MARYLAND OFFICE OF THE CORRECTIONAL OMBUDSMAN

JUVENILE JUSTICE MONITORING UNIT

THIRD AND FOURTH QUARTER REPORT

JULY 28, 2025

Message from the Correctional Ombudsman

As the newly established Office of the Correctional Ombudsman, it is with great anticipation and humility that the Juvenile Justice Monitoring Unit (OCO/JJMU) presents the third and fourth quarter report for fiscal year 2025.

The Governor, the Legislature, the Attorney General, and the community supporters stood shoulder to shoulder last year to promote the passage of Senate Bill 134 (SB 134). In all their advocacy and support of SB 134, they saw the need to create an avenue for oversight of the Department of Public Safety and Correctional Services (DPSCS) while expanding the oversight of the Department of Juvenile Services (DJS). Furthermore, there was an appreciation for the commonality and sensible approach to having JJMU housed under the OCO.

As reported in the OCO December 2024 report, "the blending of the JJMU and OCO represents a progressive fitting approach to oversight for Maryland." As the Correctional Ombudsman, I continue to draw an analogy of a tree with two branches. The agency represents the tree, and the two branches represent juvenile and correctional oversight. This structure symbolizes unity and shared purpose while maintaining distinct functions. This has worked out well for the JJMU unit and OCO overall. Our shared objectives, observations and reflections, our philosophical evolution towards a common goal, and most importantly, our team approach to oversight have worked out quite well.

This marks the first report and introduces a fresh perspective on the reporting process following the retirement of the previous JJMU Director and the departure of the former DJS Secretary. This approach emphasizes teamwork, focuses on issues and solutions, and serves as a methodology for progress should DJS choose to adopt the recommendations.

With the expansion of JJMU's oversight through SB 134, we will continue to leverage all available tools to enhance the treatment of youth, ensuring they are treated with dignity and respect. Our goal is to provide appropriate support, work towards reducing recidivism, and uphold public safety.

In the past, JJMU has played a pivotal role in driving change within DJS, and OCO/JJMU aids to further this mission. Among their various responsibilities, JJMU Monitors will persist in conducting unannounced visits, assessing facilities, reviewing incident reports, and evaluating as well as monitoring education and treatment programs.

This summation represents a collaborative team effort, crafted with deep thought and dedication by the following individuals, Marvin J. Stone, the first Deputy Ombudsman for Juvenile Oversight; Senior JJMU Monitor Margi Joshi; Strategic Data and Technology Manager Stephanie Biggus; OCO Executive Administrator Adam Cummings; and myself, Yvonne Briley-Wilson, Esquire, Maryland Correctional Ombudsman.

We respectfully present this report to Governor Moore, the members of the Maryland General Assembly and the Secretary of the Department of Juvenile Services, as required by Maryland law.

STATE OF MARYLAND OFFICE OF THE CORRECTIONAL OMBUDSMAN

JUVENILE JUSTICE MONITORING UNIT

JULY 2025

The Honorable Wes Moore,
Governor, State of Maryland

The Honorable Bill Ferguson,
Senate President, Maryland General Assembly

The Honorable Adrienne Jones,
Speaker, House of Delegates Maryland General Assembly

Members of the Maryland General Assembly

The Honorable Betsy Fox Tolentino,
Secretary, Maryland Department of Juvenile Services

The Honorable Andre Davis,
Chairperson, Maryland Commission on Juvenile Justice Reform and Emerging Best Practices

The Honorable Dorothy Lennig,
Executive Director, Maryland Governor's Office of Crime Prevention and Policy

Dear Governor Moore, Senate President Ferguson, Speaker of the House Jones, Secretary Tolentino, Judge Davis, and Director Lennig,

This report addresses the challenges encountered by the Office of the Correctional Ombudsman Juvenile Justice Monitoring Unit (OCO/JJMU) during its interactions with the Department of Juvenile Services (DJS) since the oversight expansion under Senate Bill 134 (SB 134). It also sheds light on specific incidents regarding conditions in both detention and placement facilities operated by DJS.

The new reporting structure represents a departure from the traditional JJMU approach, aiming to offer valuable insights for DJS, especially for the new Secretary. This report seeks to identify concrete, actionable changes that can enhance daily operations, programming, treatment, and safety for both staff and youth, while also improving protections for youth in DJS operated and licensed facilities.

