

JUVENILE FACILITIES

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> April 14, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Meadow Mountain Youth Center			
<b>Facility physical address:</b> 234 Recovery Road; Grantsville, Maryland 21536			
<b>Facility mailing address:</b> (if different from above)			
<b>Facility telephone number:</b> (301) 895-5669 & (301) 895-3425			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Leslie WilHelm			
<b>Number of staff assigned to the facility in the last 12 months:</b> 54			
<b>Designed facility capacity:</b> 40			
<b>Current population of facility:</b> 35			
<b>Facility security levels/inmate custody levels:</b> staff secure			
<b>Age range of the population:</b> 14 - 19			
<b>Name of PREA Compliance Manager:</b> Corey Marshall		<b>Title:</b>	Asst. Superintendent
<b>Email address:</b> Corey.Marshall@maryland.gov		<b>Telephone number:</b>	(301) 895-5669 &
<b>Agency Information</b>			
<b>Name of agency:</b> Department of Juvenile Services			
<b>Governing authority or parent agency:</b> (if applicable)			
<b>Physical address:</b> One Center Plaza, 120 W. Fayette Street, Baltimore, MD 21201			
<b>Mailing address:</b> (if different from above)			
<b>Telephone number:</b> (410) 230-3101			
<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Wallis Norman		<b>Title:</b>	Exec. Dir of Juv Opr.
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## AUDIT FINDINGS

### NARRATIVE

Meadow Mountain Youth Center (MMYC) is a 40 bed staff secure male residential treatment facility governed by the Maryland Department of Juvenile Services (DJS). The program provides services for young men who have been adjudicated and committed directly from the juvenile court system. The length of stay in the program is based upon residents completing their individual treatment goals and program expectations; however, the average length of stay is six (6) to nine (9) months. A multi-disciplinary treatment team consisting of staff from administration, case management, medical, mental health, substance abuse, and direct care supervision determines resident's treatment needs and ensures continuity of treatment services from intake to release. There were thirty-five (35) residents at the facility at the time of the review.

In keeping with the universal DJS vision statement, this facility believes in challenging residents daily to not only change their behaviors, but to understand that they are a product of these continued behaviors. The facility staff accept the responsibility of creating a safe and secure environment for the residents under their care, in this environment they can truly grow into productive members of society.

The facility is staffed with fifty-six (56) full-time and part-time employees including contracted services from Allegheny Health Department. The staff consisted of: Superintendent; Assistant Superintendent; Mental Health Therapist/Social Worker; four (4) Addiction Counselors; four (4) Case Management Specialists; two (2) Resident Advisor Supervisors; two (2) Resident Advisor Leads; three (3) Residential Group Life Managers; nineteen (19) Resident Advisors I & II; nine (9) Resident Advisor Trainees; Coordinator of Recreation; two (2) Youth Transport Officer; and seven (7) other staff (Food Service, Maintenance and office). A full-time licensed registered nurse has been assigned from the health department to provide medical services on-site. Comprehensive physicals and dental services are provided off-site by the health department. Emergency services and forensic examinations are conducted at the Garrett County Memorial Hospital, Oakland, Maryland. Education services are delivered on site by General and Special Education instructors of the Maryland State Department of Education. The facility provides individualized rehabilitative and mental health/substance abuse counseling services. Specialized treatment and services include life skills, behavior modification, substance abuse and anger management groups. All residents are afforded access to medical services, recreational, religious, and volunteer programs also are provided, as well as a variety of enrichment activities.

In 2013, Juvenile Service Education through the Maryland State Department of Education (MSDE) assumed responsibility for the educational program and began providing accredited academic and vocational programming services. Previously, DJS had provided the educational program including an aquaculture vocational program in which students earned a 60 hour certificate with competencies needed to become an Aquaculture Technician I. Students are provided the same curriculum that is mandated for all schools in Maryland. The school offers a 12-month schedule that includes six (6) hours of daily instruction five (5) days a week. From middle school to high school, students are offered the content core classes in English, Mathematics, Science, Social Studies and health and life skills using the curriculum outlined in the Maryland College and Career Readiness Standards. Students are also offered a Career and Technology Education course entitled Career and Research Development I and II with a curriculum also approved by MSDE for all schools. There are five (5) teachers certified and are required to meet the highly qualified standards as set forth in the No Child Left Behind Act. During their studies, the students also have the opportunity to earn certificates that will increase their employability once released from MMYC. These certificates which are recognized by their related industries include OSHA 10 and ServSafe. Students enrolled in MMYC School are working toward their high school diploma by earning credits and when appropriate, they may be preparing to earn their diploma by examination through the General Educational Development (GED) Program.

