and make sure it is investigated.

### **§115.364 Staff First Responder Duties**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Staff first responder duties are specific and clearly stated in DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment, III.C, Interventions, #2a-c and in J. DeWeese Carter Youth Facility FOP, First Responder and Coordinated Response to Sexual Abuse and Harassment Incidents. Actions to be taken by first staff responding to a report of sexual abuse included separating the alleged victim from the alleged abuser; preserving the crime scene (staff may use the First Responder's Kit) where time frames would allow for collecting physical evidence, requesting that the alleged victim not take any action that could destroy physical evidence and ensure that the alleged abuser does not take action to destroy or compromise any potential physical evidence. The youth would of course be seen by J. DeWeese Carter medical Staff and taken to Memorial Hospital in Easton for a forensic exam. An advocate would be secured if one was not available through the Rape Crisis Center. Staff consistently were able to articulate, with considerable detail, and sequentially, actions they would take as a First Responder. Their confidence in responding to questions regarding First Responder duties was, to this auditor, clear evidence of a successful training program.

### **§115.365 Coordinated Response**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The DJS and Facility have very thorough and specific actions to take when an allegation of sexual abuse is made. DJS Policy, RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance; J. DeWeese Carter, FOP 18.9, First Responder's and Coordinated Response to Sexual Abuse and Harassment Incidents, clearly enumerate the actions to be taken by each discipline or involved staff person. These include the following: The first responder, Medical, Shift Commander, Behavioral Health Staff, Facility Administrator, and OIG. Plans include instructions for accessing SAFEs/FNEs and Victim Advocates, how to access Child Protective Services and telephone numbers for accessing the State's Attorney. Staff consistently were able to articulate their responsibilities in the Coordinated Response Plan. It was clearly evident that they have been trained and educated in these responsibilities.

### **§115.366 Preservation of Ability to Protect Residents from Contact with Abusers**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*

- Meets Standard (*substantial compliance; complies in all material ways with the standard for the relevant review period*)  
 Does Not Meet Standard (*requires corrective action*)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS provided the auditor with three (3) Memoranda of Understanding (Agreements) and the agreements are consistent with provisions of PREA Standards, including PREA Standard 115.372 and 115.376. These MOUs included the MOU for Bargaining Unit E Preamble. The state (as employer) entered into a MOU with AFT Healthcare-Maryland, AFT, AFL-CIO Local 5197 (Union). Additionally, another MOU is for Bargaining Unit G Preamble in which the State (as Employer) entered into a MOU (Agreement) with the Maryland Professional Employees Counsel/AFT/AFL-CIO Local 6197 (Union). The last MOU provided was for Bargaining Unit H Preamble in which the State (Employer) entered into a MOU with the American Federation of State, County and Municipal Employees, AFL-CIO and Teamsters (Union). The contracts did not contain any language that would prevent the DJS from placing a staff on no contact or sanctioning an employee consistent with the Code of Ethics/Conduct or removing an employee from his/her duties or terminating the employee as a result of a substantiated allegation or criminal finding related to a criminal investigation of sexual abuse, sexual harassment or sexual misconduct. Interviews with the Superintendent indicated that, although covered by collective bargaining agreements, all employees are state employees and governed by the personnel policies of the state, including the Code of Ethics/Conduct.

**§115.367 Agency Protection Against Retaliation**

**Overall Determination:**

- Exceeds Standard (*substantially exceeds requirements of standard*)  
 Meets Standard (*substantial compliance; complies in all material ways with the standard for the relevant review period*)  
 Does Not Meet Standard (*requires corrective action*)