It underscores an opportunity for DJS to implement better operational measures and address the issues highlighted below and throughout this report:

- Greenridge Youth Facility
- Drugs and contraband across all facilities
- Safety and security protocols
- Facility sanitation
- Dietary and food services
- Basic living needs

- Improper restraints
- Physical plant issues
- Staffing concerns
- Frozen time
- Educational Services
- Facility Advisory Board Meetings
- Recreation Services / Family Engagement
- Food Survey
- Email Correspondence
- Photographic Evidence
- Recommendations

Respectfully submitted,

Yvonne Briley-Wilson, Esquire
Maryland Correctional Ombudsman

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Chronological History of JJMU's Oversight of DJS

Before reporting on the specific facility issues, it is important to expound upon the historical relationship between the Department of Juvenile Services (DJS) and the Office of the Correctional Ombudsman Juvenile Justice Monitoring Unit (OCO/JJMU) in order to better understand not only the trajectory of oversight, but some of the challenges still faced in the relationship.

According to DJS, as an executive agency, it's primarily tasked to appropriately manage, supervise, and treat youth who are involved in the juvenile justice system in Maryland.

As a department, it is involved in nearly every stage of the juvenile justice process from the moment a youth is brought into a juvenile intake center by the police or as a result of a citizen complaint to the time when a youth returns to the community after completing treatment.

Its mission is to transform young people's lives, create safer communities, and forge more equitable systems through community-based partnerships that hold youth accountable while building on their strengths and support systems.

The vision of DJS is to provide pathways to success for youth and families through partnerships across Maryland.

The values DJS indicates it exudes are outlined below:

- We value the youth, families, and communities we serve.
- We value people who provide positive opportunities for youth in our care.
- We value the safety, experience, expertise, diversity, passion, and integrity of our staff.
- We value the delivery of meaningful services, supports, and opportunities to youth and families.
- We value race equity and work to dismantle systemic and institutional policies and practices that perpetuate racial disparities.
- We value cultural humility and celebrate all human differences, including race, ethnicity, gender, religion, and sexual orientation.
- We value partnering with youth, families, and communities to leverage opportunities that promote positive growth and development.

- We value a community-based approach that holds youth accountable with the least-restrictive and most appropriate interventions, recognizing the need for trauma-informed care and a holistic approach to healing.
- We value those impacted by crime.
- We value the voices of youth, families, staff, and community members, including those with experience inside criminal and juvenile justice systems.
- We value continuous learning and responsibility throughout the system.
- We value change for the growth opportunities it brings.
- We value teamwork, interagency coordination, and grassroots partnerships.

A major part of the responsibility of DJS is to provide humane care and treatment in order to prevent recidivism for youth reprimanded, adjudicated, pending placement or detained within the custody of DJS. (Maryland Department of Juvenile Services, 2025).

The Juvenile Justice Monitoring Unit (JJMU) originated in October 2002 as the Office of the Independent Juvenile Justice Monitor within the Office for Children, Youth, and Families (Chapter 255, Acts of 2002). In February 2006, the Office of the Independent Juvenile Justice Monitor was transferred to the supervision of the Office of Attorney General (OAG) and was renamed the Juvenile Justice Monitoring Unit or JJMU (Chapter 12, Acts of 2006).

JJMU originated to investigate the needs of children reprimanded, adjudicated, pending placement or detained under the jurisdiction of the DJS to determine whether their needs were being met in compliance with State law. This included reporting on allegations of abuse and on the treatment of and services for youth held in facilities. The JJMU issues public reports quarterly.

Under the supervision of the Office of the Attorney General (OAG), JJMU continued to report on the needs of the youth in custody of DJS facilities. Additionally, policies and procedures were clearly established around how JJMU would conduct investigations. JJMU not only continued to report on DJS operated and licensed facilities across the state, but also began to focus on treatment, medical, educational, nutritional as well as other needs of the youth. Monitors from the unit conducted unannounced visits to these sites to guard against abuse and ensure youth received appropriate treatment and services. The mission of the JJMU is to promote

the transformation of the juvenile justice system into one that meets the needs of Maryland's youth, families, and communities. This mission was accomplished by collaborating with all who were involved with the system.

Under OAG, JJMU gained access to DJS incident and case note databases and to DJS internal investigation and grievance documents. Monitors spent considerable time gathering information and observing all aspects of operations. It became common practice to sit in during activities and classes, interview youth, staff and administrators, and review incident-related footage and original incident report documentation. Much of the footage reviewed even came directly through emails from staff and/or leadership.

On July 1, 2024, because of the Maryland General Assembly passing and Governor Wes Moore signing Senate Bill 134 into law, the Office of the Correctional Ombudsman (OCO) was created and the JJMU unit was transferred under the supervision of the independent agency. Over the next several months as the agency began to build and grow, tensions also began to cultivate between the leadership especially after the retirement of the long-time JJMU Director.

SB 134 expanded the oversight scope of JJMU and to also include the newly appointed Ombudsman staff. However, this was not met with welcomed enthusiasm by DJS, beginning with the initial request for the staff to gain access to the DJS system. While the request was made in March of 2025, OCO was not granted approval until May of 2025 and only after meeting with DJS leadership.