MMYC residents volunteer at various local small business organizations such as participating in the Pinetum Tree Farm yearly. This paid workout helps a local Christmas tree farmer yield his crop for the Christmas season. It provides the resident with a paycheck for their work on his tree farm. The residents learn many aspects of the tree farming business, and actually see a monetary return for their hard work. Similarly, the residents also participate in yearly dock removal. The residents at MMYC provide the locals with the strength needed to remove their boating docks at Deep Creek Lake to prepare for the harsh winters ahead. The facility is able to buy extra Christmas items for the residents with this monetary return. Also, the residents have been given the opportunity to join in with a local soup kitchen at the Devine Hope Church. Beginning the 3rd Tuesday (April 2015) and every 3rd Tuesday thereafter, the residents will be able to dine with the locals. They will experience what it is like to run a soup kitchen, dine and chat with people of all ages, and financial status.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Meadow Mountain Youth Center (MMYC) opened as a forestry camp for boys in June, 1958 and reopened as Meadow Mountain Youth Center in October, 1984. The Center offers an intensive out-patient program providing residents with at least nine (9) hours of drug treatment weekly. Additionally, Meadow Mountain houses the Reflections Program which includes a high and low ropes challenge course, an aquatic challenge, and different outdoor activities. The Meadow Mountain Youth Center (MMYC) is a staff secure juvenile residential facility housing males between the ages of 14 and 18. The facility has a budgeted capacity of forty (40) males committed to DJS. The facility occupies 8.2 acres of rural land located on sloping mountain terrain and is surrounded by mountainous forest land. The physical plant is composed of seventeen (17) buildings constructed of Metal-sided/wood frame, T-I 11 structures. The facility has eight (8) major buildings including dormitory, kitchen, recreation/gymnasium, and education in addition to nine (9) minor buildings.

MMYC realizes that in order for a resident to be successful in treatment and begin making responsible decisions, the entire resident must be treated as a whole. They provide each resident with the opportunity to self-assess the severity of their substance use and to freely acknowledge how using and self-destructive behaviors have affected all aspects of their lives.

The MMYC utilizes The CHALLENGE Program Model. The CHALLENGE Program is a behavior management program designed for use in the Department's detention and residential treatment facilities. Similar to behavior modification, behavior management is grounded in the principles of positive reinforcement and modeling and is intended to encourage pro-social behavior. Social skills are therefore introduced and modeled and behavioral expectations are clearly delineated. These behavioral expectations and social skills are then positively reinforced by recognizing students who meet them. The implementation of the CHALLENGE Program begins with clear expectations for student's behavior at individual, as well as the group level. Behavioral expectations are found in the CHALLENGE Youth Creed as well as in facility, dining hall, school, and community meeting rules. Since the majority of activity within the facility takes place within groups, expectations for appropriate behavior extend to the group as well. The CHALLENGE Program holds students accountable for individual behavior and teaches students to be mindful of the impact their behavior may have on the larger community. A structured daily routine provides consistency and predictability for students and staff. The daily routine maps out all facets of the day including meals, school, treatment services, health care, physical exercise, and bed time. A distinguishing element of the CHALLENGE Program's daily routine is the Community Meeting. (Note that a community consists of a single unit within a larger facility). Community meetings serve multiple purposes. First, they are intended to provide daily opportunities for students to practice interpersonal and leadership skills. In addition, they are expected to promote a sense of community by teaching the importance of community responsibility, teamwork, and good citizenship. Leadership roles within the community are earned as students progress through the program. Morning and evening community meetings are held daily and are governed by strict meeting protocol. Affirmations play a central role in community meetings and serve to establish a positive climate. Students recite positive affirmations in the morning and evening. Community meetings also provide students with a forum to voice concerns or feelings. The CHALLENGE Program systematically provides positive reinforcement to reward desired behavior. Three primary methods are used: a Point System, a Level System, and Social/Reinforcement.

