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**JUVENILE JUSTICE MONITORING UNIT  
OFFICE OF THE ATTORNEY GENERAL**

**3<sup>rd</sup> QUARTER 2011 REPORTS**



**NICK MORONEY**  
*Director*

STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
JUVENILE JUSTICE MONITORING UNIT

December 13, 2011

The Honorable Thomas V. Miller, Jr., President of the Senate  
Maryland General Assembly, H107 State House  
Annapolis, MD 21401

The Honorable Michael E. Busch, Speaker of the House  
Maryland General Assembly, H101 State House  
Annapolis, MD 21401

The Honorable Sam J. Abed, Secretary  
Department of Juvenile Services, One Center Plaza, 120 West Fayette Street  
Baltimore, Maryland 21201

Rosemary King Johnston, Executive Director  
Governor's Office for Children, Office of the Governor  
301 W. Preston Street, Suite 1502  
Baltimore, MD 21201

Members of the State Advisory Board on Juvenile Services  
c/o Department of Juvenile Services, One Center Plaza, 120 West Fayette Street  
Baltimore, Maryland 21201

Dear Mr. President, Mr. Speaker, Sec. Abed, Ms. Johnston, and State Advisory Board Members:

Enclosed please find the most recent Quarterly Reports from the Juvenile Justice Monitoring Unit (JJMU) at the Office of the Attorney General. This report covers the Third Quarter of 2011, from July 1 to September 30, 2011. The Department of Juvenile Services (DJS) Response is included as part of the present document.

I would be pleased to answer any questions you may have about these reports. I can be reached by email at [nmoroney@oag.state.md.us](mailto:nmoroney@oag.state.md.us) and by phone at 410-576-6599 (o) or 410-952-1986 (c). All current and prior reports of the Juvenile Justice Monitoring Unit are available through our website at [www.oag.state.md.us/jjmu](http://www.oag.state.md.us/jjmu).

I look forward to continuing to work with you to enhance programs and services provided to the youth of Maryland.

Respectfully submitted,

*Nick Moroney*

Nick Moroney  
Director  
Juvenile Justice Monitoring Unit

Cc: The Honorable James Brochin, Maryland State Senate  
The Honorable Joan Carter Conway, Maryland State Senate  
The Honorable Brian Frosh, Maryland State Senate  
The Honorable Lisa Gladden, Maryland State Senate  
The Honorable Nancy Jacobs, Maryland State Senate  
The Honorable Edward Kasemeyer, Maryland State Senate  
The Honorable Delores Kelley, Maryland State Senate  
The Honorable Nancy King, Maryland State Senate  
The Honorable James Mathias, Maryland State Senate  
The Honorable C. Anthony Muse, Maryland State Senate  
The Honorable Victor Ramirez, Maryland State Senate  
The Honorable Robert A. Zirkin, Maryland State Senate  
The Honorable Norman Conway, Maryland House of Delegates  
The Honorable Kathleen Dumais, Maryland House of Delegates  
The Honorable Adelaide Eckardt, Maryland House of Delegates  
The Honorable Ana Sol Gutierrez, Maryland House of Delegates  
The Honorable Susan Lee, Maryland House of Delegates  
The Honorable Anthony J. O'Donnell, Maryland House of Delegates  
The Honorable Samuel Rosenburg, Maryland House of Delegates  
The Honorable Luiz R.S. Simmons, Maryland House of Delegates  
The Honorable Nancy Stocksdales, Maryland House of Delegates  
The Honorable Joseph Vallario, Maryland House of Delegates  
The Honorable Jeff Waldstreicher, Maryland House of Delegates  
The Honorable Nancy Kopp, Treasurer's Office  
Katherine Winfree, Chief Deputy Attorney General, Office of the Attorney General

Electronic Copies: Howard Freedlander, Treasurer's Office  
Ronojoy Sen, Governor's StateStat Office  
Linda McWilliams, Karl Pothier and Tammy Brown, DJS

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**NICK MORONEY**  
*Director*

STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
JUVENILE JUSTICE MONITORING UNIT

**FACILITY REPORT**  
**BALTIMORE CITY JUVENILE JUSTICE CENTER**  
**JULY - SEPTEMBER, 2011**

**Facility:** Baltimore City Juvenile Justice Center  
300 North Gay Street  
Baltimore, MD 21202  
Superintendent: Anthony Wynn

**Dates of Visits:** July 20  
August 1  
September 12, 19 and 26, 2011

**Reported by:** Claudia Wright  
Senior Monitor

**Date of Report:** November 2011

## INTRODUCTION

The Baltimore City Juvenile Justice Center (BCJJC) houses a 120- bed detention facility for male youth on the ground floor of a building complex that includes juvenile courts and other youth-related services. The detention center is operated by the Maryland Department of Juvenile Services (DJS/the Department). The school is operated by the Maryland State Department of Education (MSDE).

## SUMMARY OF CRITICAL FINDINGS

- Disproportionate confinement of African American youth in Baltimore City has steadily increased over the last four years.
- Residents wait for extended periods of time for placement. Consistently more than half of all residents at BCJJC are in pending placement status.
- Almost all youth in orientation are transferred within the requisite 72 hours. MSDE now provides teachers on the unit for youth in orientation status.
- The creation and implementation of the Intensive Services and Transition Units continues to contribute to a reduction in the level of violence.
- Use of handcuffs during physical restraint increased.

## FINDINGS

### 1. Population

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Population</b>	<b>Days Over Capacity</b>
120	128	98	July 118 August 116 Sept 112	17

**b. Pending Placement and Detention**

	<b>60 days or more</b>
<b>Pending Placement</b>	55 youths (60, 61*, 62*, 64*, 66*, 67*, 68*, 69, 69, 69, 69, 69*, 70*, 70*, 71, 72*, 74*, 74*, 75*, 75, 75, 76*, 76, 77*, 77*, 77*, 79, 82*, 84, 84*, 85, 86, 87*, 87, 88*, 88*, 88, 92, 93, 94, 95, 100, 101, 102*, 103*, 106, 111, 112*, 119, 123, 124, 139, 141, 165* and 198 days)
<b>Detention</b>	11 youths (69*, 70, 72, 76*, 81*, 95, 102*, 106, 123, 134* and 194 days)

\*Youth still at BCJJC as of data collection date 10/3/2011.

**c. Population by Race/Ethnicity**

97% of youth admitted to BCJJC during the 3<sup>rd</sup> quarter were African American.

	<b>3rd Quarter 2010</b>	<b>3rd Quarter 2011</b>
<b>Total Admissions</b>	786	775
<b>African American</b>	759	755
<b>White/Caucasian</b>	21	18
<b>Other</b>	6	2

## **Applicable Standards**

**Maryland Rules, Rule 11-112. Detention or shelter care.** *Maximum period of detention or shelter care – continued detention or shelter care pending the adjudicatory or waiver hearing may not be ordered for a period of more than thirty days.*

**JDAI Standards I (D) Population Management** *1. Written policies, procedures and actual practices (shall) ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or “stepped down” to non-secure settings. 2. Written policies, procedures and actual practices (shall) ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are “stepped down” to less restrictive settings, or transferred to other settings.*

**Md. Standards for Juvenile Detention Facilities 5.1.5.1** *The provision of ... living space shall be sufficient to adequately meet the needs of the detained youth.*

## 2. Safety and Security

### a. Aggregate Incidents

A total of 328 incidents were filed during the quarter. The table below details incidents involving safety and security.

<b>Incident Categories</b>	<b>3<sup>rd</sup> Quarter 2010</b>	<b>3<sup>rd</sup> Quarter 2011</b>
1. Youth on Youth Physical Assault	97	86
2. Youth on Youth Physical Assault with Injury	49	48
3. Alleged Youth on Staff Physical Assault	14	13
4. Alleged Youth on Staff Physical Assault with Injury	3	4
5. Group Disturbances (injury/property destruction)	6	6
6. Group Disturbances (without injury/destruction)	3	3
7. Restraints	141	142
8. Restraints with Handcuffs	39	46
9. Contraband	9	11
10. Suicide Ideation, Gesture, Attempt or Behavior	3	4

### b. Videotaping of Incidents

Video recordings are deleted after 30 days. Video of critical incidents should be retained for at least a year.

### c. Intensive Services and Transition Units

During the third and fourth quarters of 2009, DJS staff planned and implemented an Intensive Services Unit (ISU). The ISU began as a pilot program for youth involved in

aggressive incidents at BCJJC. A Transition Unit was added later for youth in the process of moving from the ISU back into the general youth population.

Since the ISU program was implemented, violent incidents have decreased significantly. The program positively affects the atmosphere and group dynamic among youth at BCJJC. The ISU model includes individualized behavioral and educational assessments and goals. The program incorporates guarded care plans. MSDE certified teachers and a Special Education instructor provide education services within the unit. Resident Advisers who are selected to work on the ISU receive specialized training. The ISU is a well-designed and effective behavior modification system.

The ISU program requires that representatives from the administration, direct care staff, case management, mental health and education meet weekly to review the progress of each youth. At this meeting, the committee members review the goals that have been set for each youth. They also consider referrals to the program and requests for release. All of these factors are controlled by strict, objective criteria. Occasionally there is some deviation from the written criteria. This is particularly true in reference to the individualized goals set for each youth, and the determination whether those goals have been reached. Deviation from the objective criteria is promptly addressed by the members of the team.

There are also occasional deviations from the strict operating rules of the ISU. During the quarter, ISU staff created a new response to unacceptable behavior that they called "extended time-out." Under extended time-out, youths were confined to their rooms for more than the 15 minutes allowed under the rules for time-out, but were not formally placed in seclusion. Placement in seclusion is necessarily onerous because it requires administrative authorization and extensive documentation. When extended time out was discovered by the administration, it was immediately addressed and was then prohibited.

Day to day problems of implementation are to be expected in a carefully designed, highly structured program. But a prompt response from the administration is crucial to the continued success of the ISU.

The Department should expand the ISU and Transition programs to the other detention facilities.

**d. Security Equipment and Practices**

Staffers at BCJJC continue to use handcuffs during physical restraint of students far more than any other DJS facility.

### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.1 Security and Control** *Security in a detention facility shall recognize and balance the legitimate need for security and safety felt by staff and society with the residents' need for a setting that provides them with safety and a reasonable quality of life.*

**Md. Department of Juvenile Services Policy and Procedure RF-02-07 Use of Crisis Management (CPM) Techniques Policy** *Employees of the Department of Juvenile Services (DJS) ... shall establish and maintain a safe and orderly environment within each facility.*

**CHAPTERS Standards, Juvenile Detention Alternatives Initiative, Annie E. Casey Foundation, VI. Restraints, Isolation, Due Process, and Grievances (A)(2)(b)** *Except for handcuffs used during transportation or facility emergencies, the only mechanical restraints that staff may use in the facility are soft or "therapeutic" restraints: fleece-lined leather, rubber, or canvas hand and leg restraints, and only with physician or mental health authorization.*

### **3. Fire Safety and Physical Plant**

BCJJC is up-to-date and in full compliance regarding state fire prevention inspection requirements and food handling inspection requirements.

Fire Drills are held on each shift monthly as required by DJS policy.

### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 5.2.1** *All detention facilities shall conform to State fire safety requirements.*

### **4. Education**

Movement of residents in orientation to general population assignments has been accelerated so that very few youths are held more than the 72 hours allowed by policy. Further improvement should include the option of foregoing orientation status for youths who are returning to the facility and have recently experienced the orientation process. Quick movement to general population is important so that youngsters can begin regular school activities. However, the administration has alleviated the problem to some extent by allowing some classes on the orientation units.

MSDE issued a report to the legislature in late September that indicates significant improvement in student performance in four important categories.<sup>1</sup> Students

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<sup>1</sup> Maryland State Department of Education, *Report to the Budget Committees on Joint Educational Outcomes for Department of Juvenile Services Facilities*, September 30, 2011.

improved in daily attendance rate, GED pass rate and completions (10 compared to 2 in 2010), number of students showing two month gains in thirty days in reading (234 compared to 192 in 2010), and number of students showing two month gains in thirty days in math (237 compared to 224 in 2010).

#### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.1 Educational Services** *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

### **5. Rehabilitative and Recreational Programming**

All residents receive one hour each day of physical exercise. This exercise usually takes place indoors. Each resident also participates in the BCJJC Boys Club two hours per week. Youth on higher levels of the behavior management program are also allowed to attend Ravens Lounge, where they can play video games and watch movies.

Outdoor recreation areas at BCJJC are not appropriate for youth recreation. In response to the JJMU 2011 Pictorial Report, the Department suggested the following improvements to “reduce the risk of injury and increase visual appeal” of the recreation areas:

- Power cleaning the brick walls;
- Install rubber flooring to cover the concrete surface of the 96’x128’ outdoor area;
- Install 12’ stainless steel bench seating to be bolted, for added safety and security, to the building surface;
- Install vinyl-covered padding behind goals to be bolted, for added safety and security, and finally;
- Install creative mural-type vinyl banners to be bolted, for security, safekeeping and visual appeal.

At the end of the third quarter, none of these improvements have been accomplished.

### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.5.4** ... *Exercise and recreation ... services shall be maintained at a sufficient level to accommodate the number of youth at the facility.*

**Md. Standards for Juvenile Detention Facilities 4.5 Recreational activities** *A well-defined and structured recreation program shall be provided for each resident.*

**Md. Dept. of Juvenile Services Policy and Procedure RF-08-07 Recreational Activities Policy** *The Department of Juvenile Services (DJS) shall provide recreation and leisure activities to youth in DJS residential facilities and programs to promote skill development and prevent idleness. Recreation shall be available to all youth each day. Leisure activities shall be provided to alleviate boredom, provide positive reinforcement and develop skills of cooperation, teamwork and sportsmanship.*

## **6. Medical**

An infirmary is available at BCJJC for those youth who need to be separated from the general population for medical reasons. The medical unit operates 24/7. Dental and psychiatric services are also provided.

### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.3 Health Care Services** *Health care services shall be in accordance with established Departmental policy and procedures.*

## **7. Youth Advocacy, Internal Monitoring and Investigation**

5 grievances were filed by BCJJC youth during the quarter. Youth reportedly avoid filing grievances because they do not want to be labeled as a “snitch”. However, the DJS advocate at BCJJC visits regularly with residents, and many issues are resolved informally.

## **RECOMMENDATIONS**

1. Youth awaiting placement consistently make up nearly half of the BCJJC population. These youth should be moved more quickly to placement.
2. The Department should expand the ISU and Transition programs to other DJS facilities.
3. Handcuffs should only be used for transport. Soft restraints should be used when restraint within the facility is necessary.

## **UNABATED CONDITIONS**

1. BCJJC remains unsuitable for housing youth for extended periods of time.
2. The Department continues to hold youth in pending placement status for long periods of time at BCJJC.
3. All video recorded incidents involving alleged abuse, assault and/or physical restraint should be archived and held for at least a year.



**NICK MORONEY**  
*Director*

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**FACILITY REPORT**  
**J. DEWEESE CARTER CHILDREN'S CENTER**  
**JULY - SEPTEMBER, 2011**

**Facility:** J. DeWeese Carter Children's Center  
300 Scheeler Road  
Chestertown, MD 21620  
Superintendent: Derrick Witherspoon

**Dates of Visits:** August 10  
September 21, 2011

**Reported by:** Claudia Wright  
Senior Monitor

**Date of Report:** November 2011

## INTRODUCTION

The J. DeWeese Carter Youth Facility (Carter) is a 15-bed detention center for boys on Maryland's Eastern Shore. It is located in Chestertown, Kent County. It is operated by the Maryland Department of Juvenile Services (DJS/the Department). Education is provided by the Maryland State Department of Education (MSDE).

The Department announced that, in November 2011, the Carter facility will become the home of a secure treatment program for girls. Boys in detention will be housed at the Lower Eastern Shore Children's Center (LESCC).

## SUMMARY OF CRITICAL FINDINGS

- The Carter facility remained a safe and secure environment for youth during the third quarter of 2011.
- Youth population remained at or below the cap of 15 throughout the third quarter.
- No fire drills were held in August, no fire drills were held on the third shift.

## FINDINGS

### 1. Population

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Monthly Population</b>	<b>Number of Days Over Capacity</b>
15	15	7	July 11 August 13 September 13	0

At a population of 15, each youth has his own room and bed.

#### b. Detention and Pending Placement

On the last day of the third quarter, 3 youths were in detention status for more than 60 days: one youth had been at the facility for 168 days, another for 75 days and a third youth for 64 days. No youth waiting at Carter for a treatment bed (pending placement) had been there for more than 60 days.

c. Race/Ethnicity Breakdown

	3rd Quarter, 2010	3rd Quarter, 2011
<b>Total Admissions</b>	68	72
<b>White</b>	22	29
<b>African American</b>	41	38
<b>Other</b>	5	5

**Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 5.1.5.1** *The provision of ... living space shall be sufficient to adequately meet the needs of the detained youth.*

## 2. Safety and Security

### a. Aggregate Incidents

Incident Categories	3 <sup>rd</sup> Quarter 2010	3 <sup>rd</sup> Quarter 2011
1. Youth on Youth Physical Assault	9	7
2. Youth on Youth Physical Assault with Injury	1	3
3. Alleged Youth on Staff Physical Assault	0	0
4. Alleged Youth on Staff Physical Assault with Injury	0	0
5. Group Disturbances (injury/property destruction)	0	0
6. Group Disturbances (without injury/destruction)	0	0
7. Restraints	11	7
8. Restraints with Handcuffs	0	0
9. Contraband	0	0
10. Suicide Ideation, Gesture, Attempt or Behavior	6	3

Incident numbers were low. The Carter facility remained a safe and secure environment for youth during the third quarter of 2011.

#### **Applicable Standard**

##### **Md. Standards for Juvenile Detention Facilities 5.1.1 Supportive Security**

*Security in a detention facility shall recognize and balance the legitimate need for security and safety felt by staff and society with the residents' need for a setting that provides them with safety and a reasonable quality of life.*

## 3. Physical Plant and Basic Services

### a. Fire Safety

Carter is not holding fire drills as required. Records reflect that only one drill was held in July and September, and no drills were held in August. DJS facilities are required to hold one drill on each shift each month.