This less than collaborative approach under the last secretary's administration continued with OCO/JJMU despite long-established practices and procedures that had been in place under previous secretaries as well as the expanded oversight practices. While there was an expansion in oversight based on legislation, there seem to be new limitations being placed on OCO/JJMU.

This unwelcomed tactic continued from DJS staff with OCO/JJMU leadership when the Health Administrator, per the instructions of the Medical Director, canceled a regularly scheduled meeting on Monday, April 14, 2025, about the serious food concerns by youth within the DJS facilities. These meetings were initiated by OCO/JJMU staff. The rationale provided to OCO/JJMU was that there had been a change in leadership with the recent retirement of the Director of JJMU. However, DJS was informed that the Ombudsman had been in leadership since October of 2024 and was prepared to proceed. DJS maintained its stance, not only canceling that meeting, but all future meetings related to food concerns. The Health Administrator later canceled May 9th meeting

related to food issues as instructed by her supervisor and all meetings moving forward. We were advised that she would reschedule once her supervisor approved.

In the monthly May meeting between OCO/JJMU and the Deputy Secretary for Residential Services, the Health Administrator joined the meeting and indicated that she would now be attending the monthly meetings in the future to discuss food issues. In July of 2025, the newly appointed Deputy Ombudsman for Juvenile Oversight reached out to the Health Administrator requesting to restart the meetings related to food concerns but once again advised that she could not do so until her supervisor, the Medical Director granted permission to resume the meetings. In the meantime, she would continue to participate in the meetings between OCO/JJMU and the Deputy Secretary for Residential Services. Unfortunately, there have been no discussions related to food services in these meetings.

When OCO/JJMU staff became aware of the incident #183671, we were very concerned and on May 14, 2025, requested access to the video and witness statements from the Deputy Secretary of Residential Services and Executive Director of Treatment Services. Traditionally, videos have been shared via email to OCO/JJMU including by both the Deputy Secretary and the Executive Director of Treatment Services, but it wasn't until after a second email from the Ombudsman on May 16, 2025 that OCO/JJMU was advised by the Executive Director of Treatment Services that we would not be granted email access to said video. We would have to view the video in a facility. OCO/JJMU has yet to receive a response related to this incident from the Deputy Secretary of Residential Services.

After viewing the video of incident #183671 in a facility and given OCO/JJMU staff's alarming concern, we requested additional records from DJS. However, the Executive Director for Residential Services for Detention sent an email on May 19, 2025, indicating that the message should be shared with all facility staff. The message cited Md. Code, Human Services §9-203 and related juvenile confidentiality statues and directed to all DJS colleagues prohibited the release of records, including visual recordings, that identify a youth in custody, except under specific authorized circumstances and advised effective immediately and until further advisement, **no incident video recordings shall be emailed or shared with any external, non-DJS personnel without the expressed authorization of the Executive Director for Detention Programs.** The Executive Director for Detention Programs further indicated that (1) all requests for incident video recordings must be routed to and approved by the Executive Director for Detention, and (2) Email

transmission of incident transmission recording is restricted to internal; recipients only: (a) Executive Director for Detention and (b) Deputy Secretary for Residential Services and above. This email fails to acknowledge the long-standing practices between JJMU and DJS or that statute specifically authorizes the release of information to OCO/JJMU.

After the Ombudsman and the then Assistant Secretary and Chief of Staff had a discussion on the improper denial of access, on June 3, 2025, the Executive Director sent a follow-up message on June 5, 2025 to his DJS colleagues clarifying his earlier communication; indicating that "consistent with past practice staff from JJMU (and now staff from the recently created Office of the Correctional Ombudsman – OCO) are to continue to have access to and the
ability to view "on site" any video requested. The previous communication was not intended to limit or prohibit any staff from JJMU or the OCO from having access to view video footage from DJS' residential facilities. This access
can be provided without approval from the Executive Director of Detention Services." The email further stated that, "as always, staff from JJMU/OCO shall continue to have the same access to video footage and any other information requested by JJMU as has been the practice under the current and previous administration."

In response to this email, the OCO/JJMU forwarded a copy of an email from a former Deputy Secretary of Operations that gave full authority to JJMU to receive unrestricted access to records maintained in DJS facilities to include medical and mental health records and should not be denied access when requesting information. Therefore, the practices outlined are still inconsistent with the practices of the prior administration and even this administration in that even the Deputy Secretary of Residential Services has emailed videos to JJMU staff.