MMYC provides mental health services to residents on an as needed basis. The MMYC has a master's level, licensed mental health counselor who provides initial assessment and triage protocol to determine each resident's mental health needs while in the facility. The Massachusetts Youth Screening Instrument (MAYSI) is administered at intake for every new admission by the Department's Intake Unit. Each resident's MAYSI instrument is scored and reviewed by mental health services upon admission to the designated center. Previous Multidisciplinary Assessment Team's evaluation and recommendations, previous psychiatric and psychological evaluations, reports, and a review of the clinical record is conducted to determine a resident's placement. Mental health counselors co-facilitate Psycho-Educational Groups one time weekly, Seven Challenges Groups one time weekly, and participate in Community Meetings two times weekly on a rotational basis to capture and have exposure to working relationships with all residents participating in treatment. Aftercare planning and ongoing assessment to formulate aftercare recommendations is coordinated with Addictions Services and Case Management Specialists prior to discharge. Aftercare plans including individual and family therapy and medication management are explored with the resident's parent/guardian/care givers and are identified in the discharge summary narratives. Home visits are available for residents who are ready to be released into the community. They provide youth with an opportunity to implement skills they have learned while at MMYC. Home visits are also used to help residents reintegrate into their families and communities.

All residents at the MMYC attend substance abuse services. Residents admitted to the facility are administered a Substance Abuse Subtle Screening Inventory (SASSI) and participate in a substance use assessment. Based on the substance abuse assessment a level of care is determined by a licensed substance abuse clinician. Residents determined to be in need of Early Intervention Substance Abuse Services participate in Seven Challenges Group Sessions on a weekly basis. Early Intervention residents are involved in individual counseling sessions on an as needed basis. Residents determined to be in need of Outpatient Substance Abuse Treatment, participate in Seven Challenges Group Sessions, Seven Challenges Journaling Group Sessions on a weekly basis, and individual counseling sessions bi-weekly. Family sessions are also conducted on an as needed basis. The Seven Challenges Program is designed specifically for adolescents with drug problems, to motivate a decision and commitment to change, and to support success in implementing the desired changes.

Structured recreation is under the direct supervision of the assigned recreation specialist at the facility. This programming will keep residents active throughout the day, provide an introduction to a variety of leisure time activities, and focus on skill development and team building. Activities will be developed based on resident's strength and interest as a means to engage and encourage participation. Recreational activities will be scheduled around educational and treatment efforts and promote a fully scheduled day for residents. All off grounds trips and the Changing Habits and Making Progressive Strides (C.H.A.M.P.S.) sports league is used throughout the state to offer residents who excel in the program the opportunity to participate in intramural sports on a weekly basis. The Reflections Program is an adventure based outdoor program developed to present the residents with challenges and activities. This programming occurs on a rotating schedule and instills character education, service learning, and educational outcomes for residents who attend through multiple activities such as aquatics, challenge course/ropes activities, hiking, biking, and snow tubing weather permitting. All activities are designed with the intention of promoting teamwork and communication.

## SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted on March 3, 2015, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the DJS PREA Specialist. The photographs indicated notices were posted in various locations throughout the facility including the housing and administrative areas. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received on March 16, 2015. The documents, which were uploaded to a UBS flash drive, were well organized and easy to navigate. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address some of the standards. After a discussion with the DJS PREA Specialist, and providing a list of noted concerns, the DJS PREA Specialist sent the documentation prior to arrival to the facility. Also several documents were provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on April 14, 2015. An entrance briefing was conducted with the DJS PREA Specialist, Superintendent and Assistant Superintendent. During the briefing, it was explained the audit process and a tentative schedule for the one (1) day to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted including the administrative area, dormitory, kitchen area, varied offices (case managers, medical and mental health) school building and several other buildings. During the tour, residents were observed to be under constant supervision of the staff while involved in school and other activities. The facility was clean and well maintained. Notification of the PREA audit was posted in various locations throughout the facility (Administration Building (offices), Fish House, Health Center, School building (varied classrooms), Mental Health Building, Kitchen, Recreation/Gymnasium, and Dormitory Groups 1-4) as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate.