**b. Physical Plant**

The staff includes a full time maintenance man who tends to maintenance needs in a timely manner. Beds are suicide-resistant and each youth has his own room. The exterior and interior of the facility are clean and well kept.

**c. Basic Services**

The Food Service Manager for Carter and LESCC works diligently to insure appropriate meals and healthy snacks for youth. Headquarters nutrition personnel also monitor the food service provider.

Linen service is provided by a professional contractor. Adequate equipment is available for youth laundry on site.

Administrators hold regular Town Hall meetings with staff and youth. Suggestions or concerns about food and housing are addressed at these meetings.

**Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.2.1 Conformity with Codes** *All detention facilities shall conform to state fire safety requirements.*

**Md. Standards for Juvenile Detention Facilities 5.5.1 Food Service Management** *A full time staff member experienced in food service management shall supervise the food service operation within a detention facility.*

**4. Education**

The Maryland State Department of Education (MSDE) provides education services at Carter. The education building is clean, spacious and provides a constructive learning environment.

Youth at Carter enter school upon arrival. Records are requested from local schools and are received in a timely manner. Special education requirements continue to be consistently met at Carter.

Youth are in class for six hours each day. Classroom observations indicate youth are academically engaged. The staff to youth ratio allows individual attention to youth education needs. Youth and instructors utilize appropriate, up-to-date textbooks and computer equipment. Students needing GED programs are assisted on an individual basis.

Career planning is included in the education component at Carter.

## **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.1 Educational Services** *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

### **5. Rehabilitative and Recreational Programming**

#### **a. Therapeutic Program**

Staff and administration continue to provide a wide variety of programs to youth, including alcohol and drug abuse groups, focus groups and Town Hall meetings with the Superintendent. Behavioral health and social work staff provide ART (Aggression Replacement Therapy) twice per week. A new social worker joined the staff during the third quarter.

#### **b. Recreational Programming**

Carter youth participate in a variety of recreational activities. The basketball court was recently resurfaced.

#### **c. Parental Involvement**

Parents and guardians can visit twice per week, and youth receive at least two phone calls per week. Parents and guardians are encouraged to attend treatment and education-related meetings for youth.

## **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 4.5 Recreational activities** *A well-defined and structured recreation program shall be provided for each resident.*

**Md. Department of Juvenile Services Policy and Procedure RF-08-07(4)(a)(3)** *Youth shall be provided a minimum of two hours of structured activities and one hour of leisure activities daily.*

### **6. Medical and Behavioral Health**

Youth who come to Carter receive prompt physical exams and screenings regarding mental health issues. The physician conducting the physical exam also provides a dental screening. Youth are not seen by a dentist unless referred by the physician or for emergencies. Dental services are provided in nearby Chestertown by appointment.

Medical services are provided on-call on the third shift and on some weekends. A physician is present one day per week and a psychiatrist is available one day per week for medication management.

Carter staff includes two Social Workers, two case managers, and an addictions counselor to provide screening and counseling for youth. A behavioral health staffer is on-call after normal business hours.

#### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.3 Health Care Services** *Health care services shall be in accordance with established Departmental policy and procedures.*

#### **7. Youth Advocacy, Internal Monitoring and Investigation**

The DJS Child Advocate retrieves and processes youth grievances in a timely and effective manner. Five grievances were filed during the third quarter.

The Department's Office of Quality Improvement issued a Targeted Quality Review Report in March of 2011. The DJS Office of Quality Improvement reports are focused, detailed and accurate.

#### **Applicable Standard**

**Md. Department of Juvenile Services Policy and Procedure MGMT-01-07 Youth Grievance Policy** *The Department of Juvenile Services (DJS) shall permit youth and individuals on behalf of DJS youth to file a grievance for a circumstance or action related to behavior of other youth, behavior of employees, or conditions of confinement.*

### **RECOMMENDATIONS**

1. Population should remain capped at no more than 15 youth.
2. Fire drills must be held and results recorded as required by DJS policy.



**NICK MORONEY**  
*Director*

STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
JUVENILE JUSTICE MONITORING UNIT

**FACILITY REPORT**  
**CHELTENHAM YOUTH FACILITY**  
**JULY – SEPTEMBER, 2011**

**Facility:** Cheltenham Youth Facility  
11001 Frank Tippet Road  
Cheltenham, MD 20623  
Superintendent: Anthony Wynn

**Dates of Visits:** July 8, 13, 15, 22, 25 and 27  
August 18  
September 14 and 23, 2011

**Reported by:** Nick Moroney

**Persons Interviewed:** Superintendent, Acting Superintendent, Assistant Superintendents, DJS-OIG and DJS-QIO staff, Head Nurse, Shift Commanders, School Principal, School Staff, Residential Staff, Youth, Glass Mental Health Staff, Facility Case Managers, Child Advocate, Office Administration Staff, DJS Headquarters Staff

**Date of Report:** November 2011

## INTRODUCTION

Cheltenham Youth Facility (CYF) is operated by the Maryland Department of Juvenile Services (DJS/the Department) and is located in Prince George's County. CYF serves young men from 12 to 18 years old. The facility includes three separate components. The detention component at CYF consists of youth awaiting trial, adjudication or committed placement. The ReDirect program for committed youth housed in Murphy Cottage was closed following the death of a staff member in February 2010. The third component, a small group home shelter program for youth who do not require secure confinement, has also been closed since February of 2010. The Shelter and ReDirect cottage units are located outside the security fence on the CYF campus.

## SUMMARY OF CRITICAL FINDINGS

- Two youths escaped from CYF on July 15. They were apprehended an hour-and-a-half later 3 miles from the facility. A JJMU Special Report on the incident together with the DJS Response can be found at: [http://www.oag.state.md.us/JJMU/reports/CYF\\_Escape\\_special\\_10\\_5\\_11.pdf](http://www.oag.state.md.us/JJMU/reports/CYF_Escape_special_10_5_11.pdf)
- The number of reported instances of aggression at CYF is higher than 2010 and lower than the first quarter of 2011.
- The dilapidated residential cottages at CYF are an inappropriate physical environment for youth. They continue to be severely overcrowded.
- Forty to fifty percent of youth at CYF are waiting to begin treatment elsewhere. This problem has continued for years.
- The facility is not fully staffed. Mandatory overtime continues to be used.
- Comprehensive security camera coverage has not been achieved.

## FINDINGS

### 1. Population

#### a. General

Facility Capacity	High Population	Low Population	Average Monthly Population	Number of Days Over Capacity
115	127	94	<b>July</b> 109 <b>Aug</b> 103 <b>Sept</b> 113	15 (16%)

The chart above is based on DJS population data that includes an outdated population capacity figure of 115. Cottage closures in early 2010 resulted in the loss of 29 youth beds. Rated capacity for CYF should have been lowered to 86 youth to reflect the loss. The accurate capacity figure of 86 was exceeded every day during the third quarter. The high population is recorded at 127 and, for a portion of the day on September 29, the population spiked to 131. The extent of overcrowding is shown when the individual rated capacity of each the three cottages is compared with the number of youth assigned to the cottages.

CYF BY UNIT on September 30, 2011	YOUTH COUNT	RATED CAPACITY
<b>Rennie Cottage</b>	<b>41 (+70%)</b>	<b>24</b>
<b>Henry Cottage</b>	<b>43 (+79%)</b>	<b>24</b>
<b>Cornish Cottage</b>	<b>22</b>	<b>24</b>
<b>Infirmary</b>	<b>13</b>	<b>14</b>
<b>Re-Direct (closed since February 2010)</b>	<b>0</b>	<b>24</b>
<b>Shelter Care Program (closed since February 2010)</b>	<b>0</b>	<b>5</b>
<b>Total Youth at CYF</b>	<b>119<sup>2</sup></b>	<b>115</b>

<sup>2</sup> Of the 119 youth at CYF, 48 (or 40% of the youth population) were there awaiting treatment placement openings.

**b. Pending Placement & Detention**

Of the 119 youth at CYF on the last day of the quarter (September 30), 40% of the population (48 youth) were there awaiting treatment placement openings. Time spent in pending placement status in a detention center does not count towards completion of a treatment program.

	<b>60 days and over</b>	<b>90 days and over</b>
<b>Pending Placement</b>	20 youths (60*, 60*, 62*, 62*, 62, 67*, 69*, 69, 70, 71, 71, 72, 74, 75, 77, 77*, 80, 83*, 84 and 88* days)	16 youths (96, 99, 100, 112, 116, 118*, 124, 128, 141, 142, 149, 154*, 155, 167, 178 and 181 days)
<b>Detention</b>	7 youths (60, 61*, 62, 62, 63, 65 and 69* days)	7 youths (91, 93*, 94, 98*, 102, 104 and 116* days)

\*Youth still at CYF as of data collection date (October 4, 2011).

In the table above, each number in parenthesis under pending placement represents the length of time a youth waited at CYF before leaving to begin a treatment program. Whether a youth spends 1 day or 181 days waiting at CYF, time waiting does not count toward Court-mandated treatment time.

A lasting solution to excessive lengths of stay at CYF must include in-State, community-based treatment options for youth. Detention services are costly. Comprehensive use of appropriate detention alternatives would lower the population at CYF.

c. Population Breakdown by Race/Ethnicity

	3 <sup>rd</sup> Quarter 2010	3 <sup>rd</sup> Quarter 2011
<b>Total Youth Entries</b>	637	619
<b>African American</b>	533	496
<b>White/Caucasian</b>	72	78
<b>Hispanic/Latino</b>	29	44
<b>Other/Unknown</b>	3	1

Overall youth admissions to CYF decreased by approximately 3% over the same period last year. Hispanic admissions are up 51%. White entries increased approximately 8%. African American entries are down 7%.

**Applicable Standards**

**Maryland Rules, Rule 11-112. Detention or shelter care.** *[C]ontinued detention or shelter care pending the adjudicatory or waiver hearing may not be ordered for a period of more than thirty days.*

**Md. Standards for Juvenile Detention Facilities 5.1.5.1** *The provision of ... living space shall be sufficient to adequately meet the needs of the detained youth.*

**JDAI Standards I (D) Population Management** *1. Written policies, procedures and actual practices (shall) ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or “stepped down” to non-secure settings. 2. Written policies, procedures and actual practices (shall) ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are “stepped down” to less restrictive settings, or transferred to other settings.*

## 2. Staffing

New leadership took charge at CYF in September. The new superintendent was transferred from Baltimore City Juvenile Justice Center (BCJJC). Additionally, an assistant superintendent with previous experience at CYF was transferred from the Hickey School back to CYF.

There is insufficient staff to assure safety and security, and provide programming for the more than 120 residents.

A minimum of six staffers is required for daytime shifts in each of the two most crowded detention units – Rennie and Henry. The population in these units sometimes reaches over forty in space rated for 24. The Cornish unit, which is not usually overcrowded would require four staff on daytime shifts. At night (3<sup>rd</sup> shift - 10 p.m. to 6 a.m.), a minimum of 3 staff should be on duty in each residential unit. Facility case management, property and inventory management and medically-related appointments, clinics and transportation also need to be fully staffed.

Five direct care staffers should be regularly assigned to the school. The infirmary and the master control area need at least 3 staffers on duty at all times. The security detail requires at least 3 people during the first (6 a.m. – 2 p.m.) and second shift (2 p.m. – 10 p.m.), and at least 2 during the third shift. The orientation unit should have 4 staffers during the first two shifts. Three workers are required for the recreation detail. The intake unit should also have 3 staff during daytime hours. The gatehouse requires 4 staffers for the first and second shift and 3 for the third shift.

Facility administrators calculate 112 staff are needed onsite every day to optimize CYF operations. In early October 2011, 12 of the 103 employees at CYF were unavailable for work for various reasons including medical leave. Only 91 staff were available for work. Currently, workers at CYF are subject to mandatory overtime. In addition to having a negative effect on services to youth, staff shortages and fatigued workers increase safety and security risks. The expense associated with overtime wages is high.

### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 5.1.5.5 Staffing** *Staffing levels shall ensure the proper supervision and safety of the residents.*

### 3. Safety and Security

#### a. Aggregate Incidents

Incident Categories	3 <sup>rd</sup> Quarter 2010	3 <sup>rd</sup> Quarter 2011
1. Youth on Youth Physical Assault	48	76
2. Youth on Youth Physical Assault with Injury	14	32
3. Alleged Youth on Staff Physical Assault	1	12
4. Alleged Youth on Staff Physical Assault with Injury	0	2
5. Group Disturbances (injury/property destruction)	0	26
6. Group Disturbances (without injury/destruction)	1	3
7. Restraints	56	121
8. Restraints with Injury	17	48
9. Seclusions over eight hours	0	13
10. Physical Child Abuse Allegations (DJS Custody)	5	8
11. Suicide Ideation, Gesture, Attempt or Behavior	7	9
12. Alleged Inappropriate Staff Conduct/Comments	2	1

There were 245 total incidents reported for the third quarter, including sports related injuries. The chart above is focused on incidents involving alleged aggression as well as inappropriate and self-injurious behavior. There were 97 incidents involving injury reported at CYF for the third quarter of 2011 compared with 53 during the same period last year. Reported incidents involving alleged aggression or harm are higher than last year but lower than the first quarter of this year.<sup>3</sup> There also was an escape from Cheltenham on July 15. A JJMU Report on the escape, and the DJS response to the report, can be found at:

[http://www.oag.state.md.us/JJMU/reports/CYF\\_Escape\\_special\\_10\\_5\\_11.pdf](http://www.oag.state.md.us/JJMU/reports/CYF_Escape_special_10_5_11.pdf)

<sup>3</sup> For first quarter aggressive incident numbers, see [http://www.oag.state.md.us/JJMU/reports/11\\_Quarter1.pdf](http://www.oag.state.md.us/JJMU/reports/11_Quarter1.pdf)

There is evidence that aggressive incidents and the use of seclusion at CYF were under-reported prior to 2011.<sup>4</sup>

#### **b. Youth On Youth Assaults**

Reported youth on youth physical assaults are approximately 50% higher than last year but are down compared to the first quarter of this year when there were 102. Similarly, reported youth on youth assaults with injury have doubled compared with last year but are down from 57 during the first quarter. Comparing the third quarter with the same period last year, reported youth on staff assaults including those with injury, physical restraints of youth by staff and resultant injuries, and suicide ideation have all increased, however, they have all decreased when compared with reported incidents for the first quarter of this year.<sup>5</sup>

#### **c. Group Disturbances**

The number of reported serious group disturbances (with injury or property damage) has increased exponentially compared with last year and has more than doubled in comparison with the first quarter of this year, when there were 12 such incidents. Twenty-six serious group disturbances in a three-month period is cause for great concern and action must be taken to uncover and address underlying issues driving such incidents.

#### **d. Intensive Services Unit**

Administrators at Cheltenham should work with onsite mental health professionals to offer a well-designed program to address the needs of challenging youth. The successful operation of the Intensive Services (ISU) and Transition Units within the detention component at the Baltimore City Juvenile Justice Center has helped propel a marked reduction in serious incidents of aggression. Cheltenham, where aggressive incidents have increased over the past year, should have similar services.

#### **e. Security Equipment and Practices**

The Cheltenham campus should be retrofitted with additional security cameras. Office doors should have windows to allow visual supervision of youth meeting with counselors or case workers.

After the completion of investigations following the death of a CYF teacher in February 2010, the Department committed to installing cameras in CYF classrooms; residential cottage surveillance blind spots; recreation areas behind cottages; and pedestrian areas between buildings. After the escape from CYF in July, the Department

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<sup>4</sup> DJS Quality Improvement Report <http://www.djs.state.md.us/quality-assurance/qir-cheltenham.pdf>

<sup>5</sup> See JJMU First Quarter 2011 report [http://www.oag.state.md.us/JJMU/reports/11\\_Quarter1.pdf](http://www.oag.state.md.us/JJMU/reports/11_Quarter1.pdf)

again reiterated a commitment to comprehensive security camera and monitoring coverage.

Staff should be assigned to view screens with real-time camera feeds from throughout the Cheltenham facility. This is the only way that security cameras function as a real-time security device. At BCJJC, the DJS-run Baltimore City youth detention facility, employees in the Master Control Office monitor camera feeds at all times. As of early November, extra cameras and monitoring screens have not been installed at CYF.

#### **4. Physical Plant**

CYF is in compliance with fire safety regulations and mandatory inspections.

The CYF shelter building has been closed for almost two years. The Department should re-open the shelter program. This program offered a home-like and well-managed environment. With sprinklers installed, the shelter could accept up to 12 youth.

Physical plant shortcomings are a long-term problem at CYF. The facility has been in operation since 1872. The three residential units which remain open would be unfit for youth residency even if youth population remained below set capacity. Although Cheltenham is first in line for DJS facility replacement, the planned 72-bed detention facility will not be completed until fiscal year 2015 at the earliest. In the meantime, youth at CYF continue to be housed in an inappropriate environment.

The following actions could be taken to address some of the urgent physical plant needs at CYF:

- Complete the installation of suicide proof beds and replacement window frames
- Institute a centralized laundry service to replace the current hodge-podge system based on each residential unit.
- Renovate the run-down bathrooms and restrooms on the residential units.
- Repair roof and gutter leaks and replace defective and damaged flooring, recreation surfaces and windows throughout the facility.
- Re-paint the cottages and the school.
- Maintain the population below rated levels.

Plans announced in 2008 included a 48-bed treatment center at Cheltenham. Planning for the treatment center has been indefinitely postponed.

### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.2.1** *All detention facilities shall conform to State fire safety requirements.*

**Md. Standards for Juvenile Detention Facilities 5.1.5.1 The condition of the physical plant** *The provision of lighting, heat, plumbing, ventilation, living space, noise levels and recreational space shall be sufficient to adequately meet the needs of the detained youth.*

## **5. Education**

At the end of the third quarter, the Maryland State Department of Education (MSDE) assumed responsibility for education services at CYF. A new principal and a number of new staff have been hired. The first week of MSDE operation of the school began on October 11. A period of transition will continue until the school is comprehensively staffed. In the meantime, youth attend school for 5 hours per day. By the end of November, all of the new staff should be onsite and classes will run for a total of 6 hours daily.

### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.1** *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

## **6. Rehabilitative and Recreational Programming**

The newly appointed superintendent is planning a comprehensive recreation program. Youth should also be able to take advantage of Woodworking, Graphic Arts, Ceramics and Horticulture programs in the evenings and on weekends. These valuable small group programs have not been consistently available.

### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 5.1.5.4** *... (E)xercise and recreation ... services shall be maintained at a sufficient level to accommodate the number of youth at the facility.*

## **7. Medical and Behavioral Health**

The Department rates infirmary capacity at 14 youth who share six cells and one all-purpose common room. There were 13 youth in the infirmary on the last day of the first quarter. Each youth in the infirmary should have an individual cell.

Glass Mental Health Services provides behavioral health services. Therapists help youth and staffers address issues of concern.

### **Applicable Standard**

**Md. Standards of Juvenile Detention Facilities 4.3.2 Mental Health Services** *The Department shall be responsible for acquiring, either directly or by agreement or contract with a public or private mental health agency, necessary mental health care and services for youth within facilities operated by the Department and its vendors. All mental health services shall be provided in accordance with guidance from the Department of Health and Mental Hygiene.*

## **8. Youth Advocacy, Internal Monitoring and Investigation**

The DJS child advocate at CYF is diligent and tenacious. When youth complained about not receiving commissary supplies, the advocate found some supervisors had been engaged in a long standing argument which resulted in one cottage not receiving commissary and supply items for months. The advocate noted that “it is a direct violation of policy for these kids to walk around campus ill clothed as they have.” Staff involved in the conflict received letters of counseling (Grievance 9556).

In July, the Quality Improvement Office at DJS (DJS-QIO) completed a report noting safety, security and supervisory concerns at CYF. The following are among the findings in the DJS-QIO report<sup>6</sup>:

- On two separate days, a youth on suicide watch gained entry to a detention unit kitchen through an unlocked door (DJS-QIO, p. 40, and DJS-OIG 11-88321). The report also noted “[n]umerous incidents involving unsecured doors” which led to events that “were likely preventable (or would not have been as serious) had doors simply been locked” (p. 5).
- Youth and unit “shakedowns [searches] are not being performed randomly and or consistently” (p. 16).
- A maintenance worker “found an unsupervised youth roaming the back hallway of a cottage” (cf. DJS IR 90831).
- Insufficient perimeter checks (p.20).
- Instances of failure to document youth whereabouts; miscounts of youth; counts instituted early for staff convenience; and counts improperly documented in logbooks (p. 24 and 25).

The DJS-QIO report on CYF commended the Department’s internal investigatory mechanism, the DJS Office of the Inspector General (DJS-OIG). However, the QIO team noted that methodology concerning “investigations have changed and now indicate factual evidence only without sustained findings [and] they sometimes missed commenting on other areas that seemed to warrant it.”

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<sup>6</sup> DJS-QIO Targeted Quality Review Report, Cheltenham Youth Facility, July 11, 2011

The QIO recommended that the Department “[c]onsider a written internal investigation form that covers all aspects of an incident or staff internal investigation. Ensure it is dated, all relevant information is included in writing, to include a copy of videos or witness statements when applicable, and that follow-up is tracked so that discipline, if necessary, is meted out within required timeframes ... [and] that all relevant violations of DJS policy are included in the written investigation” (p. 6-7).

The JJMU agrees with the DJS-QIO recommendation concerning DJS internal investigative reporting.

## RECOMMENDATIONS

1. Cheltenham's youth population should not exceed 86 and each youth in the infirmary and in the residential units should have an individual cell.
2. The Department should ensure sufficient staffing to cover all aspects of operations at CYF.
3. Camera coverage should be extended to all areas in the facility, interior and exterior, frequented by youth. Staff should be assigned to view screens with real-time camera feeds from throughout the Cheltenham facility.
4. Each youth at Cheltenham should have his own individual cell. No youth should have to sleep in a plastic bed placed on the floor.
5. A comprehensive schedule of activities should be instituted to ensure youth are constructively occupied outside of school hours.
6. The Department should make intensive services available to youth at CYF.
7. Complete the installation of suicide proof beds and replacement window frames.
8. Institute a centralized laundry service to replace the current hodge-podge system based on each residential unit.
9. Renovate the run-down bathrooms on the residential units.
10. Repair roof and gutter leaks and replace defective and damaged flooring, recreation surfaces and windows throughout the facility.
11. Steam clean and re-paint the cottages and the school.

## UNABATED CONDITIONS

1. The cottages at Cheltenham continue to be severely overcrowded.
2. The DJS rated capacity for CYF fails to reflect the loss of 29 beds with the 2010 closure of the Murphy and Shelter cottages. The rated capacity should be, at most, 86 youth.
3. The CYF Shelter remains closed.
4. Comprehensive security camera and monitoring screen coverage has not been achieved.



**NICK MORONEY**  
*Director*

STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
JUVENILE JUSTICE MONITORING UNIT

**FACILITY REPORT**  
**THE CHARLES H. HICKEY, Jr., SCHOOL**  
**JULY - SEPTEMBER, 2011**

**Facility:** Charles Hickey School for Boys  
2400 Cub Hill Road  
Baltimore, Md. 21234  
Superintendent: Mark Hamlett

**Dates of Visits:** July 29  
August 2  
September 14 and 29, 2011

**Reported by:** Claudia Wright  
Senior Monitor

**Date of Report:** November 2011

## INTRODUCTION

The Charles H. Hickey, Jr., School (Hickey) is a Department of Juvenile Services (DJS) owned and operated detention facility for male youth between the ages of 12 and 18. The facility is located in eastern Baltimore County and houses 72 youth. The Maryland State Department of Education (MSDE) utilizes modular buildings at Hickey to provide educational services to residents.

## SUMMARY OF CRITICAL FINDINGS

- Video cameras have been installed throughout the facility, including the school.
- Hickey administration and behavioral health staff continue to utilize the Intensive Behavior Management Plan program. This program includes isolation of youth in a vacant wing of Ford Hall for extended periods of time.
- The Peabody School at Hickey has a new Principal.
- A report from the Maryland State Department of Education to the Maryland Legislature showed significant improvement in student performance in four important education categories.

## FINDINGS

### 1. Population

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Daily Population</b>	<b>Average Monthly Population</b>	<b>Days Over Capacity</b>
72	71	51	62	July 58 August 62 September 66	0

**b. Detention and Pending Placement**

	<b>60 days and over</b>	<b>90 days and over</b>
<b>Pending Placement</b>	14 youths (60*, 62, 68, 69, 70*, 71, 71, 73, 75*, 78*, 78, 85, 85 and 89* days)	3 youths (105*, 111* and 176 days)
<b>Detention</b>	8 youths (64, 67, 69*, 70, 70, 73, 77 and 80 days)	5 youths (105, 119*, 120, 136 and 137 days)

\*Youth still at Hickey as of data collection date (October 4, 2011).

**c. Population by Race/Ethnicity**

	<b>3rd Quarter 2010</b>	<b>3rd Quarter 2011</b>
<b>Total Admissions</b>	277	321
<b>White/Caucasian</b>	69	78
<b>African American</b>	197	238
<b>Other</b>	11	5

## 2. Safety and Security

### a. Aggregate Incidents

A total of 205 incident reports were filed at Hickey during the third quarter. The table below details incidents involving safety and security.

Incident Categories	3 <sup>rd</sup> Quarter 2010	3 <sup>rd</sup> Quarter 2011
1. Youth on Youth Physical Assault	43	43
2. Youth on Youth Physical Assault with Injury	24	28
3. Alleged Youth on Staff Physical Assault	6	9
4. Alleged Youth on Staff Physical Assault with Injury	0	3
5. Group Disturbances (injury/property destruction)	1	0
6. Group Disturbances (without injury/destruction)	0	0
7. Restraints	49	40
8. Restraints with Handcuffs	0	3
9. Contraband	9	8
10. Suicide Ideation, Gesture, Attempt or Behavior	31	9

### b. Security Equipment and Practices

Video cameras have been installed throughout the facility, including the school.

#### **Applicable Standard**

**Md. Dept. of Juvenile Services Policy and Procedure RF-05-07 Video Taping of Incidents Policy** *The Department of Juvenile Services (DJS) employees shall video tape room extractions, escorts to seclusion, use of restraints or other critical incidents that relate to the safety and security of a residential facility.*

### 3. Physical Plant and Basic Services

#### a. Fire Safety

Fire drills are conducted on each shift as required by DJS policy. The facility is in compliance with state fire safety requirements.

#### b. Physical Plant

Living units are clean and well maintained. Many have recently been refurbished with paint, new flooring and new bathrooms.

#### c. Basic Services

The Baltimore County Health Department conducts regular inspections of the food service at Hickey. All violations of health regulations have been corrected. Youth indicate that they enjoy the quality and quantity of food that is served.

Laundry service at Hickey is remarkable. Youth care for their personal laundry in the units, but linens are distributed from a central laundry. Every youth is regularly provided with crisp, clean sheets, towels and blankets. Laundry staff should be commended for providing outstanding service to youth.

#### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.2** *All detention facilities shall conform to state fire safety requirements.*

**Md. Standards for Juvenile Detention Facilities 5.5.6** *Food service shall comply with applicable sanitation codes as promulgated by the federal, state, and local authorities.*

**Md. Standards for Juvenile Detention Facilities 5.6.5.5** *The facility shall issue clean bedding and linen, including two sheets, a pillow and pillow case, a mattress and sufficient blankets to provide comfort under existing temperature controls. Linen shall be exchanged at least weekly, and towels exchanged three times per week.*

#### 4. Education

Education is provided by the Maryland State Department of Education. Anthony Thompson joined the Peabody staff as Principal in September.

On September 30, a report on educational outcome data was issued by MSDE to the Budget Committees of the Maryland Legislature.<sup>7</sup> That report indicates significant improvement in FY 2011 over the previous year in the categories of daily attendance rate; GED pass rates and completion (11 compared to 5 in 2010); number of students showing two month gains in thirty days in reading (117 compared to 56 in 2010); and number of students showing two month gains in thirty days in math (126 compared to 64 in 2010). Youth, staff and administration should be proud of these impressive gains.

#### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.1** *The Department should ensure that educational services within the detention facility are consistent with state requirements and that they meet the educational needs of the youth.*

#### 5. Rehabilitative and Recreational Programming

All Hickey residents receive one hour per day of large muscle exercise, usually in the gym or outdoors if weather permits.

Residents participate in a Behavior Management Program. Points are earned for good behavior. As points are accumulated, residents reach levels at which a variety of rewards are available. Rewards include additional time in the game room, videos, additional phone calls to parents and commissary items.

Youth and staff participate in a Unit of the Month program. Youth and staff are graded daily on appearance and performance. The unit selected each month receives group privileges.

Youth receive clinical services from a private provider, Glass Mental Health Services. Glass clinicians also provide Anger Replacement Training.

#### 6. Medical and Behavioral Health

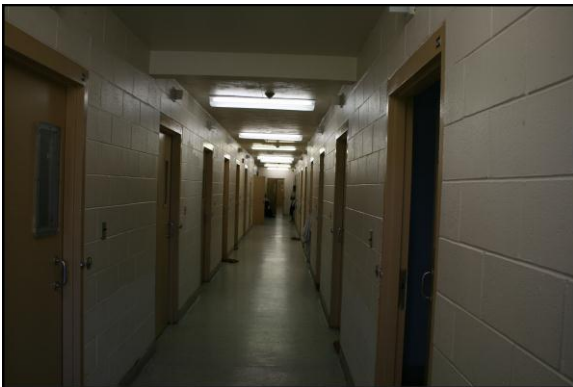
The Hickey infirmary is clean, spacious, and contains up to date equipment to provide medical and dental services to the population.

Hickey administration continues to use the Intensive Behavior Management program, designed in collaboration with Glass Mental Health staff, to manage difficult youth (See JJMU 1<sup>st</sup> Quarter 2011 Report). Youth who are subject to this program are

<sup>7</sup> Maryland State Department of Education, *Report to the Budget Committees on Joint Educational Outcomes for Department of Juvenile Services Facilities*. September 30, 2011.

separated from the general population for indefinite periods of time. They are held in a vacant wing of Ford Hall that is now referred to as “Infirmary Overflow.” Youth placed in this status are not allowed to dine, go to school or have recreation with other residents.

In contrast to the Intensive Services Unit at Baltimore City Juvenile Justice Center, this program fails to comport with Department policy. There are no rules or policy which define or limit the conditions under which an individual can be confined under the Intensive Behavior Management program. Youth are not provided with notice that such a plan exists (for example, in their handbook which does describe the regular Behavior Management program) or what behavior may subject them to such punishment. The program is arbitrary. There are no written, objective criteria for admission or release from the program. It has not been tested or validated. There is no evidence to show that participation in the program results in positive behavior change. For youngsters who are classified as requiring Special Education services, the denial of those educational services constitutes a violation of federal law.



**Ford Hall wing used for Intensive Behavior Management**



**Sleeping room used for Intensive Behavior Management**

It is not possible to determine how many youths have been subjected to this type of extended isolation because program records are kept only in individual youth files. Outcomes are not documented.

## Applicable Standards

**Md. Standards for Juvenile Detention Facilities 5.3.8.2 Opportunity to Provide Statement** *A youth accused of a major infraction of facility rules that results in a loss of privileges shall be informed of the infraction(s) as soon as possible, once safety and order in the facility or unit is ensured, but always within 24 hours of the infraction(s). Staff responsible for reporting the incident shall complete a written report by the end of the shift during which the incident occurred, and the youth shall be given the opportunity to write his statement of the infraction or if unable to write it, dictate his statement to a staff member or Child Advocate, who will write verbatim and have the youth sign the document when completed. Copies of the report and the youth's signed statement of alleged major rule infractions shall be included in the youth's case record.*

**Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 Use of Crisis Management (CPM) Techniques Policy (1)** *...Crisis Prevention Management techniques may be utilized only to: protect or prevent a youth from imminent injury to self and others or to prevent overt attempts at escape. In the event that a youth remains an imminent threat to self or others and the youth's behavior has escalated, restraints or seclusion may be used as a last resort. Employees may not use CPM techniques, including restraints or seclusion, as a means of punishment, sanction, infliction of pain or harm, demonstration or authority, or program maintenance (enforcing compliance with directions).*

**(3)(o)** *Seclusion means the placement of a youth in a locked individual room, separate from the youth's room, where a youth is kept for a period of time.*

**(3)(p)** *Social Separation means the supervised placement of a youth in his/her room for a non-punitive "cooling-off" period of no more than 60 minutes, which provides an opportunity for a youth to calm down and the situation to defuse. The door of the room shall remain opened and unlocked.*

**(4)(a)(4)(i)** *Seclusion shall only be used to de-escalate behavior and not as punishment or a sanction.*

**(4)(b)** *A youth shall be released from restraint or seclusion when the Team Leader indicates that the youth is calm, or the restraint is no longer needed to protect or prevent the youth from imminent injury to self or others, or to prevent overt attempts at escape.*

**Md. Dept. of Juvenile Services Policy and Procedure RF-01-08 Classification of Youth in Detention Facilities (1)** *...The classification assessment shall be implemented for all youth on their admission to the facility and shall provide for reclassification in response to circumstances or special needs that may require modification of housing assignments.*

**(3)(a)** *Housing Classification Assessment/Re-Assessment means the assessment tool used to determine the appropriate level of supervision and housing assignment of youth upon completion of the Intake process, and re-assessment to be completed as dictated by the needs of youth or the security of the facility.*

**(3)(c)** *Special Needs means identified behavioral health and/or medical issues, developmental disabilities, or sensory impairment issues that may require special supervision.*

## **Applicable Standards (continued)**

**Md. Dept. of Juvenile Services Policy and Procedure RF-01-08 Classification of Youth in Detention Facilities (4)(b)(2)(i)** *Housing Classification Re-Assessment shall be used to update a youth's housing classification and/or supervision level considering the youth's program participation, interaction with peers and staff, and general behavior. (iii) shall be completed within 24 hours of a youth being involved in a third serious incident since initial housing classification assessment.*

**COMAR 14.31.06.15 (A)(2)(c)(vi)** *A licensee may not use the following measures as disciplinary measures: the withholding of program participation other than recreation or leisure activities.*

**COMAR 16.18.02.03 Use of Locked Door Seclusion (C)(3)** *The maximum stay in seclusion as a result of a single incident may not exceed 72 hours, unless a declared written emergency is issued by the superintendent.*

**(D)** *A youth shall be released from locked door seclusion when the youth no longer fits the criteria for placement in locked door seclusion.*

## **7. Youth Advocacy, Internal Monitoring and Investigation**

### **a. Youth Advocacy**

Hickey residents filed 30 grievances during the quarter.

The Youth Advocate responds promptly and effectively to all youth grievances. The grievance system at Hickey consistently works well to resolve grievances, to keep the administration informed of youth concerns, and to avoid unnecessary conflict. Youth make use of the system without fear of reprisal.

### **b. Incident investigation**

The Office of the Inspector General issued one report during the quarter. The investigation referred to Incident Report #11-94620 which alleged physical child abuse involving a member of the education staff. The allegation was determined to be unfounded.

## **Applicable Standard**

**Md. Department of Juvenile Services Policy and Procedure MGMT-01-07 Youth Grievance Policy** *The Department of Juvenile Services (DJS) shall permit youth and individuals on behalf of DJS youth to file a grievance for a circumstance or action related to behavior of other youth, behavior of employees, or conditions of confinement.*

## **RECOMMENDATION**

The Intensive Behavior Management Plan program should be redesigned to comply with DJS policy and procedure, or abandoned.



NICK MORONEY  
*Director*

STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
JUVENILE JUSTICE MONITORING UNIT

**FACILITY REPORT**  
**LOWER EASTERN SHORE CHILDREN'S CENTER**  
**JULY – SEPTEMBER, 2011**

**Facility:** Lower Eastern Shore Children's Center  
405 Naylor Mill Road  
Salisbury, MD 21801  
Superintendent: Derrick Witherspoon

**Dates of Visits:** July 7  
September 8 and 26, 2011

**Reported by:** Tim Snyder  
Monitor

**Persons Interviewed:** Superintendent, Group Life Managers,  
Resident Advisors and Youth

**Date of Report:** November 2011

## INTRODUCTION

The Lower Easter Shore Children’s Center (LESCC) in Salisbury is a 24-bed maximum-security detention facility owned and operated by the Maryland Department of Juvenile Services (DJS/the Department). The facility opened in 2003 and is designed to house male and female youth awaiting adjudication or placement. Youth are separated into three housing pods according to gender and security considerations. Pod A houses a maximum of 6 girls; Pod B accommodates 6 boys; and Pod C houses 12 boys.