**Auditor Comments (including corrective actions needed if it does not meet standard)**

Agency policy prohibits retaliation against any staff or youth for making a report of sexual abuse, as well as retaliation against a victim who has suffered from abuse. Policy requires the Office of Inspector General (OIG) to monitor the conduct or treatment of youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. Policy requires prompt action to remedy it by reporting it to the Facility Administrator, the Assigned Executive Director and Deputy Secretary of Operations. Indicators would be monitored and these would include things such as youth disciplinary reports, housing and program changes, and reassignments of staff. Monitoring would be continued beyond 90 days if needed. The Assistant Superintendent serves as the facility's Retaliation Monitor. The facility provided a memo dated May 28, 2015 confirming that there have been no incidents of retaliation in the past twelve (12) months. He indicated, in an interview, that upon receiving a complaint of retaliation he would ensure that action was taken immediately to protect the victim of the alleged retaliation. This could include moving the youth, if the victim was a youth, to another room, another unit or possibly transferring the youth. If the alleged perpetrator of retaliation was a staff, the staff would be placed on no contact, moved to another unit, placed on administrative leave and possibly moved to another facility. The retaliation monitor related he would be looking for indicators of possible retaliation including behavior points being removed, observed interactions, loss of responsibilities or disciplinary reports from the alleged perpetrator of potential retaliation. If the alleged or potential victim of retaliation was a staff, he would look for indicators such a shift reassignments, changes in performance reports or changes in behavior. He indicated he would meet with the youth to determine progress and would continue to monitor the behavior for at least 90 days and beyond if needed. An interview with the Superintendent indicated youth would be monitored and staff would meet with the youth or staff victims at least every two weeks.

## **§115.368 Post Allegation Protective Custody**

### **Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*  
 Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*  
 Does Not Meet Standard *(requires corrective action)*

### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Post-allegation protective custody procedures are addressed in DJS Policies and in J. DeWeese Carter Youth Facility FOP, 18.3, Housing Plans For At Risk Youth. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III. Post-Allegation Protective Custody, identifies four (4) options that may be used to protect youth. These include: use of seclusion/isolation, housing reassignment, separation from the general population in self-contained intensive services unit or through a transfer to another facility. Facility procedures related to the use of seclusion or isolation comply fully with PREA Standards. Seclusion/isolation may be used only as a last resort and then only after lesser restrictive means are inadequate to keep the victim/abuser/all others safe. Additionally, these may be used only until alternative means of keeping all youth safe can be arranged. The facility director will ensure that justifications for these decisions are documented. Procedures written in DJS Policy RF-716-13, Classification of Youth in DJS Facilities, III.B, Placement of Youth in Housing, Bed, Programs, Education and Work Assignments, reiterate the requirements of PREA Standard 115.368. The facility reported that there have been no youth who have made allegations of sexual abuse who have been secluded or isolated during the past 12 months. In addition, the facility utilizes The Challenge Program and does not use isolation. Interviewed staff and youth reported the facility does not use isolation.

## **§115.371 Criminal and Administrative Agency Investigations**

### **Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*  
 Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*  
 Does Not Meet Standard *(requires corrective action)*

### **Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.D, PREA Investigations, paragraphs 1-7 require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to Child Protective Services (CPS) for investigation and determination of child abuse; to the Maryland State Police (MSP) for determination of criminal charges and to Office of Inspector General (OIG) for completion of an administrative investigation. Several reviewed incident reports indicated the facility reported the incidents as required. The DJS Policy also states that the departure of the alleged abuser or victim from the employment of the facility or the Department does not serve as a basis for terminating and investigation. Reports are required to be maintained by the Department as long as the alleged abuser is incarcerated or employed by the department, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention. The facility reported that there were no sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012. Interviewed staff confirmed they are well aware of their responsibilities as mandated reporters. Staff were aware that the Office Inspector General conducts administrative investigations and that the Maryland State Police conduct

criminal investigations. They also are aware that reports are made to Child Protective Services to determine abuse and that they will also conduct an investigation. The state's attorney, in consultation with the Maryland State Police would make decisions regarding prosecution.