The video surveillance system is scheduled for installation by September 2015. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. There will be no cameras installed in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in the male housing dormitories did allow for privacy.

During the one (1) day on-site visit, there were a total of thirty-five (35) residents in the facility. There is one dorm with an open bay area with four (4) groups and three (3) residents were randomly selected from two (2) groups and two (2) residents were selected from the other two (2) groups for the interview process. A total of ten (10) residents were interviewed on the day of the audit. Residents were well informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services that the community based victims advocate provides. The community victims' advocacy service, The Dove Center was contacted to verify the scope of services that will be provided to Meadow Mountain Youth Center. There is evidence of efforts of DJS obtaining a Memorandum of Understanding with The Dove Center to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams. Also, the facility has the services of a child advocate who handles the grievances for the residents.

Twenty (20) staff including those from all three (3) shifts, administrative and supervisory staff, medical, mental health and substance abuse staff, case management specialists, child advocate, contracted staff, the Superintendent and Assistant Superintendent were interviewed. The DJS Deputy Secretary of Operations, DJS PREA Coordinator, the Director of Human Resources and HR Specialist had been interviewed prior to the arrival and after the on-site visit. Overall, the interviews revealed the staff is knowledgeable of PREA standards and were able to articulate their responsibilities.

At the end of the day, an exit briefing with a summary of the findings was conducted with the DJS PREA Specialist, Superintendent and Assistant Superintendent. Additionally, the following morning, a debriefing was held at the DJS headquarters with the Deputy Secretary of Operations, DJS PREA Specialist and Special Assistant to advise on the facility's summary of the findings. At both exit debriefings, it was discussed that two (2) standards (115.368 & 115.372) were identified as requiring additional documentation and clarification in the policy and procedures. It was determined this information would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

### **Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of the Department of Juvenile Services (DJS) Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. Additionally, the policy provided guidelines for implementing the facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents. The policy is in full compliance with the standard.

DJS has a designated juvenile PREA Coordinator who indicated he has sufficient time and authority to develop, implement and oversee compliance efforts of fourteen (14) residential and detention facilities. MMYC Assistant Superintendent is designated as their PREA Compliance Manager who also indicated that he has sufficient time to oversee the facility's PREA compliance efforts and perform other duties as assigned.

### **Standard 115.312 Contracting with other entities for the confinement of residents**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

A review of DJS policy on Compliance Laws describes the contractors obligations to comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act. DJS has entered into/renewed five (5) contracts for confinement of residents in the past twelve (12) months. These contractors are monitored by DJS to ensure compliance with the PREA standards.

### Standard 115.313 Supervision and monitoring

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

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DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); DJS Policy RF-703-14 (Supervision and Movement of Youth); DJS Policy RF-713-14 (Direct care staffing) and MMYC Facility Operating Procedures (FOP) dated 2/2/15, 2/13/15 and 2/25/15 contained information identifying the facility shall comply with staffing requirements including exigent circumstances, monitoring blind spots, and supervisory staff conducting unannounced rounds during all shifts. During the initial documentation review, the facility staff to youth ratios list of all DJS detention and residential facilities signed 5/19/14 by the Deputy Secretary identified the facility's staffing ratio as 1:10 during the resident waking hours and 1:16 during resident sleeping hours. The facility's staffing plan approved on 12/8/14, documentation of deviations of the staffing plan and the annual review of the staffing plan were found to be in compliance with this standard due to the facility's reduced population. In the past three (3) months, the facility's population average was 22 residents and the staffing ratio in practice during awake hours was 1:8. However, as the population increases towards capacity level of 40 residents, the DJS executive team will be revisiting the staffing ratios of this facility to ensure compliance with this standard. MMYC is a staff secure facility and utilizes staff monitoring to protect the residents from sexual abuse and harassment. The Superintendent, Assistant Superintendent and assigned Supervisors conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment.