## SUMMARY OF CRITICAL FINDINGS

- DJS should increase staffing levels to enhance supervision, safety, and security.
- Population should not rise above 24 youth.

## FINDINGS

### 1. Population

#### a. General

<b>Facility Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Daily Population</b>	<b>Average Monthly Population</b>	<b>Days Over Capacity</b>
24	28	14	21	July 17 August 22 September 24	27

The facility is sometimes used to house youth from other areas or youth exhibiting challenging behavior in other DJS detention facilities. At times, the population at LESCC exceeds 27 youth. At that point, youth must either be housed in the infirmary, share a cell with another youth, or sleep in a boat (a fiberglass container with a mattress) in the sleeping area common room. The population should not exceed the rated capacity of 24 (18 boys and 6 girls).

**b. Detention and Pending Placement**

	<b>Youth in Status 60 Days or More</b>	<b>Youth in Status 90 Days or More</b>
<b>Detention</b>	5 youths (60, 61, 63, 65 and 67 days)	0 youth
<b>Pending Placement</b>	4 youths (61*, 68, 76* and 81* days)	1 youth (97 days)

\* Youth still at LESCO as of data collection date (October 4, 2011)

**c. Population Breakdown by Race/Ethnicity**

	<b>3<sup>rd</sup> Quarter, 2010</b>	<b>3rd Quarter, 2011</b>
<b>Total Youth</b>	138	117
<b>White</b>	31	48
<b>African American</b>	99	67
<b>Latino</b>	7	1
<b>Asian</b>	0	1
<b>Unknown</b>	1	0

## **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.5.1** *The provision of ... living space shall be sufficient to adequately meet the needs of the detained youth.*

**JDAI Standards I (D) Population Management** *1. Written policies, procedures and actual practices ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or “stepped down” to non-secure settings. 2. Written policies, procedures and actual practices ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are “stepped down” to restrictive settings, or transferred to other settings.*

## **2. Staffing**

### **a. General**

Administrators at LESCC have been recruiting, hiring and training additional staff to fill vacancies and anticipated vacancies. The facility needs to institute a staffing formula that includes greater numbers of direct care staff to provide supervision, safety and security. Two staff members remain out on long-term sick leave.

LESCC was able to reduce overtime hours slightly during the 3rd Quarter. Training requirements necessitated most of the overtime hours that were worked.

Management at LESCC have promoted and nurtured a positive culture throughout the facility. Youth report they feel safe and cared for by staff. Staff members utilize positive reinforcement as much as possible within the structured program. Supervisors and Group Life Managers at LESCC come in at least 30 minutes early to be updated regarding how youth are doing and to be prepared to address issues and concerns. Other direct care staff members come in fifteen minutes early to receive a de-briefing. This practice has reportedly been very helpful in facilitating a smooth transition and enabling early intervention with youth having difficulties.

Staff morale at LESCC is good and the working environment is conducive to cooperation. LESCC utilizes positive reinforcement with staff as well as youth. The “You Have Been Spotted” procedure allows staff members to recommend other staffers for special recognition in their work with youth.

### **b. Staff Training**

LESCC is near completion of staff training requirements. In addition to the DJS required training, LESCC utilizes a video surveillance system where supervisors provide feedback to direct care staff as incidents are reviewed for training purposes.

DJS continues to use the JIREH training curriculum. DJS staff have noted deficiencies in the training and the Department should consider an alternative program.

**Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.5.5 Staffing** *Staffing levels shall ensure the proper supervision and safety of the residents.*

**Md. State Govt. Code Ann. § 6-404. Duties.** *The Unit shall: (1) evaluate at each facility: (v) the adequacy of staffing.*

**COMAR 14.31.06.05 F (3)** *The training of employees who may provide direct care to children shall include: (f) approved forms of discipline and behavior management techniques including crisis management and the use of isolation and restraints.*

**3. Safety and Security**

**a. Aggregate Incidents**

Incident Categories	3 <sup>rd</sup> Quarter 2010	3rd Quarter 2011
1. Youth on Youth Physical Assault	14	6
2. Youth on Youth Physical Assault with Injury	8	6
3. Alleged Youth on Staff Physical Assault	5	4
4. Alleged Youth on Staff Physical Assault with Injury	2	2
5. Restraints	28	13
6. Restraints with Injury	12	8
7. Seclusion	4	2
8. Physical Child Abuse Allegation (DJS custody)	3	1
9. Suicide Ideation, Gesture, Attempt or Behavior	11	6
10. Law Enforcement on grounds for incident, injury or allegation	5	0

Incident numbers are down and LESCC remained a safe and secure environment for youth during the third quarter of 2011.

**b. Alleged Inappropriate Staff Conduct**

LESCC referred an incident of alleged physical child abuse to Child Protective Services (CPS). CPS ruled out the incident.

**c. Behavior Management Plan**

DJS has hired a consultant from Virginia to help develop a comprehensive behavioral management program. The program, entitled RAMP 180, will reportedly be ready for implementation at the beginning of 2012.

The LESCC behavioral management system currently in place utilizes a four-level system built on earning points and levels with increasing privileges as youth progress. Emphasis is placed on earning points in class where youth spend a significant amount of time. Out of a total of 200 points, a youth may earn up to 140 points in school and the remainder during the rest of the day.

Administrators reinforce ownership and pride in cleanliness by providing a special weekly prize to the "Cleanest Unit." Youth describe the system as being fair overall, with some complaints about the awarding or taking of points. Each youth receives a Youth Handbook upon entrance to LESCC and the handbook describes expectations, responsibilities, rewards and consequences.

Town Hall Meetings are held on each unit on a bi-weekly basis. Youth express concerns and ideas to staff during these meetings. The administration selects youth from each unit to participate in monthly Youth Advisory Meetings held with an administrator to discuss life in the facility and to suggest changes.

**d. Security Equipment and Practice**

LESCC has requested that the Department have eight additional cameras installed in the facility. DJS-HQ has reportedly approved this request and the facility is awaiting installation. An electronic cell checking system (Tour Guard) is to be installed at all sleeping room doors so staff patrols will be recorded. DJS is also installing outside lighting in the back of the facility. The Department plans to install razor wire around the fence at the intake area. The front door to the LESCC building will be adapted to require a magnetic card reader.

#### e. Intake of Youth

When youth are brought to LESCC, they come in through the Intake Unit. Two staff members are required to process youth into the facility, however, two staff members are not always available.

#### f. Emergency Evacuation

LESCC was required to evacuate all residents in advance of Hurricane Irene. This was accomplished quickly and without incident. The male youth went to Hickey and the female youth went to Waxter. Staff assigned to the LESCC units accompanied the youth and stayed with them during the weather emergency, from August 26 to August 29. LESCC was not damaged during the storm.

### 4. Physical Plant and Basic Services

The LESCC catering unit has been complimented by youth and staff alike for the quality of the food service. The Maryland Department of Health and Mental Hygiene conducted a food services inspection on April 11, 2011. The inspection revealed no violations.

The Maryland State Fire Marshall's Office conducted a fire safety inspection on May 17, 2011. The inspector indicated several minor issues that LESCC needed to address and these were addressed in a timely manner. Simplex Grinnell checked and cleared fire alarm systems on March 8 of 2011.

LESCC is supposed to conduct fire drills on a monthly basis and on each shift. While drills are noted on a DJS Fire Drill Report form, there is no documentation showing a fire drill was held in September.

#### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.2.1 Conformity with Codes** *All detention facilities shall conform to state fire safety requirements.*

**Md. Standards for Juvenile Detention Facilities 5.1.5.2 Sanitation** *Proper sanitation within the facility shall be maintained to include the control of vermin and insects, clean food preparation areas, medical facilities lavatories, showers and places to eat, sleep and work.*

## 5. Education

Maryland State Department of Education (MSDE) teachers provide classes that include Math, Language Arts, Social Studies, Science, Computer Technology, Career Development, Life Skills, and Library Media. Generally, one-third to one-half of the youth at any given time require special education services and a special education teacher provides services as needed. Youth attend 6 hours of instruction each school day. LESCC teachers assess youth in order to design a curriculum that meets each youth's individual educational needs. Teachers also administer a career interest inventory. Youth may prepare to take the GED test if appropriate.

Youth at LESCC can earn a Certificate of Achievement in school. Youth earning this award have their picture posted on the wall in front of the master control room.

Limited vocational programming at the facility includes a food preparation course where youth can earn a ServeSafe certificate. Youth who earn a ServeSafe certificate can utilize this credential in helping them to obtain employment in the food industry. MSDE also allows students to become involved in C-Tech entry level training where youth begin to learn fiber optic cable installation. Youth can also earn the privilege of working at housekeeping duties within the facility and receive minimum wage while developing a work resume with references from LESCC supervising staff.

### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.1 Educational Services** *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

## 6. Rehabilitative and Recreational Programming

Counselors and therapists at LESCC see youth individually on a regular basis and as needed. The therapeutic staff members provide a number of services including psycho-educational groups and substance abuse groups. Approximately 85% of LESCC youth have experienced substance abuse problems. A psychiatrist comes to LESCC weekly. Youth also participate in Aggression Replacement Training (ART).

The Treatment Orientation Program (TOP) is available to youth at LESCC who have been accepted for admission to either the DJS Youth Centers or the Victor Cullen Center and are awaiting an opening at one of these facilities. Youth complete a workbook and maintain contact with designated staff in the receiving facility. Staff at the detention centers track progress as youth may begin to learn and adopt cognitive and behavioral changes that will facilitate successful completion of the residential program. The TOP program may help youth feel that they are not doing "dead time" in detention as they have the opportunity to begin pre-placement treatment.

Youth at LESCC receive at least one hour of large muscle exercise per day, typically in the gymnasium or, weather permitting, in the outdoor recreation area.

LESCC provides a number of additional programming activities. A “Kids Rock” activity was held in September. The activity included music and poetry. Gender Responsive Activities are held monthly and include such activities as painting, poetry, cooking, make up, and dress up. Staff members hold an “LESCC After Dark” event on a monthly basis for youth who have earned enough points to participate. Activities include refreshments movies and video games. Staff also provide an opportunity for youth to attend religious services [Chapel] each week and also to participate in a special physical fitness activity each week.

Staff hold regular cooking and/or baking activities for interested youth. Another special activity held at LESCC is called “Enrichment and Empowerment Day”. Activities include inspirational lectures, teambuilding exercises, discussion of college opportunities and stress reduction training. Holidays are celebrated with cookouts, games, tournaments, and recreational events.

### **c. Parental Involvement**

Parents or guardians can visit on Wednesdays and there are two visiting sessions every Sunday.

DJS policy permits youth at least two phone calls per week. LESCC also encourages parents/guardians to attend treatment and education-related meetings for youth. Staff at the facility provide families and youth a “fun box” which includes puzzles and card games for use during visitation hours. The intention is to help facilitate positive social interaction by broadening the focus to more than conversation.

#### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.5 Recreational Activities** *A well-defined and structured recreation program shall be provided for each resident.*

### **7. Medical and Behavioral Health**

Youth receive timely physical exams and mental health, substance abuse and suicide ideation screenings. Staff manage medication appropriately within the facility, however, some youth miss medication when DJS Transportation does not transport medications together with incoming youth. The Department must remedy this problem.

#### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.3 Health Care Services** *Health care services shall be in accordance with established Departmental policy and procedures.*

## 8. Youth Advocacy, Internal Monitoring and Investigation

The DJS Child Advocate retrieves and processes grievances with youth and DJS employees. At times the review of grievances needs to be conducted more quickly. Investigations into alleged staff misbehavior are conducted as needed.

### **Applicable Standard**

**Md. Department of Juvenile Services Policy and Procedure MGMT-01-07 Youth Grievance Policy** *The Department of Juvenile Services (DJS) shall permit youth and individuals on behalf of DJS youth to file a grievance for a circumstance or action related to behavior of other youth, behavior of employees, or conditions of confinement.*

### **RECOMMENDATIONS**

1. DJS should not house more than 18 male youth and 6 female youth at LESCO.
2. DJS should increase staffing levels. A staffing formula of 2.0 is recommended to replace the current 1.74 formula.
3. DJS should use a Governor's Office of Children approved provider for restraint and incident intervention training.
4. Installation of additional cameras as requested by the facility should be implemented.
5. Intake of youth should be attended by two staff members without exception.
6. Fire drills should be conducted as required.
7. Grievances made by youth should be reviewed and addressed more quickly.



**NICK MORONEY**  
*Director*

STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
JUVENILE JUSTICE MONITORING UNIT

**FACILITY REPORT**  
**ALFRED D. NOYES CHILDREN'S CENTER**  
**JULY – SEPTEMBER, 2011**

**Facility:** Alfred D. Noyes Children's Center  
9925 Blackwell Road  
Rockville, MD 20859  
Superintendent: James Washington

**Dates of Visits:** July 14,  
August 23, and  
September 24, 2011

**Reported by:** José D. Saavedra  
Monitor

**Persons Interviewed:** Superintendent, Direct Care staff and Youth

**Date of Report:** November 2011

## INTRODUCTION

The Alfred D. Noyes Children's Center (Noyes) is a state owned and operated detention center located in Montgomery County. The facility has three male housing units and one female unit. The Department of Juvenile Service (DJS/The Department) rated population capacity for Noyes is 57.

## SUMMARY OF CRITICAL FINDINGS

- The girls unit is chronically overcrowded
- The number of reported incidents involving aggression decreased
- Learning and recreational program options for residents increased

## FINDINGS

### 1. Population

#### a. General (3rd quarter of 2011)

Facility Capacity	High Population	Low Population	Average Daily Population	Average Monthly Population	Number of Days Over Capacity
57	51	30	41	Jul. 45 Aug. 40 Sept. 38	0

While the overall youth population figure at Noyes remained below the DJS-established rated capacity throughout the quarter, the girls unit experienced 47 days of overcrowding.<sup>8</sup> The overflow youths had to sleep on plastic boat-beds placed on the floor in the day room. During the final week of September, the facility Superintendent addressed the issue by moving some of the girls into a second housing unit.

Although the girls' unit was overcrowded, the facility maintained minimum staff-to-youth ratio requirements.

Housing two youth per room/cell, or four youth in the larger rooms, is unsafe, unsanitary, and does not measure up to best practices. A youth alleged that his roommate assaulted him when he returned from receiving a reward for success in the Behavior Management Program (BMP) [Grievance 9362].<sup>9</sup>

<sup>8</sup> The girls' unit can house up to 14 residents.

<sup>9</sup> Youth grievance filed on May 18, since last JJMU report on youth grievances.

Providing single-occupancy housing would better ensure the safety of residents. Until this is accomplished, expeditious transfer of youth and the utilization of appropriate alternatives to detention must remain a priority.

### **Applicable Standards**

**American Correctional Association (ACA) Standards for Juvenile Detention Facilities 3-JDF-2C-01 Juvenile Housing** *Living units are primarily designed for single occupancy sleeping rooms; multiple occupancy rooms do not exceed 20 percent of the bed capacity of the unit.*

**Md. Standards for Juvenile Detention Facilities 6.5.2 Resident rooms** *Each resident shall be afforded; (1) a clean, dry room of moderate temperature, equipped with light sufficient for reading during regular waking hours; and (2) access to adequate toilet and bathing facilities.*

**Md. Dept. of Juvenile Services Policy and Procedures RF-01-01** *The Department of Juvenile Services (DJS) shall ensure a safe, secure and stable environment for detention facilities. Each facility shall implement an objective internal classification system to assess youths' potential vulnerability and supervision needs, and shall utilize the results of the classification assessment to guide appropriate housing decisions. The classification assessment shall be implemented for all youth on their admission to the facility and shall provide for reclassification in response to circumstances or special needs that may require modification of housing assignments.*

### **b. Detention and Pending Placement**

Six youth resided at Noyes for more than 60 days waiting or pending placement in a treatment program during the quarter. Two waited longer than 90 days.<sup>10</sup> Time in pending placement does not count as treatment time. Thirteen residents were on detention status for more than 60 days, while eight were at the facility for more than 90 days.

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<sup>10</sup> Source: DJS ASSIST database (data collected October 4, 2011)

**c. Population Breakdown by Race/Ethnicity**

The chart below shows an increase in African American and Hispanic/Latino residents.

	<b>3rd Quarter 2010</b>	<b>3rd Quarter 2011</b>
<b>Total Youth Entries</b>	206	209
<b>White</b>	31	21
<b>African American</b>	144	154
<b>Hispanic/Latino</b>	25	31
<b>Other</b>	6	3

**Source:** DJS ASSIST database

**d. Percentage of Total Population by Race/Ethnicity**

African Americans make-up the largest sub-group (74%) of Noyes residents, a four percent increase since the same time last year. The second largest group, Hispanic/Latino (15%), is up three percent.

	<b>% of Total 2010</b>	<b>% of Total 2011</b>
<b>White</b>	15%	10%
<b>African American</b>	70%	74%
<b>Hispanic/Latino</b>	12%	15%
<b>Other</b>	3%	1%

**Source:** DJS ASSIST database

**2. Staffing**

In July, the Superintendent hired several new residential advisors. However, three supervisory positions remain unfilled.

Facility administrators made significant improvements in direct care services to residents. Group Life Managers (GLM) work the morning shift to ensure more leadership is present during the time of day when most activities occur. The Superintendent assigned a staff member to monitor points earned by youth under the behavior management plan. The same staffer makes sure youth receive rewards for positive behavior in the form of commissary items and manages inventory and distribution of youth supplies such as sweaters and toiletries. Youth and staff have

responded positively to the changes. Reported incidents have decreased, as have youth grievances about discrepancies in the calculation of behavior points and provision of supplies.