### **§115.372 Evidentiary Standards for Administrative Investigations**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

The reviewed Title 17, Department of Budget and Management, Subtitle 04 Personnel Services and Benefits, Chapter 05, Disciplinary Actions, .01, Disciplinary Actions Generally, paragraph D states "the standard of proof in all disciplinary actions is a preponderance of evidence." An interview with the OIG investigator indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the Facility Superintendent in consultation with legal and his/her supervisory staff and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence.

### **§115.373 Reporting to Residents**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

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

Additionally Child Protective Services ruled out their need to investigate, as did the Maryland State Police. The facility Superintendent stated that notifications to residents are made verbally and in writing using the DJS Notification Form.

### **§115.376 Disciplinary Sanctions of Staff**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

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

### **§115.377 Corrective Action for Contractors and Volunteers**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (including corrective actions needed if it does not meet standard)**

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



## **§115.378 Disciplinary Sanctions for Residents**

### **Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Residents at J. DeWeese Carter Youth Facility, found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program, which is the Challenge Program. These include therapy, counseling or other interventions designed to address and correct the underlying reasons for their conduct. The facility reported that there have been no administrative or criminal findings of guilt for resident on resident sexual abuse that have occurred at the facility in the past 12 months. Policy states that residents are disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Youth may also be referred for prosecution if the violation is criminal in nature. Interviews with the Superintendent and Assistant Superintendent confirmed that any disciplinary sanctions for residents would be handled through the Challenge Program, the facility's behavior management program. If the violation is criminal, they indicated the youth would be referred for prosecution to the state's attorney.

## **§115.381 Medical and Mental Health Screenings; History of Sexual Abuse**

### **Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

### **Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policy Rf-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III. F, On-Going Medical and Mental Health Services, Paragraphs 1-8, require that medical and mental health evaluation and, as appropriate, treatment, is offered to all youth victimized by sexual abuse. Youth who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 calendar days of admission/screening. Youth are not charged for services and information related to past victimization and abusiveness, in accordance with policy, is strictly limited to medical and mental health staff and other DJS Staff to inform treatment plans and security management decisions, including housing, bed, work, educational and program decisions. There are currently three (3) youth in the population who have reported prior sexual victimization. Documentation was provided that indicated that these youth were seen by mental health either the same day of the day after. Two of the youth are currently in individual therapy and one is receiving trauma therapy. When conducting interviews with the youth, one youth reported that she had reported prior sexual victimization during the admissions process and one youth had reported her prior victimization to the mental health counselor. Both youth related that they were told that staff would have to report the allegations. The youth also stated that they were seen by a mental health professional either the same day or shortly thereafter.

## **§115.382 Access to Emergency Medical and Mental Health Services**

### **Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*  
 Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*  
 Does Not Meet Standard *(requires corrective action)*

### **Auditor Comments (including corrective actions needed if it does not meet standard)**

Youth are provided unimpeded access to routine and emergency medical and mental health care at the facility and if necessary through outside resources including the local hospital and Rape Crisis Center servicing this facility. A memo dated May 28, 2015 confirmed that in the past twelve (12) months there have been no cases that required ongoing medical or mental health care for sexual abuse victims and/or abusers at the facility. Interviewed health care staff described an array of services offered at the facility. Following an allegation of sexual abuse the nurse at the facility, if on duty, would see the resident immediately to tend to any medical issues that could be attended to at the facility. Emergency medical services are available in the community through the local hospital. In the event a youth required a forensic exam, a youth advocate from the Rape Crisis Center or through the Sexual Assault Response Team, would be available to serve the youth.