### Standard 115.315 Limits to cross-gender viewing and searches

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

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The initial documentation review of DJS Policy RF-715-14 (Admissions and Orientation of Youth in DJS Facilities); RF-712-14 (Searches of Youth, Employees and Visitors) and several MMYC Facility Operating Procedures (FOP) dated 2/2/15 revealed policy and procedures on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, female staff announcing when entering dorm area, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. In March 2015, DJS had developed a pat down search brochure containing pictures and descriptions of how to conduct pat down searches in compliance with this standard. A review of the training brochure, training documentation and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. There were no cross-gender pat-down searches conducted during the past 12 months. Staff and resident interviews indicated that female staff entering the dorm area consistently announce themselves. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them.

### **Standard 115.316 Residents with disabilities and residents who are limited English proficient**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-715-14 (Admissions and Orientation of Youth in DJS Facilities); MGT-625-14 (Non discrimination of Youth); MGT-627-14 (Communication with Limited English Proficient Persons) and OPS-911-15 (Accessibility of Youth with Hearing Impairments) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy states the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a residents' safety. DJS has established contracts for statewide services to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. DJS has developed flash cards in various languages requesting for an interpreter that is provided to a resident during the admission process. DJS has assigned LEP Coordinators located in the various regions to assist all facilities and private providers with limited English proficient residents.

Staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months. Staff training documentation and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Additionally, all residents are provided with a pamphlet on "What You Should Know About Sexual Abuse and Harassment." Both the handbook and pamphlet are available in Spanish.

### **Standard 115.317 Hiring and promotion decisions**

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

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DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); HR-410-15 ( Background Investigations Policy) and HR-01-10 (Random or Reasonable Suspicion Checks of Child Abuse or Neglect) contained all the elements required by this standard and all background checks are conducted initially on new employees and randomly selected on current employees. DJS has an extensive background screening requirements and has a system in place that any current employee arrested, the Director of Human Resources is notified via email immediately. Also random selection checks are completed each quarter, HR will provide a computer generated list of 5% of employees who have not been selected for a CPS check within the previous 12 months to the OIG. All new employees are screened for criminal record check, child abuse and neglect check (Child Electronic Social Service Information Exchange), sex offender registration check and driving records check. Staff files contained the PREA Mandated Disclosure form, Addendum to Application for State Employment and Acknowledgment of Receipt of the Standards of Conduct and Disciplinary Process Handbook. Interviews with the Director of Human Resources and HR Specialist confirmed staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, contractors who have contact with residents have documented criminal background checks.

### Standard 115.318 Upgrades to facilities and technologies

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

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DJS has not acquired any new facilities since August 20, 2012. The facility had some modifications completed within the last six months to certain areas i. e. the dorm bathrooms were modified to provide privacy in the shower and toilet areas to comply with this standard. Also additional offices were added to the Reflections Building known as the mental health building. The initial documentation review contained a list (DJS Video Surveillance System) that contained installation dates of all detention and residential facilities. The facility is scheduled for September 2015 to install cameras and a security system to address any blind spots in the facility. This will enable the staff to monitor residents more efficiently throughout the physical plant of the facility. At the present time, the staff monitors those areas to ensure security of the residents.

### Standard 115.321 Evidence protocol and forensic medical examinations

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

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Initial documentation review of COMAR Regulation; Maryland State Police (MSP) Guidelines for Physical Evidence; DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); Sexual Assault Responder Support Staff (SARS) Notification Protocol; Maryland VAWA Forensic Compliance Guidelines and a list of the Maryland Rape Crisis and Recovery Centers contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. There is evidence of efforts of DJS obtaining a Memorandum of Understanding with The Dove Center to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams. Documentation was provided that the medical examiners at Garrett County Memorial Hospital are SAFE certified.

Maryland State Police (MSP), DJS Child Protective Services (CPS) and Office of Inspector General (OIG) investigate allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hot line. CPS will contact the appropriate local law agency to co-investigate. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. Staff interviews confirmed their knowledge on who conducts the sexual abuse investigations.



### Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and RF-714-13 (Reporting and Investigating Child Abuse and Neglect) require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the DJS Child Protective Services (CPS) for investigation and determination of child abuse and Maryland State Police (MSP) for the determination of criminal charges. Staff refer all allegations of sexual abuse and harassment to the Office of Inspector General (OIG) for completion of an administrative investigation. There were no allegations of sexual abuse or sexual harassment in the past 12 months. Interviews with the Superintendent and other staff verified their knowledge of the policy's requirements.