### 3. Safety and Security

#### a. Aggregate Incidents

Incident Categories	3rd Quarter 2010	3rd Quarter 2011
1. Physical Assault Youth on Youth	22	17
2. Alleged Youth on Staff Physical Assault with injury	1	2
3. Alleged Physical Child Abuse (DJS custody/supervision)	1	1
4. Suicide Ideation, Gesture, Attempt or Behavior	9	1
5. Alleged Inappropriate Youth Conduct/Comments	33	25
6. Contraband	1	3

Source: DJS ASSIST database

The number of reported incidents involving aggression declined during in the third quarter. Incidents are 2.2 times lower than during the first quarter and 1.7 times lower than during the second quarter. A drop in the overall population may have helped drive down the number of incidents involving aggression. The Superintendent's practice of monitoring incidents daily using a flipchart and quickly responding to activities that may threaten safety and security at the facility should also be credited.

#### b. Alleged Physical Child Abuse, Negligent Performance by Staff

On July 25, a male resident at Noyes filed a grievance alleging that a staffer used excessive force on him during movement out of the unit five days before (Grievance 9441 and IR 93885). An internal investigation by the Department's Office of the Inspector General (DJS-OIG) found the staffer failed to report the incident but did not find that the staffer used excessive force (DJS-OIG 11-93885). The Superintendent reprimanded the staffer involved for failing to report the incident.

#### **Applicable Standard**

**Md. Dept. of Juvenile Services Incident Reporting Policy MGMT-03-07** *The Department of Juvenile Services (DJS) employees, and employees of public and private vendors serving youth under DJS supervision, shall report and manage incidents involving a youth or program in a manner that provides for the public safety and the proper care, health, safety, and humane treatment of DJS youth. Additionally, DJS employees, and employees of public and private vendors, shall notify law enforcement and the local Department of Social Services (DSS) of incidents as required by law.*

#### 4. Physical Plant and Basic Services

Noyes complies with fire safety standards and the facility physical plant is in good condition. An outside vendor provides hot meals three times a day to Noyes residents. The facility provides sufficient supplies to youth, including toiletries, clothing, and bed linens.

#### 5. Rehabilitative and Recreational Programming

Overall, the variety of recreational and learning programs improved during the third quarter. Noyes provided the following regularly scheduled activities to residents throughout the quarter:

- Barbering class – A volunteer professional barber teaches the oldest male residents the barbering trade. He also cuts residents' hair during each visit.
- Class Acts, a contracted arts program, provides hands-on painting instruction to all youth.
- Spa day – Beginning in September, a practicing cosmetologist began teaching hair, face and nail care. The residents also receive spa treatment during each lesson.
- Mentoring – Student volunteers recently began providing interpersonal and tutoring support to all residents.
- Parental skills – A volunteer teaches resident male parents about the responsibilities of fatherhood.

Youth receive one hour of large muscle exercise daily, however, a review of the girls' unit logbook indicated that girls did not participate in outdoor recreation for at least one week during each of the summer months. Staff sometimes keep female residents indoors during recreation time due to lack of interest in the type of outdoor activities offered. Staff should ensure meaningful outdoor recreation is available for female residents.

During the summer, facility staff held a family day celebration with food and games (including a dunk-tank) for residents and their family members.

#### **Applicable Standards**

**Md. Dept. of Juvenile Services Recreational Activities Policy RF-08-07** *The Department of Juvenile Services (DJS) shall provide recreation and leisure activities to youth in DJS residential facilities and programs to promote skill development and prevent idleness. Recreation shall be available to all youth each day. Leisure activities shall be provided to alleviate boredom, provide positive reinforcement and develop skills of cooperation, teamwork and sportsmanship.*

**Procedures a. General Requirements (2)** *Residential facilities shall provide each youth a minimum of one hour of recreation daily; in the absence of inclement weather, recreation shall be outdoors.*

**6. Youth Advocacy, Internal Monitoring and Investigation**

**a. Youth Advocacy**

Youth are aware of when and how to file grievances. Grievances are effectively processed by the youth advocate.

**b. Incident and Child Abuse Reporting and Investigation**

The DJS-OIG investigated a reported allegation of child abuse by staff (OIG 11-93885). The Superintendent reprimanded a supervisor for failing to report a reportable incident.

**RECOMMENDATIONS**

1. Train staff comprehensively in de-escalation techniques.
2. House each youth in an individual room/cell.



**NICK MORONEY**  
*Director*

STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
JUVENILE JUSTICE MONITORING UNIT

**FACILITY REPORT**  
**THE VICTOR CULLEN CENTER**  
**JULY – SEPTEMBER, 2011**

**Facility:** The Victor Cullen Center  
6000 Cullen Drive  
Sabillasville, MD 21780  
Superintendent: Ed King

**Dates of Visits:** July 13 and 21  
August 16  
September 1 and 22, 2011

**Reported by:** Tim Snyder, Claudia Wright and Jose Saavedra  
Monitors

**Persons Interviewed:** Administrators, Group Life and Case Managers,  
Maryland State Teachers, Direct Care Staff and Youth

**Date of Report:** November 2011

## INTRODUCTION

The Victor Cullen Center (Victor Cullen) is a hardware secure treatment facility owned and operated by the Department of Juvenile Services (DJS/the Department). The facility is located north of Sabillasville, in Frederick County, and houses adjudicated males between the ages of 14 and 19 who usually stay from 6 to 9 months. The population capacity is 48, spread over four cottage units.

## SUMMARY OF CRITICAL FINDINGS

- Programming is inadequate to meet the needs of the youth.
- Understaffing is a major problem affecting safety, security, supervision, and programming.
- Staff not fully trained and certified to work with youth have been placed alone with youth or worked alongside other staff who are not fully certified.
- Staffers have brought contraband into the facility.
- The diversity of treatment needs of youth at the facility requires different modalities to effectively address youth needs.
- DJS should develop a specific profile of youth to be served at the facility and develop programming specifically designed to meet the treatment needs of those youth.
- Four rooms in the Diggs Cottage have been converted to locked seclusion cells which have been used inappropriately at times.
- Youth are attending school for 3 rather than the mandated 6 hours.
- There is no vocational programming at present.
- There is no video surveillance in the school buildings. This is an unabated issue.
- Teambuilding is lacking. Unresolved problems amongst staff members negatively affect the culture at Victor Cullen.

## FINDINGS

### 1. Population

#### a. General (3rd Quarter 2011)

Facility Capacity	High Population	Low Population	Average Daily Population	Days Over Capacity
48	44	39	42	0

#### b. Population Breakdown by Race/Ethnicity

	3rd Quarter 2010	3rd Quarter 2011
Total Youth Enrolled	71	61
African American	63	51
White/Caucasian	4	7
Hispanic/Latino	2	2
Unknown	1	1

### 2. Staffing

#### a. General

Victor Cullen has once again experienced a change in leadership with the resignation of Superintendent Ed King. Over the past four years of operations the facility has had six different superintendents. An assistant superintendent has been designated acting superintendent while a recruitment search for a seventh superintendent is underway. Victor Cullen needs leadership stability and leadership of the highest quality to become effective in its operation.

Turnover has been significant with a total of 16 staff leaving the facility between the last week in March and the middle of September. During a visit on September 22, the monitor learned that out of the 69 direct care staff positions assigned to Victor Cullen, only 30 were fully trained, functional and available. An additional 4 were on

“light duty” due to injuries sustained in youth restraints, and another 8 were uncertified, meaning that they had not received the complete six weeks of training required to be alone with youth.

The facility has placed staff that are not fully certified and trained into coverage where they have worked alone with youth or with other staff who themselves may not be fully trained and certified. Victor Cullen is required to provide a 1 to 6 ratio of staff to youth. When uncertified staff members are in coverage, the facility is out of compliance with the ratio requirements. Compounding the problem, the facility has been splitting the groups up depending for example on how many want to go to the gym and how many want to stay on the cottage playing spades or watching a DVD.

During a monitoring visit on November 6, an uncertified staffer was observed alone with 5 youth on a cottage. Seven other staff members interviewed reported that having uncertified staff working alone with youth has been a frequent occurrence. Such occurrences are a serious safety and security concern.

#### **b. Overtime Due to Vacancies and Staff Calling Out**

Staff report that when they come to work they do not know for sure when they will be able to go home. Staff vacancies and staff call outs create the necessity to hold staff over for a second shift. It is not uncommon for staff members to work several double shifts per week. Significant overtime is a concern as it can lead to fatigue and burnout. Staff members are often less attentive and capable when they are not rested. The Maryland StateStat cites two week reporting periods and notes that the overtime hours from 8-9-11 through 10-4-11 at Victor Cullen totaled 3,105 hours, representing an increase of 14.8% over the previous reporting period.

Shift reports are required to be filled out for each of the three shifts for each day. A review of the shift reports presented to this Monitor indicated that, in September, out of the 90 reports required, only 22 were completed. In October, the number of reports generated improved as 48 of the required 93 reports were completed. From the 22 completed reports in September, it was shown that overtime was necessitated by staff vacancy 51 times and 18 times for a staff calling out. In October, of the 48 completed reports, staff vacancy is cited 53 times and staff call out was cited 10 times. The actual total figures for staff vacancy and staff callout necessitating overtime in September and October is unknown. However, problems are reflected in the lack of reports and also by the numbers of vacancies and call outs noted in the reports that were completed.

DJS should increase the staffing formula number which would increase the number of direct care positions at the facility. DJS should undertake an intensive multi-state recruitment effort to find appropriate candidates to fully staff Victor Cullen and all DJS facilities. Connections with colleges and universities should be made to help develop a source of future staff recruits.

**c. Staff Culture**

The staff culture at Victor Cullen has been a troubling issue. Staff members sometimes develop negative feelings toward fellow staff when their colleagues fail to show up for work. In addition, there are negative feelings following the promotion of some staff from the Western Maryland Youth Centers to the Victor Cullen Center. A number of staff said they feel that leadership favors some employees over others.

**d. Training**

If the facility is going to continue to use seclusion, it is imperative that all direct care staff receive seclusion training. Reportedly, as of September 22, only shift supervisors had received seclusion training.

DJS should provide intensive skill training for all staff members at Victor Cullen focusing on active listening, positive communication of perceptions and concerns, trust building, and interpersonal conflict resolution. The educational, treatment and direct care staff should meet frequently to help facilitate constructive collaboration.

Training documentation collected as of September 7 indicates only 25% of the annual staff training requirements have been completed. The training coordinator was redirected from training operations until recently. The trainer has now been ordered to ensure facility training requirements are met.

The practice of allowing uncertified staff to work with youth must be discontinued. Staff must receive the full six weeks of mandatory training before filling a post at the facility.

## **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.3** *Staffing arrangements shall aim to provide a safe, humane, and caring environment.*

**Md. Standards for Juvenile Detention Facilities 5.1.3.1 Staffing Plan** *Each facility shall develop a staffing plan which shall be reviewed and reassessed annually consistent with changes in population, facilities, activities and services.*

**Md. Department of Juvenile Services Policy RF-02-07 Crisis Prevention Management Techniques 4.d.2. Employee Debriefing:** ... (iii) *The debriefing will focus on the following areas: (a) The youth's emotional and physical well-being ... (d) Completing and reviewing documentation of the restraint or seclusion episode; and (e) Assessing whether policies and procedures were followed. (iv) After debriefing, within 72 hours of the restraint or seclusion episode, the facility Administrator or Facility Administrator's designee shall meet with employees to ... (a) Identify any program or environmental factor that may have contributed to the restraint or seclusion, (b) Explore alternate ways of handling the situation ... (d) Share outcomes of the restraint or seclusion and review the Incident Reporting form; and (e) Review the CPM techniques utilized and remediation training.*

**Md. Department of Juvenile Services Standards of Conduct 2.2 Personal Conduct 2.2.1** *Each employee shall conduct him or herself ... in such a manner as to reflect most favorably on the Department. Any ... neglect of duty, misconduct, or any conduct ... which tends to undermine the good order, efficiency, or discipline of the Department ... shall be ... subject ... to disciplinary action. 1.2.3 An employee acting in his or her official capacity may not use any course, profane, or insolent language, or take action towards other employees, supervisors, delinquent youth, offenders, clients or members of the public that is abusive or otherwise considered offensive to contemporary community standards, except as required as part of an approved treatment program.*

**Md. Department of Juvenile Services Standards of Conduct 2.10 Performance of Duties** *An employee of the Department shall be responsible for his or her own actions, as well as the proper performance of his or her duties ... Examples of unsatisfactory performance include ... unwillingness or inability to perform assigned tasks, failure to conform to work standards established for the employee's classification or position, or failure to take appropriate action to ensure compliance with Department regulations.*

**COMAR<sup>11</sup> 16.05.03.02** *In addition to complying with the training standards set by the Maryland Correctional Training Commission: A. Program staff may participate in courses of study approved by the Department's Office of Professional Development.*

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<sup>11</sup> The Department has not promulgated commitment care standards that specifically address the unique culture of a treatment program as opposed to a detention center. JJMU therefore currently utilizes DJS detention standards and COMAR as applicable.

### 3. Safety and Security

#### a. Aggregate Incidents January through September – 2010 vs. 2011

Incident Categories	2010	2011
<b>TOTAL INCIDENTS</b>	254	496
<b>RESTRAINTS</b>	83	274
<b>RESTRAINTS - MECHANICAL RESTRAINTS USED</b>	26	151
<b>YOUTH ON YOUTH ASSAULTS</b>	32	79
<b>YOUTH ON YOUTH ASSAULTS – WITH INJURY</b>	12	17
<b>YOUTH ON STAFF ASSAULTS</b>	17	66
<b>YOUTH ON STAFF ASSAULTS – WITH INJURY</b>	0	3
<b>LAW ENFORCEMENT ON GROUNDS</b>	10	29
<b>ALLEGED PHYSICAL CHILD ABUSE (DJS CUSTODY/SUPERVISION)</b>	2	5
<b>SUICIDE IDEATION, GESTURE, ATTEMPT, OR BEHAVIOR</b>	1	4
<b>SECLUSIONS</b>	0	12

According to the DJS Incident database, the number of incidents at Victor Cullen has increased dramatically. When comparing the first three quarters of 2010 with the same period this year total incidents jumped from 254 to 496, an increase of 95%. Youth on youth assaults increased from 32 to 79, an increase of 147%. Youth on staff assaults has increased from 17 to 66, an increase of 288%. Physical restraints of youth increased from 83 to 274, an increase of 230% and restraints where mechanical restraints were used increased from 26 to 151, an increase of 481%. The high numbers and significant increases in incidents involving aggression are cause for great concern.

In addition to the increased number of incidents, a number of staff reported they have been told not to write up incident reports. Staff interviewed confirmed that either they or others have been directed not to write up an incident and said they believed the reason was the high number of incident reports files during 2011. On at least one occasion, a staffer wrote an incident report and a supervisor subsequently ripped it up.

On September 22, a DJS-HQ Directive was sent to the facility prohibiting “directive touch”. Directive touch usually means a staffer re-directs a child physically without using the force associated with a physical restraint – an example would be if a staffer put his or her hand on a youth’s shoulder and gently moved him along. For the past few years, DJS-HQ has ordered that all directive touches be reported as restraints and an incident report has to be filed. The recent directive seems to be aimed at reducing the number of incident reports about restraints issuing from Victor Cullen.

On October 29, a youth walked around a cottage day room with socks tied around his neck and verbally threatening suicide. A Suicide Watch Level 3 should have been implemented per policy. The youth should have been seen by the Clinical Director within 24 hours. A non-clinical senior staff member decided that an official suicide watch would not be necessary. An incident report concerning the event was not placed on the incident data base until November 14, over two weeks after the occurrence.

#### **b. Seclusion of Youth**

Review of seclusion logs for the third quarter indicated 23 incidents of seclusion: Four in July, nine in August and ten in September. The longest seclusions were for 14 hours, 10.5 hours, 7 hours, and 6.25 hours. Other seclusions lasted an hour or less.

Documents indicate a youth was held in seclusion for 14 hours, a violation of DJS Standards and Policies. The reasons given for the seclusion were “he bit staff” and “we are waiting for the police to talk to him”. Another report included the comment that seclusion was used because the youth showed an “unwillingness to follow program expectations”. In keeping with policy, seclusion can only be used when youth are an imminent danger to themselves or others or if a youth is actively trying to escape a secure facility. Seclusion cannot be used for punishment or to enforce compliance.

Concerns related to the seclusion logs include: Only 9 of the 23 seclusion reports included the incident report number. Only 30% included all of the required signatures. Staff failed to check whether or not the youth was on suicide watch on 30% of the forms. On one log, FC #0019, staff indicated that a youth was placed in seclusion in part for “Attempting to Harm Self”, however, the youth was not designated as on suicide watch (that box was checked “No”). In addition, there was no incident report number indicated on the seclusion log. Another log, FC # 0020, indicates that a youth was put into seclusion for an “AWOL Attempt”. No incident report number was noted. No precipitating or connected incident was cited or described.

#### **c. Security Surveillance**

Security cameras are needed across the campus including the school building. Department management has indicated Victor Cullen will be camera covered after Cheltenham Youth Facility receives new cameras. No installation date has been set. Cameras would enhance safety and security for youth and staff and serve as a useful training aid.

d. Contraband

A memo dated May 13, 2011, cautioned Victor Cullen staff against bringing in unauthorized DVDs and CDs as well as personal keys and cell phones. Youth and staff continue to report that some staff members brought in adult rated and even pornographic movies as well as personal keys and cell phones during the third quarter. Staff members must be more closely monitored to help ensure contraband does not enter the facility.