## **§115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victim and Abusers**

### **Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*  
 Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*  
 Does Not Meet Standard *(requires corrective action)*

### **Auditor Comments (including corrective actions needed if it does not meet standard)**

DJS Policy RF-01-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.F, Ongoing Medical and Mental Health Services requires that the facility offer medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse. A safety plan developed in collaboration with medical, mental health, security and the administration addresses the roles of each for any youth alleging sexual abuse, sexual harassment or sexual misconduct. On-going medical care for a victim of sexual abuse would include testing and treating sexually transmitted diseases, offering pregnancy tests and if pregnancy results from vaginal penetration, offers the youth appropriate and comprehensive information about the timely access to all lawfully pregnancy related medical services. An interview with the facility Registered Nurse confirmed that the services described in DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance would be offered to any victim of sexual abuse. The Licensed Mental Health Counselor described services offered at the facility, including following up on any issues identified in the MAYSI Screening Instrument as appropriate as well as reports of prior victimization. Several youth who reported prior sexual victimization are presently receiving on-going individual or trauma counseling, as appropriate. The Mental Health Staff related that any services needed beyond the scope of services offered in the facility would be made available in the community. Interviews with two youth who reported prior victimization confirmed that they were seen by mental health either the same day as the report or the next.

## §115.386 Sexual Abuse Incident Reviews

### Overall Determination:

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

### Auditor Comments (including corrective actions needed if it does not meet standard)

DJS Policy RF-701-15, Eliminating and Reporting of Sexual Abuse and Harassment PREA Juvenile Facility Standards Compliance and J. DeWeese Carter Youth Facility, FOP, 18.10 Sexual Abuse Incident Reviews, requires reviews of incidents at the conclusion of an investigation and generally within seven (7) days), paragraph 3. The FOP requires the multidisciplinary team shall include upper level management with input from line supervisors, investigators and medical or mental health practitioners. Paragraph 5 of the FOP addresses each item for review that is required by the PREA Standards. Documentation of an Incident Review was provided. The team composition was consistent with the FOP. Input from the investigator can be secured via phone if the investigator cannot be physically present. Interviews with the Superintendent and Assistant Superintendent/PREA Compliance Manager confirmed their knowledge of the policies and procedures governing the purpose, composition of the committee and elements for review. The Superintendent was able to articulate the requirements and the importance of the reviews to determine, if possible, motivations for the incident as well as identifying any areas for corrective actions.

## §115.387 Data Collection

### Overall Determination:

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

### Auditor Comments (including corrective actions needed if it does not meet standard)

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment – PREA Juvenile Facility Standards Compliance and OPS-900-15, Incident Reporting-DJS Programs requires collection of accurate, uniform data for every allegation of sexual assault. The DJS PREA Coordinator collects all data relating to PREA. DJS has a data collection instrument to answer all questions for the US Department of Justice Survey of Sexual Abuse Violence. A review of the annual report and the SSV Report indicated compliance with the standard.

## §115.388 Data Review for Corrective Action

### Overall Determination:

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

**Auditor Comments (Including corrective actions needed if it does not meet standard)**

The reviewed Annual Report, completed May 28, 2015, indicated compliance with the standard and included all of the required elements. The DJS Annual Report is posted on the DJS Website for public review. The facility monitors collected data to determine and assess the need for any corrective actions.

**§115.389 Data Storage, Publication and Destruction**

**Overall Determination:**

- Exceeds Standard *(substantially exceeds requirements of standard)*
- Meets Standard *(substantial compliance; complies in all material ways with the standard for the relevant review period)*
- Does Not Meet Standard *(requires corrective action)*

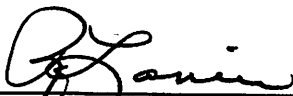
**Auditor Comments (including corrective actions needed if it does not meet standard)**

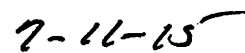
DJS Requires, in DJ Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Facility Standards Compliance, that data is collected, securely retained for 10 years and all personal identifiers are removed. The reviewed data indicated that all personal identifiers are removed.

**Note:** Any questions about PREA standards, required documentation or process please refer to the PREA Resource Center website under Juvenile Standards.

**Auditor Certification:**

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review.

  
\_\_\_\_\_  
**Auditor Signature**

  
\_\_\_\_\_  
**Date**