### Standard 115.331 Employee training

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and MGT-622-14 (Staff Training), MMYC Facility Operating Procedures (FOP) dated 2/2/15, the training curriculum, staff training documentation and staff interviews confirmed staff receives PREA training during initial training and annually during refresher training. All topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's male resident population. All employees are trained as new hires regardless of their previous experience. Additionally, all employees receive training on the "PREA Response Kit Video" and during monthly Muster PREA meetings. Employees training records are maintained electronically and comprehension of PREA training was verified during staff interviews.

### Standard 115.332 Volunteer and contractor training

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); OPS-900-15 (Incident Reporting - DJS Programs); OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) and OPS-908-14 (Volunteer Services) requires volunteers and contractors who have contact with residents to receive PREA training. The policies require the appropriate supervisor to provide training to the volunteer/contractor and the training is documented. Volunteers and contractors sign documentation acknowledging that they understand the training they received. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training.

### Standard 115.333 Resident education

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and MMYC Facility Operating Procedures (FOP) dated 2/25/15 requires residents to receive training information regarding safety, their rights and how to report sexual abuse and harassment within 10 days upon arrival. However, the Case Management Specialist provides the residents with this information immediately upon arrival during their initial intake and orientation process. During the initial intake, the Case Management Specialist reviews this information verbally with the resident and a hard copy is provided to them for future reference. After the review with the resident he is asked to sign various forms which include: a written youth acknowledgment form, youth grievance policy, zero tolerance policy to name a few verifying receipt for all information regarding orientation to the facility. Documentation of resident's signatures were reviewed and confirmed during resident interviews. Residents are provided a MMYC Youth Handbook and pamphlet which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. Additionally, recently residents during the orientation process see a video presentation on PREA. All residents interviewed stated they received this information the same day they arrived at the facility and weekly thereafter. Staff presents PREA information in a manner that is accessible to all residents. The facility utilizes the END SILENCE comic book series (Billy Speaks Out, Carlos Question, Charles Report, Mary's Friend, and Sheila's Dilemma).

### Standard 115.334 Specialized training: Investigations

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and Maryland State Police (MSP) OPS 13.03 (Operation Directive) require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the DJS Child Protective Services (CPS) for investigation and determination of child abuse and Maryland State Police (MSP) for the determination of criminal charges. Staff refer all allegations of sexual abuse and harassment to the Office of Inspector General (OIG) for completion of an administrative investigation. The facility does not conduct administrative or criminal investigations; however, documentation was reviewed indicating that PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement are provided by CPS. There are six (6) investigators statewide who conduct investigations for Department and all six (6) have completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting Course.

### Standard 115.335 Specialized training: Medical and mental health care

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed medical and mental health/substance abuse staff received the basic PREA training provided to all staff. Additionally, all twelve (12) staff completed the NIC PREA Behavioral Health Care for Sexual Assault Victims in a Confinement Setting Course. Interviews with the on-site nurse, mental health therapist and addictions counselor verified completing the on-line specialized training offered by NIC. The nurse does not conduct forensic examinations.

### **Standard 115.341 Screening for risk of victimization and abusiveness**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-715-14 (Admissions and Orientation of Youth in DJS Facilities) and RF-716-13 (Classification of Youth in DJS Residential Facilities) requires prior to placement as part of the screening process each resident is screened for risk of victimization with the "Vulnerability Assessment Instrument" (VAI) and Housing Classification Instrument. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into the alert system (High Alert Status), as well as receiving further assessments, as identified. The program requires staff to reassess residents every sixty (60) days throughout their stay at the facility. The facility's policies limits staff access to this information on a "need to know basis". Resident interviews and the documentation revealed that risk screenings are being conducted. Staff interviews confirmed a screening is completed on each resident upon admission to the program.

### **Standard 115.342 Use of screening information**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-716-13 (Classification of Youth in DJS Residential Facilities) and MMYC Facility Operating Procedures (FOP) dated 2/2/15 precludes gay, bi-sexual, transgender and intersex residents being placed in a particular dormitory. Staff interviews also verified compliance with this standard. The facility's Case Management Specialists utilize various forms and any other pertinent information during the resident's admission process to determine a resident's appropriate placement, housing and High Alert Status assignment to ensure resident's safety and security. These forms are "Vulnerability Assessment Instrument" (VAI) and Housing Classification Instrument, an initial health assessment and mental health/substance abuse screening form. The facility does not utilize isolation for residents. The Dormitory is an open bay area with four (4) separate sleeping groups occupying up to ten (10) residents in each group. Each group has five (5) sets of bunk beds designated in a certain area of the Dormitory.