**Applicable Standards**

**Md. Department of Juvenile Services Standards for Conduct, 2.4.** *An employee may not possess or convey contraband into an institution or onto institutional property. An employee shall be responsible for knowing which items are considered contraband at his or her work place...*

**Md. Standards for Juvenile Detention Facilities 5.1.5.3** *Youth shall be protected from violent, emotionally disturbed, contagious or ill youth. 2.24.3 An employee may not engage in any form of physical, sexual, or verbal abuse of youth. If an employee has reason to believe that any such abuse has occurred, he or she shall immediately report that information to the appropriate authorities and Department officials...*

**Md. Department of Juvenile Services Policy and Procedure RF 05-07** *Department of Juvenile Services (DJS) employees shall video room extractions, escorts to seclusion, use of restraints or other critical incidents that relate to the safety and security of a residential facility.*

**Md. Department of Juvenile Services Policy and Procedure RF 01-07 (4) (a) (7)** *Seclusion shall not be used as punishment and is limited to youth who (i) Present an imminent threat of physical harm to themselves or other individuals, (ii) Have not responded to less restrictive methods of control or for whom less restrictive measures cannot reasonably be tried; or (iii) Have escaped or are attempting to escape.*

**Md. Standards for Juvenile Detention Facilities 5.3.8.2 Opportunity to Provide Statement** *A youth accused of a major infraction ... shall be informed of the infraction(s) as soon as possible ... but always within 24 hours of the infraction(s). Staff ... shall complete a written report by the end of the shift ... and the youth shall be given the opportunity to write ... or ... dictate his statement to a staff member or Child Advocate, who will write verbatim and have the youth sign ... Copies of the report and the youth's signed statement ... shall be included in the youth's case record.*

**Md. Department of Juvenile Services Standards of Conduct 2.24.1** *An employee shall be fair, firm and impartial in relationships with youth and ... shall maintain a humane objective and professional interest in the welfare of youth and clients ... 2.24.2 Every employee has a responsibility to ensure a safe and humane environment for youth and to respect the individual rights of youth and other clients.*

#### 4. Physical Plant and Basic Services

DJS has turned four rooms in Diggs Cottage into seclusion rooms. Additionally the Department has installed locks on doors in youth sleeping areas.

##### a. Fire Safety

A Fire Safety Inspection was due by March 15, 2011, by the Maryland State Fire Marshal. As of time of writing, the Fire Marshall has not conducted the annual inspection and the facility is out of compliance regarding fire safety. The facility has completed corrections required following the last inspection. Facility administrators have requested an inspection be conducted.

Fire drills have not been conducted as required. In July, only two of the four cottages held documented fire drills. There is one fire drill form filled out for the gym, but that form does not indicate what unit was evacuated. In August, the facility documented fire drills for two of the four cottages, again with one fire drill noted as taking place in the gym. In September, staff held fire drills for three out of four cottages.

##### b. Basic Services

A Maryland Department of Health and Mental Hygiene Inspector conducted an inspection on October 24, 2011, and found the facility to be in compliance.

##### c. Perimeter Security

A nighttime monitoring visit in November included a perimeter check inspection with an overnight staff member which found that 5 perimeter lights were out. Also, the fence alarm was tested and found to be so easily triggered by shaking that control room staff tends to ignore it.

##### d. Handcuffs and Leg Irons

An overnight shift report for November 19 indicated that only 4 sets of handcuffs out of 6, and only 3 sets of leg irons out of 6 could be located.

#### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.2.1 Conformity with Codes** *All detention facilities shall conform to state fire safety requirements.*

**Md. Department of Juvenile Services Standards of Conduct 2.13.2 Breach of Security:** *An employee may not take any action or fail to take any action when the action or failure to act causes a breach of security or a potential breach of security by jeopardizing the safety or security of any employee, delinquent youth, offender, client, visitor or member of the public.*

## 5. Education

### a. GED and Secondary Education

The Maryland State Department of Education (MSDE) operates the school at Victor Cullen. Staff includes a teacher with special education certification. Some youth work toward taking the GED while others study for a high school diploma.

Privacy film has been installed on classroom windows to help keep youth wandering the hallway from disrupting classes. A staffer said to be the most effective person in maintaining structure and order during school has been detailed to the school area during the educational day.

Teachers are currently providing three hours instead of six hours of instruction during school days because of a teacher shortage following resignations. "Not everyone can do this job – they are not used to dealing with youth with a lot of mental health issues," according to staff. MSDE has recruited candidates to fill the vacant teaching positions and the school should be providing 6 hours instruction as of January 2012. A three-hour rather than six-hour school day means youth require additional hours of structured, constructive activities.

### b. Vocational Education

A replacement instructor is being sought so the electrician program can resume. Youth who have a GED or high school diploma may work on grounds and are paid an hourly wage. Due to staff shortages, the program is not consistently offered.

Victor Cullen implemented ServeSafe training for youth. The training provides a certificate youth can present when applying for work in the food service industry. Dietary staff oversee the process and are also trained as direct care workers to ensure appropriate supervision of youth.

#### **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 4.1** *The Department should ensure that educational services within the detention facility are consistent with state requirements and that they meet the educational needs of the youth.*

**Victor Cullen Center Procedure Manual – pp 31 c. School 1.** *Direct care staff will: A. Post inside the classrooms in the school, in a ratio of six youth to one staff, will post at both doors, will monitor the class and the youths' conduct and will support the teacher in charge of the class. B. Facilitate and supervise the youth when they change classes and will follow order of class changes in accordance with the VCC-MSDE-DJS liaison's procedures and order.*

## **6. Rehabilitative and Recreational Programming**

There is very little programming at Victor Cullen at the present time. This is a major concern. For the past several years Victor Cullen has attempted to implement Positive Peer Culture (PPC) programming. Staff report and this Monitor's observation supports that PPC has met with mixed success at best. Many of the youth enrolled at Victor Cullen were removed from the DJS Youth Centers where they did not respond to PPC programming. Some other students at Cullen function at such a low cognitive level that they have difficulty participating effectively in PPC programming. In spite of the overall lack of treatment programming, some members continue to implement the PPC process to the best of their ability.

An additional problem in the facility is the different expectations that the youth experience from one staff member to another. The lack of consistent structure and norms from staff to staff creates a sense of instability in the facility. In addition, some staff are reticent about addressing acting-out behaviors and tend to placate youth. This hesitancy to intervene early and appropriately ultimately leads to an escalation of acting-out behavior.

The Department has employed the services of a consultant to help DJS develop a more appropriate treatment approach to helping youth. The new treatment/behavioral protocol being developed is called the "Challenge" program and is reportedly going to be utilized throughout Maryland in DJS treatment and detention facilities. The new program is to be initiated in December of 2011.

Treatment programming at Victor Cullen is designed to include a life skills program called Equip and a substance abuse program called Seven Challenges. In order to ensure efficacy, all programmatic elements should be adhered to including regular meetings/therapy sessions. Staff members report that not all of the required meetings take place.

Youth receive individual mental health counseling from mental health counselors. A psychiatrist visits the facility on Friday afternoons to assess newly admitted youth and to provide medication management as needed.

An interdisciplinary Internal Review Committee convenes on Wednesdays to meet with youth who are having major problems in the facility.

Youth receive at least one hour of large muscle exercise as required. Victor Cullen has a well-equipped gymnasium. However, the designated recreational specialist is almost always involved in direct care coverage and rarely available for recreational program planning because of a facility staff shortage. The gym is not well kept as there is little time to attend to clean up.

Youth and staff state that there are not enough activities in the evenings and on weekends to keep youth productively occupied. Significant down time results in bored

youth getting into horseplay which sometimes leads to incidents involving physical altercation. Instead of engaging in, for example, art and craft projects, or music/poetry appreciation, youth spend many hours watching movies and playing cards.

### **Applicable Standards**

**Md. Dept. of Juvenile Services Policy RF-08-07 Recreational Activities** *The Department of Juvenile Services (DJS) shall provide recreation and leisure activities to youth in DJS residential facilities and programs to promote skill development and prevent idleness. Recreation shall be available to all youth each day. Leisure activities shall be provided to alleviate boredom, provide positive reinforcement and develop skills of cooperation, teamwork and sportsmanship.*

**Md. Dept. of Juvenile Services Standards of Conduct 2.10 Performance of Duties** *An employee of the Department shall be responsible for his or her own actions, as well as the proper performance of his or her duties...*

## **7. Medical**

The medical department is only open between 6:30 am and 8:30 pm. Department policy states that a facility nurse should be immediately contacted when an incident occurs involving possible injury. This does not always happen. Non-medical staff lack the necessary expertise to assess possible injury and it is vital that nursing staff be accessible to youth without delay. Youth involved in an incident need to be medically seen in a timely way by nursing staff who can assess medical needs and document injuries. Signs of injury change over time and evidence of assault or abuse can dissipate or disappear within hours or days.

The seclusion rooms recently constructed in the Diggs Cottage are adjacent to the nursing offices and medical rooms. Nursing team members indicated that having the seclusion rooms next to the nursing unit is problematic. Youth have been brought to the seclusion area by staff when nurses are in the process of interviewing or treating other youth. The environment has become loud and chaotic where calm and quiet is needed in the medical treatment rooms and nursing offices.

### **Applicable Standard**

**DJS Policy and Procedure RF-11-05.3(1)** *The Facility nurse shall be informed of any incident involving injury to youth as soon as the incident has occurred.*

## 8. Youth Advocacy, Internal Monitoring and Investigation

### a. Alleged Physical Abuse

During the quarter, three Victor Cullen staff members were alleged to have physically abused youth at the facility. Two of those allegations were ruled out by Child Protective Services (CPS) and determined not to require follow up by the Maryland State Police. One allegation resulted in the termination of a direct care staff member. As of this writing, CPS has not made a ruling as to whether to indicate that physical abuse was indicated in connection with this incident.

### b. Community Case Management Visitation

Community case management visitation of youth at Victor Cullen has been inadequate during the third quarter. A review of the sign-in sheet showed that, out of 43 youth, only 6 youth received all visits as required during their time at Victor Cullen. Community case managers are required to meet with youth at Victor Cullen at least once each month.

#### **Applicable Standard**

**Md. Dept. Juvenile Services Policy and Procedure CJ-1-05.** *(1) Youth who are committed to the Department of Juvenile Services (DJS) for placement... shall be assigned a Community Justice Case Management Specialist. DJS operated residential programs shall also assign a Facility Case Management Specialist. The Facility Case Management Specialist shall maintain daily contact with the youth and be responsible for the coordination of all services within the facility. In collaboration with the Community Justice Case Management Specialist and the facility Interdisciplinary Treatment Team, the Facility Case Management Specialist shall develop a Treatment Service Plan (TSP) and ensure that prescribed services are made available and delivered in accordance with the Department's Treatment Service Plan (TSP) Policy. (2) The Community Justice Case Management Specialist shall: (vi) Meet at least monthly with youth who are in residential care in Maryland to assess treatment progress and plan for community reintegration.*

## RECOMMENDATIONS

1. The Department should increase the direct care staff planning formula.
2. Vacant positions at Victor Cullen should be filled as soon as possible.
3. All staff at Victor Cullen should have completed all entry level training requirements and be fully certified before working directly with youth.
4. The facility should focus on staff teambuilding, trust building, accountability, communication and problem resolution.
5. The Department should develop a specific profile of youth to be served at Victor Cullen.
6. The Department should develop a treatment model to more effectively serve the population.
7. The Department should install video security cameras throughout the facility.
8. The facility administrators should ensure all fire drills are conducted as required and measures are taken to ensure functionality of perimeter security.
9. The school staff should ensure six hours of instruction daily for youth. Vocational training should be provided.
10. The program should include a variety of positive activities to reduce down time.
11. All movies should be carefully screened to ensure they are appropriate for youth viewing.
12. Nursing staff should be available at all times to help ensure the safety of youth through the provision of examination and treatment without delay.
13. The Department should develop commitment care standards.



*NICK MORONEY*  
Director

STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
JUVENILE JUSTICE MONITORING UNIT

**FACILITY REPORT**  
**THOMAS J. S. WAXTER CHILDREN'S CENTER**  
**JULY - SEPTEMBER, 2011**

**Facility:** Thomas J.S. Waxter Children's Center  
375 Red Clay Road, SW  
Laurel, MD 20724  
Superintendent: Johnitha McNair

**Dates of Visits:** July 19 and 26  
August 8, 19, 20, and 24  
September 8, 23 and 30, 2011

**Reported by:** Claudia Wright  
Senior Monitor

**Date of Report:** November 2011

## INTRODUCTION

Thomas J. S. Waxter Children's Center is a Department of Juvenile Services (DJS/The Department) owned and operated detention and residential treatment facility in Laurel, Maryland. The facility is comprised of two units for girls in detention and pending placement and a third unit which houses a 12-bed secure committed program. The facility capacity is 40. Education services are provided by DJS.

The Department has announced that the 12-bed secure committed program will be re-located to the Carter facility on the Eastern Shore in November.

## CRITICAL FINDINGS

- Population was over capacity on 15 days.
- There is no system of classification in place at Waxter.
- The facility is still without an Assistant Superintendent.
- Incident reports and the level of violence continued to increase during the quarter.
- There is no functioning behavior management program at Waxter.
- There is no therapeutic model in operation for girls in detention.
- Girls do not use the grievance system because it is not functioning properly.
- The Maryland State Department of Education (MSDE) investigated complaints regarding violations of Federal and State special education law at the Waxter school. Extensive remedial measures have been ordered by MSDE.

## FINDINGS

### 1. Population

#### a. General

Facility Capacity	High Population	Low Population	Average Daily Population	Average Monthly Population	Number of Days Over Capacity
40	46	30	37	<b>July</b> 39 <b>August</b> 37 <b>September</b> 34	15

It is not possible to classify youth for safety reasons when the population is greater than the number of rooms and beds available.

#### b. Detention and Pending Placement

<b>3<sup>rd</sup> Quarter</b>	<b>60 days and over</b>	<b>90 days and over</b>
<b>Pending Placement</b>	3 youths	0 youths
<b>Detention</b>	0 youths	3 youths

c. Population by Race/Ethnicity

	3rd Quarter, 2010	3rd Quarter, 2011
<b>Total Admissions</b>	211	201
<b>White</b>	50	59
<b>African American</b>	158	141
<b>Other</b>	3	1

**Applicable Standard**

**Md. Dept. of Juvenile Services Policy and Procedure RF-01-08** *The Department of Juvenile Services (DJS) shall ensure a safe, secure and stable environment for detention facilities. Each facility shall implement an objective internal classification system to assess youths' potential vulnerability and supervision needs, and shall utilize the results of the classification assessment to guide appropriate housing decisions. The classification assessment shall be implemented for all youth on their admission to the facility and shall provide for reclassification in response to circumstances or special needs that may require modification of housing assignments.*

## 2. Safety and Security

### a. Aggregate Incidents

Incident Categories	3rd Quarter 2010	3rd Quarter 2011
1. Youth on Youth Physical Assault	25	59
2. Youth on Youth Physical Assault with Injury	9	11
3. Alleged Youth on Staff Physical Assault	12	15
4. Alleged Youth on Staff Physical Assault with Injury	1	1
5. Group Disturbances (injury/property destruction)	1	1
6. Group Disturbances (without injury/destruction)	0	0
7. Restraints	56	92
8. Restraints with Handcuffs	3	8
9. Contraband	6	7
10. Suicide Ideation, Gesture, Attempt or Behavior	21	49

The chart above is limited to incidents involving violence, self-harm or contraband. The total number of incidents filed during the third quarter was 290. The 290 total represents a 64% increase over 177 total incidents reported during the third quarter of 2010. There was a great deal of violence among the girls in the committed program during the quarter. DJS Headquarters ordered that the twelve girls in the committed program be separated into two groups. No contact was allowed between the two groups. This separation caused a problem of staff coverage, especially on weekends. Due to lack of space and staff, one group of the committed girls had to spend entire days in a vacant classroom. Violence among the committed girls also resulted in an increase in the use of seclusion.

### b. Security Equipment and Practices

Handcuffs were used eight times during the quarter. Incidents of use of restraints and mechanical restraints increased significantly over the last year. Use of restraints is in contradiction to principles of gender-responsive programming.

**c. Behavior Management Plan**

The DJS Office of Quality Improvement (DJS/OQI) Comprehensive Review issued in March of 2011 rated the area of Behavior Management as Non-Performance. There still is no functioning behavior management program for the girls in detention.

**Applicable Standards**

**Md. Dept. of Juvenile Services Policy and Procedure RF-02-07 (4) (a) (2) (ii)** *Restraints shall be used as a last resort only when a youth displays behavior indicative of imminent injury to self or others, or makes an overt attempt to escape. The goal of a physical restraint should be to ensure safety.*

**Md. Dept. of Juvenile Services Policy and Procedure RF-01-07 (4) (a) (7)** *Seclusion shall not be used as punishment and is limited to youth who: (i) Present an imminent threat of physical harm to themselves or other individuals; (ii) Have not responded to less restrictive methods of control or for whom less restrictive measures cannot reasonably be tried; or (iii) Have escaped or are attempting to escape.*

**Md. Dept. of Juvenile Services Policy and Procedure RF-10-07** *The Department of Juvenile Services (DJS) shall utilize an incentive-based level system of behavioral management for detained youth which promotes the reinforcement of pro-social behaviors. The goal of the system is to emphasize pro-social interactions while consistently encouraging positive behaviors and modifying non-compliant, maladaptive behaviors. Employee training and methods of quality assurance will ensure the integrity and fair application of the behavior management program throughout DJS detention facilities.*

**3. Physical Plant and Basic Services**

**a. Fire Safety**

The facility is in compliance with all applicable fire safety requirements. Fire drills are held once per month on each shift.

**b. Physical Plant**

The main building at Waxter is old and dilapidated. It is often crowded. Because the girls are divided into three separate groups, (detention, honors, committed), some of the living areas may be extremely crowded while others have empty rooms. The Department has announced a plan to move one of the groups, the committed girls program, to another facility. Once this move is accomplished, overcrowding should be alleviated to some extent.

Lower population should make it easier to clean and maintain the building. During the third quarter, the living areas were often dirty and unkempt. Much of the equipment and furnishings was destroyed during violent outbursts that occurred among the girls in the committed program and the detention program.

The administration should provide for professional cleaning and laundry services. These services are provided at a number of other DJS facilities, but are not available at Waxter. The staff and the girls do not have the equipment or expertise necessary to provide these basic functions for the population.

**c. Basic Services**

Adequate food is provided. Health Department inspections are up to date.

Girls continue to report that they are not provided with adequate clean clothing, especially underwear. Girls in the secure program complain that they have to share clothing because they do not have enough to go around.

**Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.2.1 Conformity with Codes** *All detention facilities shall conform to State fire safety requirements.*

**Md. Standards for Juvenile Detention Facilities 5.5.6** *Food service shall comply with applicable sanitation codes as promulgated by the federal, state, and local authorities.*

**American Correctional Association Standards for Juvenile Detention Facilities 3-JDF-2C-03** *Each sleeping room has at a minimum the following facilities and conditions: Sanitation facilities, including access to toilet facilities that are available for use without staff assistance 24 hours a day; A wash basin with hot and cold running water; A bed, desk, hooks or closet space, chair or stool; Natural light; Temperatures that are appropriate to the summer and winter comfort zones.*

**Md. Standards for Juvenile Detention Facilities 5.6.5.2 Clothing** *Youth shall be provided the opportunity to have three complete sets of clean clothing per week.*

**Md. Standards for Juvenile Detention Facilities 5.6.2.5 Clean bedding** *The facility shall issue clean bedding and linen, including two sheets, a pillow and pillow case, a mattress, and sufficient blankets to provide comfort under existing temperature controls. Linen shall be exchanged at least weekly, and towels exchanged three times per week.*

#### 4. Education

The DJS/OQI report issued March 4 noted significant problems in education at Waxter. The area of Curriculum and Instruction received a Non-Performance rating. The evaluator stated, "The facility has to ensure that youth are attending school on a daily basis. Students should not be allowed to refuse school. Teachers cannot teach youth who are not present. There simply is not enough consistent school provided across the population to give a Satisfactory rating." A snapshot review by this monitor in September showed:

- On September 8, seven girls (of a total of 30) attended all five scheduled classes. Nine girls attended no classes.
- On September 15, one girl attended all five scheduled classes, no girls missed all classes. Twenty-four girls (of a total of 34) attended at least four classes.
- On September 22, there were thirty-nine girls on the roster for school. None of the girls attended all five classes. Five girls attended no classes, and eleven girls attended only one class.
- On September 27, seventeen girls attended all five classes (of a total of 31). Only one girl attended only one class.

The Maryland Office of the Public Defender Child Protection Division filed a formal complaint with the Maryland State Department of Education (MSDE) regarding possible violations of Federal and State special education law. On November 15, MSDE responded to the complaint with the following findings:

- The Waxter Center does not consistently ensure that students with disabilities are provided with a Free Appropriate Public Education (FAPE).
- Waxter students are not provided with special education instruction and related services when there is inadequate staffing to escort the students from the residence to the education building.
- DJS has not ensured that students with disabilities who cannot attend school due to a physical or emotional condition are provided with special education services in accordance with COMAR requirements for Home and Hospital Teaching.
- DJS does not have policies and procedures in place to provide students with disabilities the protections of the Individuals with Disabilities Education Act (IDEA) and COMAR if they are disciplinarily removed from school.

MSDE ordered the following remedial measures:

- DJS must provide documentation by February 25, 2012, that the Waxter Center has identified students with disabilities under the IDEA who resided in the facility between September 2010 and October 2011 and determine what special education services those students might have missed as a result of inadequate staffing. The Waxter Center must contact the parents of each student identified and inform them of their right to request an IEP team meeting to determine the amount and nature of compensatory services needed to remediate the loss of services.
- DJS must provide documentation by February 25, 2012, that steps have been taken to ensure compliance with the IDEA and COMAR requirements for violations identified in the investigation and to ensure that the violations do not recur.

A new Principal joined the Waxter school staff this quarter. Mr. Arthur Harris was transferred from an Assistant Principal position at Cheltenham.

There are no vocational classes for girls at Waxter.

#### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.1 Educational Services** *The Department shall ensure that educational services provided within the detention facility are consistent with state requirements and that they meet the individual needs of the youth.*

### **5. Rehabilitative and Recreational Programming**

#### **a. Therapeutic Program**

Growing Great Girls is a gender responsive, trauma informed program that is utilized in the secure program at Waxter. There is no data indicating whether the program has any positive effect on behavior once the girls leave the facility. The Department should endeavor to evaluate and validate the Growing Great Girls program to determine the benefits to the target population.

There is no functioning therapeutic program for girls in detention or pending placement at Waxter. Although the girls report that they may participate in mental health groups or drug abuse programs, there is no cohesive program that includes behavior management, education, individual mental health services or therapy, and other rehabilitative programming.

**b. Recreational Programming**

Girls receive one hour each day of exercise, usually in the poorly designed Cafenasium. Girls spend most of their time watching TV, playing cards or board games, or putting together puzzles.



**WAXTER CAFENASIUM**

**Applicable Standard**

**Md. Dept. of Juvenile Services Policy and Procedure RF-08-07 Recreational Activities Policy (4) (a) (1)** *A qualified employee trained in recreation and/or leisure services shall be responsible for planning, organizing and supervising recreational activity programs, including the use of the gym, outdoor areas, arts and crafts programs and special events.*

## 6. Medical and Behavioral Health

### a. Basic Medical Services

The DJS/OQI Comprehensive Review rated the area of Health Assessment as Non-Performance. Nursing assessments were accomplished for only 23% of sampled youth within 72 hours as required. The reviewer noted, "Most concerning is that sick call is not conducted in accordance with DJS standards." Sick call slips are not collected daily. Sick call is not conducted every day, youth file multiple sick call slips for the same complaint, and the sick call log is not consistently maintained. This review was issued in March of 2011. There is no indication that these problems have been addressed.

On July 30, four girls on the Honors Unit filed grievances and asked staff to report an outbreak of head lice on the unit. The staff person reported the concern to the medical personnel and was instructed to "file a sick call slip." Another youth reported suffering with a severe yeast infection. She filed a grievance after she waited more than two weeks to receive treatment from a doctor.

As with education, there is little communication or cooperation between the medical staff and the direct care staff, to the detriment of the residents.

#### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.3 Health Care Services** *Health care services shall be in accordance with established Departmental policy and procedures.*

### b. Mental Health Services

Many youth with significant mental health issues are held at Waxter, sometimes for long periods of time, awaiting transfer to Residential Treatment Centers (RTC's). These youngsters are not appropriate for placement in detention. Staff is not trained or equipped to care for youth with complex psychiatric needs. According to Waxter staff, inappropriate placement of girls contributes to the high level of violence in the program.

#### **Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 4.3.2.2 Transfers to mental health agencies** *When a youth demonstrates behavior that is indicative of severe emotional disturbance that indicates a need for more intensive services than can be provided on site, the youth shall be seen by the designated facility health professional. If the health professional determines that a youth's behavior is a risk to himself or others, the health professional shall authorize the youth to be transferred to an area hospital for evaluation.*

## **7. Youth Advocacy, Internal Monitoring and Investigation**

### **a. Youth Advocacy**

There are two advocates assigned to review grievances at Waxter. During the quarter only ten grievances were filed. Upon inquiry, staff explained that the grievance box was not always available because the girls repeatedly tear it off the wall.

Review of grievance slips indicates that the majority of grievances are not retrieved by the advocates for 5 to 7 days after they are filed. Resolution of the grievances often takes months. Ten grievances were filed in July and August. Nine of these grievances were not resolved until October. Girls do not use the grievance system because their complaints are not resolved in a timely manner. In one instance, staff was disciplined for taunting a girl who wanted to use the grievance system.

### **b. Internal Monitoring**

There were 290 incident reports filed during the third quarter at Waxter. Two reports were investigated by the DJS Office of the Inspector General. Both investigations involved allegations of child abuse. Neither allegation was substantiated.

## RECOMMENDATIONS

1. The DJS classification system is required by policy and should be utilized.
2. An Assistant Superintendent should be hired.
3. An effective behavior management program that is designed to meet the needs of girls must be utilized.
4. The secure program should immediately be relocated from the main Waxter facility. The current Waxter facility should be abandoned for housing youth at the earliest possible date.
5. The Department should consistently evaluate and validate the Growing Great Girls program.
6. Girls must be required to attend school every day. The Department must strive to create an atmosphere of cooperation between the education and direct care departments at the facility. Transition to MSDE operation of the school should be a priority.



**NICK MORONEY**  
*Director*

STATE OF MARYLAND  
OFFICE OF THE ATTORNEY GENERAL  
JUVENILE JUSTICE MONITORING UNIT

**FACILITY REPORT**  
**WESTERN MARYLAND CHILDREN'S CENTER**  
**JULY – SEPTEMBER, 2011**

**Facility:** Western Maryland Children's Center  
18420 Roxbury Road  
Hagerstown, MD 21740  
Superintendent: Mark Bishop

**Dates of Visits:** August 16 and  
September 23, 2011

**Reported by:** José D. Saavedra  
Monitor

**Persons Interviewed:** Superintendent, Direct Care staff and youth

**Date of Report:** November 2011

## INTRODUCTION

The Western Maryland Children's Center (WMCC) is a state owned and operated detention center housing male youth and located in Hagerstown. The current population capacity at WMCC is 24 with two 6-bed pods and one 12-bed pod.

## SUMMARY OF CRITICAL FINDINGS

- More staff should be hired to guarantee 24-hour care
- Replace porcelain sinks and toilets

## FINDINGS

### 1. Population

#### a. General

<b>Rated Capacity</b>	<b>High Population</b>	<b>Low Population</b>	<b>Average Daily Population</b>	<b>Average Monthly Population</b>	<b>Number of Days Over Capacity</b>
24	29	17	22	Jul. 22 Aug. 24 Sept. 20	22

WMCC experienced 22 days of overcrowding during the quarter.

#### b. Detention and Pending Placement

Three youth resided at WMCC for longer than 60 days waiting for a place in a treatment program (pending placement) during the quarter. One youth waited for more than 90 days.<sup>12</sup> Time in pending placement does not count toward treatment time or reduce the total time spent in an out-of-home residential treatment program. Four youth were in detention status for more than 60 days. One of the youths in detention status resided at the facility for more than 90 days.

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<sup>12</sup> Source: DJS ASSIST database (data collection date: October 4, 2011)

**c. Population Breakdown by Race/Ethnicity**

The total population increased by almost ten percent compared with the same period last year. The chart below indicates a higher number of entries for African American youth while White youth entries decreased.

	<b>3rd Quarter 2010</b>	<b>3rd Quarter 2011</b>
<b>Total Youth Entries</b>	122	134
<b>African American</b>	50	79
<b>White/Caucasian</b>	68	48
<b>Hispanic/Latino</b>	3	5
<b>Other</b>	1	2

Source: DJS ASSIST database

**d. Percentage of Total Population by Race/Ethnicity**

<b>Percentage of Population by Race/Ethnicity</b>	<b>% of Total Q3 2010</b>	<b>% of Total Q3 2011</b>
<b>African American</b>	41%	59%
<b>White/Caucasian</b>	56%	36%
<b>Hispanic/Latino</b>	3%	4%
<b>Other</b>	<1%	1%

Source: DJS ASSIST database

The African American population increased to 59% compared with the same time last year. The second largest group, Whites, declined to 36%.

**2. Staffing**

The administration managed to maintain minimum staff-to-youth ratio requirements throughout the quarter. However, the Department should prioritize staff hire at WMCC to ensure coverage levels continue to allow for: supervision of youth on suicide watch; staff training time; absence due to medical leave; and other situations which require other than routine staff planning.

**Applicable Standard**

**Md. Standards for Juvenile Detention Facilities 5.1.5.5.** *Staffing levels (should) ensure the proper supervision and safety of residents.*

### 3. Safety and Security

Incident Category	3 <sup>rd</sup> Quarter 2010	3 <sup>rd</sup> Quarter 2011
1. Alleged Inappropriate Youth Conduct/Comments	36	21
2. Physical Restraint	2	1
3. Physical Assault Youth on Youth	2	4
4. Sick Youth Requiring Emergency/Hospital Care	2	1
5. Suicide Ideation, Gesture, Attempt or Behavior	3	2
6. Alleged Physical Child Abuse (DJS custody/supervision)	1	0

The chart above is primarily focused on incidents involving aggression or self-harm. Information gleaned from the DJS Incident Reporting database indicates total reported incidents declined forty percent when compared to the same period last year.

### 4. Physical Plant and Basic Services

In general, WMCC physical plant is in adequate condition. WMCC complies with standards regarding fire safety, health and food service. Installation of a security fence around the outdoor basketball court is complete.

The facility provides sufficient toiletries, clothing, and bed linens to youth. The problem of recurring mold in the shower area of one of the residential pods is being actively addressed. Maintenance staff sanitizes Pod C showers twice weekly and every day the last youth to take a shower dries the walls.

Between April and July, all three living units (Pods A, B, and C) experienced incidents of concern related to porcelain toilets and sinks. Porcelain can be cracked and broken accidentally or deliberately. The resultant shards are a danger to youth and staff. Various incidents during the current year have demonstrated the need to replace porcelain sinks and toilets with non-breakable alternatives:

- In April, a youth jumped on and broke his bedroom toilet in Pod B (IR 91126). The following month, on Pod A, another youth broke big pieces off of his room sink (IR 92305).
- In June, staff working the night shift found an unconscious youth lying in his room/cell with a sheet tied to the sink knob in what appeared to be an attempt at suicide (IR 92691). Staff followed protocol and saved the youth's life.
- In July, a resident broke his bedroom toilet leaving the room uninhabitable for over a month (IR 93903).

## **Applicable Standards**

**Md. Standards for Juvenile Detention Facilities 5.1.1.** *The facility shall recognize and balance the legitimate need for safety of youth and staff and provide an environment that ensures a reasonable quality of living conditions.*

**Md. Department of Juvenile Services Suicide Prevention Policy & Procedure HC-01-07** *All administrative, direct care, medical and clinical staff and all other personnel working with youth under the custody of the Department of Juvenile Services (DJS) are responsible for protecting youth from suicidal or harmful actions by and to themselves in all facilities operated by DJS. This policy and procedure delineates the procedures that all staff shall utilize when assessing, reporting, and intervening with those youth at risk for suicidal behavior. All Department facilities, including those that are state owned and vendor operated and those DJS licensed programs shall follow the suicide prevention, intervention and follow-up procedure as indicated in this Policy and Procedure.*

## **RECOMMENDATIONS**

1. Continue recruiting direct care and clinical professionals to ensure treatment services are provided at all times.
2. Replace porcelain sinks and toilets.

## Juvenile Justice Monitoring Unit History and Monitoring Responsibilities

In 1999, the Maryland Department of Juvenile Justice (precursor to DJS) received national media coverage over the treatment of youth in its boot camp facilities. A Task Force investigation concluded that the Department lacked oversight and recommended creation of an external monitoring agency to report to the Governor and members of the General Assembly on conditions in DJS facilities as well as on the safety and treatment of youth in DJS custody. As a result, the Office of the Independent Monitor was established in 2000.

Legislation to codify the Office of the Independent Juvenile Justice Monitor was passed into law in 2002. The Monitoring Unit was originally housed in the Governor's Office of Children, Youth, and Families. In 2006, the Unit was moved to the Office of the Attorney General and was renamed the [Juvenile Justice Monitoring Unit](#) (JJMU).

<ul style="list-style-type: none"> <li>• <a href="#">Baltimore City Juvenile Justice Center</a></li> <li>• <a href="#">Charles H. Hickey School</a></li> <li>• <a href="#">J. DeWeese Carter Children's Center</a></li> <li>• <a href="#">Kent Youth Boys Group Home</a></li> <li>• <a href="#">The Way Home - Mountain Manor</a></li> <li>• <a href="#">Thomas J.S. Waxter Children's Center</a></li> </ul>	<p><b>Claudia Wright:</b> (410) 576-6597, <a href="mailto:cwright@oag.state.md.us">cwright@oag.state.md.us</a></p>
<ul style="list-style-type: none"> <li>• <a href="#">Cheltenham Youth Facility</a></li> <li>• <a href="#">Liberty House Shelter</a></li> <li>• <a href="#">One Love Group Home</a></li> <li>• <a href="#">Silver Oak Academy</a></li> </ul>	<p><b>Nick Moroney:</b> (410) 952-1986, <a href="mailto:nmoroney@oag.state.md.us">nmoroney@oag.state.md.us</a></p>
<ul style="list-style-type: none"> <li>• <a href="#">Backbone Mountain Youth Center</a></li> <li>• <a href="#">Green Ridge Youth Center</a></li> <li>• <a href="#">Lower Easter Shore Children's Center (LESCC)</a></li> <li>• <a href="#">Meadow Mountain Youth Center</a></li> <li>• <a href="#">Morningstar Youth Academy</a></li> <li>• <a href="#">Savage Mountain Youth Center</a></li> <li>• <a href="#">Victor Cullen Center</a></li> </ul>	<p><b>Tim Snyder:</b> (301) 687-0315, <a href="mailto:tsnyder@oag.state.md.us">tsnyder@oag.state.md.us</a></p>
<ul style="list-style-type: none"> <li>• <a href="#">Alfred B. Noyes Children's Center</a></li> <li>• <a href="#">Aunt CC's Harbor House Shelter</a></li> <li>• <a href="#">Graff Shelter for Girls</a></li> <li>• <a href="#">Karma Academy for Boys Randallstown</a></li> <li>• <a href="#">Western Maryland Children's Center</a></li> <li>• <a href="#">William Donald Schaefer House</a></li> </ul>	<p><b>José Saavedra:</b> (410) 576-6968, <a href="mailto:jsaavedra@oag.state.md.us">jsaavedra@oag.state.md.us</a></p>
<p><b>Nick Moroney</b> Director</p>	



Maryland Department of  
**Juvenile Services**  
Treating • Supporting • Protecting

December, 2011

**DJS Response**

In response to the third quarter reports from the JJMU, DJS has worked with its facility Superintendents to provide responses to each report as listed below. DJS appreciates the time and care the JJMU has taken to provide DJS with their findings and has thoughtfully considered the reporting and suggestions provided. We will take corrective action in areas in need of our attention and response.

Throughout the reports, there were some common threads. In the interest of a single, rather than duplicative, response, we submit the following:

- *Staffing:* DJS is committed to safe staffing levels. The Department has done a thorough review of staffing plans for all DJS facilities, treatment and detention, to determine the appropriate staffing levels. The Secretary is committed to hiring residential staff as quickly as possible. The Department continues to develop ways to streamline the process. There is no question that youth who are supervised by an appropriate number of trained, alert and engaged staff are safer themselves and able to stay busier with school, recreation and structured rehabilitative programming.
- *Installation of Cameras:* DJS is committed to ensuring all its facilities are adequately equipped with safety features to improve overall operations and management. In the past year, 161 additional cameras have been installed and 138 have been ordered for installation by the end of this fiscal year. In addition, the Department is in the process of installing a centralized digital recording system to improve overall video surveillance capabilities.