### Standard 115.351 Resident reporting

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-715-14 (Admissions and Orientation of Youth in DJS Facilities) and OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) provides multiple internal ways for residents to report sexual abuse and harassment including advising an administrator, a staff member, a telephone line (GTL-211), and placing a written complaint in the grievance box. While touring the entire facility, it was observed in the dining and living areas postings of PREA materials (victim advocate information and posters). Resident interviews indicated several ways to report sexual abuse and sexual harassment. They can directly pick up and dial "211" (hot line), speak with a staff they trust or third party. However, the residents did not identify the grievance box nor the youth advocate as a means to report sexual abuse and sexual harassment. This was pointed out during the exit debriefing and will be looked at by the executive team. All resident and staff interviews along with the resident's handbook, supporting documentation and posted signs verified compliance with this standard.

### Standard 115.352 Exhaustion of administrative remedies

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-715-14 (Admissions and Orientation of Youth in DJS Facilities) and OPS-907-14 (Youth Grievance) has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written complaint in the grievance box located in various locations (dining area, living areas) throughout the facility's campus. There have been no grievances relating to sexual abuse or sexual harassment received in the past 12 months.

### Standard 115.353 Resident access to outside confidential support services

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); RF-10-05 (Youth's Right - Telephone Calls Policy); RF-01-06 (Youth's Right - Access to Legal Counsel) and MMYC Facility Operating Procedures (FOP) dated 12/14/14 and 3/09/15 ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is documentation of the DJS PREA Specialist's efforts to obtain victim advocate services with the Dove Center. The Dove Center has some limitations but they will be able to provide confidential emotional support and counseling services to residents who are victims of sexual abuse and accompany the resident (victim) to the Garrett County Memorial Hospital. Additionally, they will provide a 24/7 hot line number for residents to telephone a victim advocate when in need of emotional support. There have been no calls from residents to the Dove Center in the past 12 months. Resident interviews revealed they are knowledgeable of how to access this service and they were able to describe services offered. Also resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone.

### Standard 115.354 Third-party reporting

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) identifies the Department's third party reporting process. DJS website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, parents/guardians receive information regarding third-party reporting from the facility. Most resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

### Standard 115.361 Staff and agency reporting duties

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS 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); OPS-900-15 (Incident Reporting - DJS Programs); COMAR Standard and Family Law Article identified the reporting process for all facility staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All facility staff are mandated reporters and random staff interviews confirmed the program's compliance with this standard. Interviews with medical, mental health and substance abuse staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

### Standard 115.362 Agency protection duties

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) require that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with the Superintendent and other random staff verified compliance with this standard.

### **Standard 115.363 Reporting to other confinement facilities**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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 the Facility Administrator to notify the Facility Administrator of the other facility immediately upon receiving an allegation that a resident was sexually abused while confined at another facility. Also the Facility Administrator is to immediately report the incident in accordance with the Incident Reporting Policy and Procedures and the Reporting and Investigating Child Abuse and Neglect Policy and Procedures. The Superintendent has received no allegations that a resident was abused while neither confined at another facility nor were there any allegations received from another facility during the past 12 months.

### **Standard 115.364 Staff first responder duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and MMYC Facility Operating Procedures (FOP) dated 3/10/15 requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There were no allegations of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused.



### Standard 115.365 Coordinated response

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Coordinated Response Plan dated 3/11/15 and MMYC Facility Operating Procedures (FOP) dated 3/10/15 provides a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, mental health, facility leadership and executive staff. Interviews with the Superintendent and Assistant Superintendent and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

### Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Documentation was provided for three (3) Memorandum of Understanding (Agreement) and the agreements are consistent with provisions of PREA standards 115.372 and 115.376. The first is: MOU for Bargaining Unit E Preamble - The State of Maryland (Employer) has entered into Memorandum of Understanding (Agreement) with AFT Healthcare-Maryland, AFT, AFL-CIO Local 5197 (the Union). The second is: MOU for Bargaining Unit G Preamble - The State of Maryland (Employer) has entered into Memorandum of Understanding (Agreement) with the Maryland Professional Employees Counsel/AFT/AFL-CIO Local 6197 (the Union). And the third is: MOU for Bargaining Unit H Preamble - The State of Maryland ("Employer") has entered into Memorandum of Understanding ("Agreement") with the American Federation of State, County and Municipal Employees, AFL-CIO and Teamsters ("Union").

### **Standard 115.367 Agency protection against retaliation**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-913-15 (Reporting and Investigating Child Abuse and Neglect) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. The Assistant Superintendent is responsible with monitoring for possible retaliation. There were no incidents of retaliation in the past 12 months.

### **Standard 115.368 Post-allegation protective custody**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of this policy DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) did not contain any information on post-allegation protective custody or guidelines for moving a resident to another housing area or another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. The facility does not have isolation rooms. No residents who have alleged sexual abuse in the past 12 months were secluded or isolated from the other residents. The residents were placed in another housing group or staff was placed on "no contact with youth." Since the initial review and on-site visit, the policy was updated to contain all the elements of the standard and the information was received prior to the submission of this report.

### **Standard 115.371 Criminal and administrative agency investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the DJS Child Protective Services (CPS) for investigation and determination of child abuse and Maryland State Police (MSP) for the determination of criminal charges. Staff refer all allegations of sexual abuse and harassment to the Office of Inspector General (OIG) for completion of an administrative investigation. There have been no reported investigations of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. Additionally, there have been no sustained allegations of conduct that appear to be criminal that were referred for prosecution in the past 12 months.

### **Standard 115.372 Evidentiary standard for administrative investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The initial review of documentation for this standard was unclear. Since the initial review and on-site visit, the documentation was provided containing all the elements of the standard and the information was received prior to the submission of this report. DJS Office of Inspector General (OIG) Investigation process investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated.

### Standard 115.373 Reporting to residents

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. There were no criminal or administrative investigations during the past 12 months. The Superintendent and Assistant Superintendent and the DJS PREA Coordinator validated their technical knowledge of the reporting process during their interviews.

### Standard 115.376 Disciplinary sanctions for staff

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and DJS Standards of Conduct and Disciplinary Process requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. There have been no employees terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies.

### **Standard 115.377 Corrective action for contractors and volunteers**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-908-14 (Volunteer Services) requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during interviews with the Superintendent and Director of Human Resources. There have been no volunteers or contractors reported in the past 12 months.

### **Standard 115.378 Disciplinary sanctions for residents**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) mandates that any resident found in violation of the facility's zero tolerance policy against sexual abuse, assault, conduct or harassment will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.

### **Standard 115.381 Medical and mental health screenings; history of sexual abuse**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) indicates that residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the medical and mental health/substance abuse screening. There were no residents who disclosed prior victimization during their initial screening process. During the interviews with the medical, mental health and substance abuse staff confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers.

### **Standard 115.382 Access to emergency medical and mental health services**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires timely and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. Documentation provided confirmed treatment services are provided to every victim without financial cost.

### **Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Garrett County Memorial Hospital where they will receive treatment and where physical evidence can be gathered by a certified SAFE medical examiner. There have been no investigations of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. However, there is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused.

### **Standard 115.386 Sexual abuse incident reviews**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and MMYC Facility Operating Procedures (FOP) dated 2/25/15 requires a Sexual Abuse Incident Review of every sexual abuse allegation within 30 days of the conclusion of the investigation. There have been no investigations of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. Staff interviews confirmed they would document their review on their Sexual Abuse Incident Team Review form that captures all aspects of an incident.

### Standard 115.387 Data collection

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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 the 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 U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to this standard.

### Standard 115.388 Data review for corrective action

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

There have been no investigations of alleged resident's sexual abuse or inappropriate sexual behavior that occurred in this facility in the past 12 months. DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. The 2014 annual report was readily available on the DJS website.



**Standard 115.389 Data storage, publication, and destruction**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

May 20, 2015

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

\_\_\_\_\_  
Date