In November 2011, the Department completed the installation of a new comprehensive digital video surveillance system at the Charles H. Hickey School, which included the installation of cameras to include coverage of both the interior and exterior of the campus.

The Department is currently in the process of installing a comprehensive digital CCTV system at Cheltenham to include the addition of 129 cameras adding to the existing 49 cameras already installed. This procurement is now complete and it is anticipated that the new installation will begin in January 2012 with the new system operational by March 2012.

A procurement is currently under way to upgrade the CCTV system at the Baltimore City Juvenile Justice Center. There will be 9 more cameras installed and the system will be upgraded to include additional storage capacity to ensure no loss of data and improved centralized operations. It is anticipated that this project will be completed by May 2012.

Future plans for the remainder of this fiscal year include the upgrade of the system at Western Maryland Children Center. Pending funding availability, cameras will be installed in the school building at Victor Cullen, installation of additional cameras at the Carter Center and upgrade of the system at the Lower Eastern Shore Children Center.

- *The Good News:* We appreciate that the JJMU has pointed out various ways in which DJS facilities have either maintained or improved performance. For example, there were a number of improvements acknowledged at the Charles H. Hickey School, such as the installation of new cameras, the improvements in education with increases in daily attendance and GED pass rates, as well as the overall reference to the cleanliness of the facility. At the Baltimore City Juvenile Justice Center there was continuing support from the monitors for the Intensive Service Unit (“ISU”), a unit that was designed to address youth involved in aggressive incidents. The monitor notes, “[s]ince the ISU program was implemented, violent incidents have decreased significantly.” The decrease in incidents at the Alfred D. Noyes Children Center was also emphasized. At the Lower Eastern Shore Children Center (“LESCC”) the report highlights the Treatment Orientation Program, which was designed to promote the start of treatment for youth pending admission to Victor Cullen while in detention, eliminating the youth feeling as if they are wasting time in detention. The monitor’s report on the LESCC also highlights additional programming activities that occurred during that quarter.
- Disproportionate confinement of African American youth is identified in a number of the reports. DJS is very concerned about disproportionate confinement of African American youth and has a renewed effort to address it through our Juvenile Detention Alternatives Initiatives (“JDAI”). The Department hired a new JDAI Coordinator in August who has been working closely with stakeholders to address this issue. Specifically, she has worked to reorganize the state-to-local infrastructure for disproportionate minority contact (DMC) reduction strategies. She has also provided training to key state and local stakeholders to further increase their understanding of effective DMC reduction approaches as demonstrated by initiatives of the Annie E. Casey Foundation (JDAI) and the McArthur Foundation (DMC Action Network). The DMC work over the last few months between DJS, Governor’s Office Crime Control and Prevention (GOCCP), and the Juvenile Council has involved the following:

- Prioritization of findings made by University of Maryland’s Institute for Governmental Service and Research (IGSR) in its 2010 DMC Assessment. The State Coordinator is now working with the Juvenile Justice Specialist and local DMC Coordinators to better align existing strategies with IGSR findings for DMC at the front end of the system (arrest and detention admission decision points) and deep-end of the system (probation and out-of-home placements);
  - Convening a DMC Coordinator Collaborative to increase peer-to-peer networking on DMC issues. The group meets monthly to receive training specific to the role of the DMC Coordinator and to troubleshoot barriers to the DMC work that they individually or collectively experience;
  - Begin restructuring the membership and work tasks of the Juvenile Council’s DMC Subcommittee to provide efficient state-level oversight of DMC in Maryland; and
  - Working with the DJS Research and Evaluation Unit and IGSR to routinely collect and report relevant DMC data that will guide local sites in monitoring the impact of implemented DMC reduction strategies, as well as identifying new or emerging trends in DMC. We hope to rollout the new data tool to each of the seven DMC sites by February 2012.

DJS has also reinvigorated our collaboration with the Juvenile Council, and with the assistance of GOCCP, we have DMC Coordinators in the seven sites across the State (Baltimore City, Anne Arundel County, Baltimore County, Montgomery County, Prince George’s County, Charles County and Wicomico County). We will also fill a recently vacated part-time contractual position to support our JDAI coordinator in this work.

As always, DJS is committed to the youth in our care and we continue to work diligently with an eye toward both the public safety and our youths’ success. For ease of review, please reference the JJMU report for each facility or program when reviewing each individual site’s response.

## **DETENTION CENTERS**

### **Alfred Noyes Children’s Center (Noyes)**

When the facility experiences a female population surge, every effort is made to place eligible youth into an alternative to detention (ATD). The Superintendent also coordinates the reassignment of females to other available vacant beds at Waxter or LESCC. When appropriate, the male population is combined on two units to facilitate the opening of a second female unit. However, youth who are housed together are carefully identified to be at the lowest risk level. Youth whose classification assessment dictates a single room assignment is necessary are always housed individually.

In response to the comment to train staff comprehensively on de-escalation techniques, DJS not only provides de-escalation training each year as a part of the mandatory annual refresher

courses but also incorporates this as a daily practice. The Shift Supervisor holds briefings 15 minutes before the start of each shift where they remind staff to utilize de-escalation techniques and early intervention during the first signs of confrontation daily.

### **Baltimore City Juvenile Justice Center (BCJJC)**

DJS and the JJMU are in agreement about the benefit that the Intensive Services Unit (ISU) has contributed to a reduction of youth violence at the facility. The ISU concept, coupled with dedicated staff, has provided a means for BCJJC to separate youth who are not compliant with the Behavior Management Program, work with them on changing their behavior, and transition them back to their units with more tools for a successful stay. Again, we appreciate the JJMU heralding BCJJC's success.

In response to the increase in physical restraints, Staff receives training in the appropriate use of handcuffs in orientation training and in-service training. The use of handcuffs is guided by the handcuff policy. Only supervisors and staff in Intensive Supervision Unit carry them. Also, some incidents occur in areas off the housing unit and in order for the youth to be safely escorted back to the housing unit handcuffs are at times needed.

As noted in the report, both youth on youth and youth on staff assaults have decreased. However, as always, we will continue to work to reduce incidents by enhancing youth programming and providing ongoing staff training. All youth are held accountable for their actions based on the behavior management program.

The Department agrees that video of critical incidents should be retained for at least a year. Accordingly, the facility has implemented a procedure to request OIG staff to save the critical incidents to a CD. The CD will be archived and held for at least a year and maintained with the incident reports. When the new video system is installed the facility will have the capability to save the incidents electronically.

### **Charles H. Hickey Jr. School (Hickey)**

Similar to the Intensive Service Unit ("ISU") at the Baltimore City Juvenile Justice Center, the Hickey implemented an Intensive Behavior Management Program, designed in collaboration with Glass Mental Health staff, to manage its most difficult youth. Like the ISU, youth are separated from the general population in effort to control their behavior and offer incentives to rejoin the rest of the youth. The placement and release criteria are based on the individual progress of the youth as outlined in their specific Behavior Management Plans. Each plan addresses the behaviors and the therapeutic needs of the youth.

### **Cheltenham Youth Facility (CYF)**

In response to the concern regarding Cheltenham population and only using individual cells, the Department works very diligently with the community operations daily to reduce the

population; however, the population does increase due to the number of youth being detained as determined necessary by the courts. The Department does move youth to other detention facilities to help manage the population.

The Department has assigned two staff to recreation to ensure a comprehensive schedule of activities is instituted and youth are constructively occupied outside of school hours. These individuals are responsible for making a schedule each month for all the cottages and that the youth are receiving their required large muscle exercise.

We agree that the ISU concept is working well at BCJJC, however that facility is structured so that an ISU is feasible using one small unit and transitioning into another small unit. We need to identify a space that would be contiguous to house those youth at CYF. Because we have small units at BCJJC we could just repurpose the space with losing additional beds for the general population.

In response to the physical plant issues the Department has completed the following projects:

- All bedrooms have been fitted with suicide prevention beds;
- Our maintenance department is evaluating the possibility of moving our central laundry to a more appropriate area;
- The roofs have been approved for replacement and are in the procurement process;
- Maintenance has made repairs to the windows on cottages as well as some of the floors;
- Rennie, Henry, and Cornish Cottage bedrooms and hallways have all been painted in addition to specific classrooms in the school and all of the bathrooms in each classroom;
- Cottage Managers have been tasked to ensure that inspections are being conducted and that cottages are properly cleaned at all times. Cottage managers have also been instructed to remove excess materials from cottages and place them in the warehouse.

#### **J. DeWeese Carter Center (Carter)**

We appreciate the many positive remarks about the facility, its staff, programs and education department at the Carter Center. The population remains at 15 or below and MSDE has been an exceptional partner; we agree with the JJMU's assessments in these areas.

The Department agrees the appropriate documentation of fire drills is extremely important to the safety and well-being of both the youth and staff. Documenting and performing fire drills per DJS policy and procedure has been emphasized and will be corrected.

As indicated in the monitor's comments the population at Carter changed in November 2011 and is now serving committed girls. This decision was made after close consideration and analysis to ensure the boys previously served at Carter could be appropriately served at Lower

Eastern Shore Children's Center and that committed girls would be better served in a treatment facility that is separate from detention. Prior to the move to Carter, committed girls resided at Thomas J.S. Waxter Children's Center where detention girls were also placed.

### **Lower Eastern Shore Children's Center (LESCC)**

Lower Eastern Shore Children's Center ("LESCC") makes every attempt to not exceed the Departments recommended youth population of 24. LESCC houses youth in compliance of the needs of the Department but always within the 1:6 ratio of staff to youth. LESCC will ensure that we are in compliance with protocol having two staff conducting intakes at all times. Continuous improvement is being made in documenting and performing fire drills per DJS policy and procedure. LESCC is scheduled to receive the electronic cell checking system (a.k.a Tour Guard) by the end of December 2011. Lastly, the Transportation Unit does transport youth medication upon transferring youth from facility.

### **Waxter Children's Center (Waxter)**

Regarding classification of girls at Waxter, at the time of the reported quarter the facility was comprised of three housing units one of which was the Long Term Secure program (A-Unit) which is not a detention unit but a committed unit. This program only housed those young women committed to the Department and suitable for the program; the unit classified youth as low, medium or high classification. As of November 2011, the Long Term Secure program was moved to the Carter Center.

The second unit is a dormitory unit (C-Unit) and houses those youth who score low on the classification assessment (the current capacity is 12). The third unit (B- Unit) has 14 individual sleeping rooms and a 6 bed dorm. This unit houses girls who score medium or high on the classification assessment. The 14 rooms are currently classified as either high or medium.

Although the committed unit has been moved, which has decreased the population, the Department agrees that the facility needs an Assistant Superintendent. The hiring process has begun and the position will be filled.

Waxter currently utilizes a Behavior Management System that provides youth with an opportunity to progress to the highest achievable level within two weeks. Youth earn incentives according to each level achieved and also earn purchasing power once the youth reaches the highest level. Youth trade points for items on the purchasing list once a week. Adherence to the model will be emphasized to staff.

The Department agrees that girls must attend school every day and needs improved record keeping. Logs are now kept to document all youth movement in and out of school. Operational staff communicate with education staff each class period which youth are attending and which youth are absent. The Department also continues to work closely with Maryland State

Department of Education to ensure we are in compliance with all special educations laws. The Department conducted a thorough review of every youths' file who was in the facility from September 2010 until October 2011 and identified all youth who should have received special education services while at Waxter. We are now reviewing the files of each student to determine the amount of classroom hours and related services each student should have received. A letter has been drafted and will be distributed to notify all the parents to provide them with an opportunity to indicate if they would like to participate in a meeting with the Department. A second letter will also be generated about two weeks later to all of the parents that that did not respond to the first letter.

In order to improve upon consistent completion of admission nursing assessments within 72 hours of admission, the management associate from Cheltenham medical unit assisted at Waxter 2 days per week starting in the Spring of 2011. She was able to bring more organization and record keeping to the medical processes in place at Waxter. In addition, the need for better communication between residential staff and medical staff including timely delivery of updated population sheets to medical was emphasized to staff at Waxter so that nurses would be made aware of all new admissions.

In order to improve upon the sick call process at Waxter, there have been several discussions between administration staff and medical staff to work out any identified problems that may impede timely evaluation. It is the expectation that youth will complete sick call slips, that residential staff will assist in this process, and that nurses will pick up sick call slips daily with appropriate nursing assessment of youth and referral to additional medical care as needed.

With respect to the youth with the "severe yeast infection," she was promptly treated for yeast however she had additional medical conditions that were diagnosed as testing results came back from the laboratory and after she was seen by the gynecologist at Noyes. The Medical Director has emphasized to the somatic health contractor at Waxter that the pediatrician and nurse practitioner must be able to assess and treat as needed basic gynecological issues as clearly stated in the contract and should not refer youth to the gynecologist without attempting to assess the medical issue first themselves.

The monitor indicates that mentally ill youth should not be housed at Waxter. Girls who are deemed to be psychotic or have a psychiatric diagnosis that is not manageable at Waxter are referred for hospitalization by on-staff clinicians. Some girls who have other diagnoses are managed by the clinicians and staff onsite.

The Department has investigated the allegation that girls are not provided adequate clothing, specifically underwear. Girls are issued three pairs of underwear upon arrival to the facility. After their first court appearance if they are ordered to remain at the facility they receive two additional pairs. The facility also maintains a sufficient inventory at all times to replace them as needed and upon a youth's request. The other clothes that are issued are three bras, two uniforms, pair of socks, a pair of shoes and a pair of shower shoes.

In response to concerns regarding grievances, the Department identified this issue back in November and addressed it with the child advocate assigned to Waxter. The Department confirmed that the youths' grievances were retrieved from the box and addressed timely however, the advocate failed to submit them to her Director timely. Accordingly, the advocate was counseled for not providing the completed grievances to the Director in the time outlined by the policy.

### **Western Maryland Children's Center (WMCC)**

We are in agreement with the monitor's report. In response to the concerns about the youth sleeping rooms with porcelain toilets and sinks the Department is looking into the projected costs to replace them with stainless steel.

## **TREATMENT CENTERS**

### **Victor Cullen Center (VCC)**

The Department agrees the training of staff is extremely important. In response specifically to training for seclusion, presently all Group Life Managers, Resident Advisor (RA) Supervisors and direct care staff who monitor and document youth in seclusion have been trained. Going forward all RAs will receive the training. VCC has also added seclusion training, as one of the required on the job trainings that will be reviewed annually.

We also agree staff should have intensive skill training on active listening, positive communication of perceptions and concerns, trust building, and interpersonal conflict resolution. Victor Cullen had a total of 44 staff members attend RAP Training (Response Ability Pathways) in February, March, and April of 2011. The training model covers all of those areas mentioned. In addition, the new Behavior Management Plan has built in components that focus specifically on active listening and de-escalation.

Victor Cullen has never allowed uncertified staff to work alone with youth per the Department's policy. In effort to get staff certified soon after they have been hired additional Entry Level Training classes have been scheduled.

The Department continuously monitors aggressive assaultive behaviors within each of its facilities and completes an analysis to develop action plans for those youth. In this particular case the analysis showed that the majority of the incidents were driven by a small number of youth. To address their behavior, a team was created consisting of the Executive Director of Residential Operations, the Superintendent, the Assistant Superintendent, Group Life Manager, the Case Management Supervisor, the assigned Therapist, the Clinician, the Nursing Supervisor, the Unit Case Manager Specialist, parents of the respective youth and the youth. The teams established goals for each youth to help deter aggressive assaultive behaviors and met weekly to review progress.

The Department has a strict policy of mandatory reporting of all incidents. Failure to report incidents is considered extremely serious. There is only one reportable incident which was not properly documented by a campus supervisor of which the Department is aware of at VCC. Those employees received disciplinary action. If there are additional incidents the JJMU has knowledge of, then the Department would be very interested in receiving more specific information so it can be investigated.

On September 22, the Department issued a written directive to the facilities prohibiting "directive touch". Directive touch typically refers to a staffer redirecting a child physically without using the force associated with a physical restraint – an example would be if a staffer put his or her hand on a youth's shoulder and gently moved him along. The intent of the directive was to encourage staff to use more verbal de-escalation and reduce incidents where behavior was escalated as a result of directive touch.

In response to seclusion, the youth stated having a total of 14 hours included the time the youth was sleeping in the room during normal bedtime hours. Youth had a staff monitoring him during this time, as were all the youth mentioned within the report. The average length of stay in seclusion was 2.8 hours. In each instance seclusion was used as a last resort and it had been determined that the youth was a threat to self, others, or escape. Youth were processed out of seclusion as soon as they were deemed to be no longer a risk. Victor Cullen has taken corrective action to improve accuracy of record keeping. All uses of seclusion were documented in the seclusion Log.

Regarding fire safety concerns, the State Fire Marshall completed a Fire Safety Inspection on November 4, 2011. No deficiencies were noted. Victor Cullen has implemented a corrective action plan to address fire safety documentation. A supervisor has been designated as the coordinator of the fire drills and will collect all related documentation for the entire campus.

The Department has reviewed the youths' case management files to verify whether case managers were in fact visiting, and possibly just failing to sign the log book. That review determined that the majority of the youth had been seen by a case manager. In incidents where youth were not seen discipline up to and including termination is being conducted. The facility is also working with community case managers to improve communication and to ensure case managers are logging their visits in the facility log book.

A recent promotion of one of the recreational specialist created a vacant position in the programming and development of activities. However, recreational activities have been planned when school was not in session or on weekends. Activities included softball games between cottages, basketball games, cookouts, relay races, team building activities.

Medical is contacted anytime there is an injury or illness. In cases where there is an injury or illness after the nurse has left for the evening, there is an on-call nurse who is contacted and advises. If the injury or illness is serious the youth is transported to the local emergency room. In many cases even when the injury did not require a trip to the emergency room, the

on call nurse has come to the facility to treat the injured youth and follow up is conducted the next morning.

The seclusion rooms were designated to be in Diggs Cottage so that those youth would be appropriately monitored and be in close proximity to group life, medical, mental health and case management staff.

### **CONCLUSION**

As always, DJS is committed to the youth in our care and we continue to work diligently with an eye toward both public safety and our youths' success. We will continue to monitor the issues identified within the JJMU's report, especially those overarching issues such as staffing, further installation of cameras, population capacities and disproportionate minority contact through our dedicated staff and facility leadership.