On June 5, 2025, in follow-up to the previous request and considering the June 5th email from the Executive Director of Detention Services, the Ombudsman requested immediate access to the following items specifically related to incident #183671 (items 1-7), as well as the additional items listed below:

1. All witness statements
2. All video footage
3. The full and complete incident report

4. All health reports for [redacted]
5. All photos taken of each youth involved, along with their individual statements
6. The managerial report
7. The OIG report, as the incident occurred on May 3, 2025. Based on your recent email, this report should now be available for OCO/JJMU review.
8. The explanation for [redacted] release from the Greenridge program, including proof of his program completion.
9. All PREA-related incidents, managerial investigations, and OIG reports pertaining to [redacted]
10. Video footage of the Greenridge dormitory for evenings from March 15, 2025, to May 12, 2025, and from June 2, 2025, to the present.
11. Video footage of the Greenridge dormitory while at the Backbone Youth facility from May 13, 2025, to June 1, 2025.

Even though several of the items had already been requested multiple times, it was not until the new secretary was appointed and still weeks later June 27, 2025, that OCO finally received all the information requested.

Despite the memo/email from the Executive Director of Detention Services on June 5, 2025, some of the more cooperative practices between DJS and OCO/JJMU (i.e., the electronic sharing of videos via email) have yet to return, equally as important OCO believes as demonstrated through this report that some of DJS staff fails to exude the values that DJS profess to exemplify. Unfortunately, it is the opinion of OCO based on the actions of the prior administration and some staff that are still in place specifically in leadership roles that they are:

- Failing to engage in interagency coordination by not following the mandate of the legislation of SB134 and honor past practice.
- Failing to value the youth they serve by providing proper treatment and placing them in properly staffed, safe environments, providing proper food and clothing.
- Failing to value the delivery of meaningful services, support, and opportunities to youth by not providing appropriate treatment by duly credited staff.
- Failing to demonstrate responsibility for youth in care by not exercising sufficient care over their basic needs.

This report highlights the specific issues and challenges. As you read, OCO/JJMU requests you as the reader to consider the party responsible within DJS and whether that position is one that should be reconsidered by the new Secretary for the DJS as she restructures the Department to enhance public safety, reduce recidivism, and ensure the safety and treatment and care of youth in the care of DJS. The specific positions to consider as you read this report are as follows:

- **Deputy Secretary for Residential Facilities**, provides executive-level strategic leadership and oversight for all state-owned and operated residential facilities
- **Executive Director for Detention Facilities**, oversees the programming, safety, and security of the department's detention centers and transportation services
- **Executive Director for Treatment Services**, oversees the provision of behavioral health and victim services to youth within the juvenile justice systems
- **Medical Director**, responsible for all medical and dietary services for youth within DJS
- **Director of Behavioral Health**, oversees and manages the behavioral health services provided to youth within DJS
- **Director of Food and Nutritional Services,** oversees the planning, implementation and management of all food services operations within DJS facilities
- **Food Administrator, Charles H. Hickey, Jr. School**, responsible for directing all daily food operations at Charles H. Hickey Jr. School

OCO/JJMU ask readers to evaluate DJS leadership on the following:

1. Do the current leaders' actions support public safety?
2. Are the current leaders properly equipped and skilled to prevent recidivism?
3. Are the current leaders effective in providing a safe, secure environment for the welfare of children within DJS custody and care?

Email Correspondence 001

on Mon, May 19, 2025 at 4:28 PM [redacted] wrote:

Good afternoon DJS Colleagues,

"Please share this email directive with all facility staff who are authorized to access the camera system."

Effective immediately and until further advised, no incident video recordings shall be emailed or shared with any external, non-DJS personnel without the express authorization of the Executive Director for Detention Programs.

All requests for incident video recordings must be routed to and approved by the Executive Director for Detention.

Furthermore, email transmission of incident video recordings is restricted to the following internal recipients only:

- Executive Director for Detention
- Deputy Secretary for Residential Services and above:

NOTE: Md. Code, Human Services S 9-203 and related juvenile confidentiality statutes prohibit the release of records, including visual recordings, that identify a youth in custody, except under specific authorized circumstances.

[redacted]

Executive Director
Residential Services for Detention
Department of Juvenile Services
217 East Redwood Street
Baltimore, MD 21202

Email Correspondence 002

----------Forwarded Message----------
From: [redacted]
Date: Thu, Jun 5, 2025 at 11:56 AM
Subject: Re: Emailing of Incident Video Recordings

I'm writing to clarify my email sent on May 19, 2025 at 4:25pm (Subject: Emailing of Incident Video Recordings). Please be sure to share this clarification with all facility staff who are authorized to access the camera system (and anyone else who may have received the email below). To clarify the earlier communication and consistent with past practice, staff from JJMU (and now staff from the recently created Office of the Correctional Ombudsman OCO) are to continue to have access to and the ability to view on site any video footage requested. The previous communication was not intended to limit or prohibit any staff from JJMU or the OCO from having access to view video footage from DJS' residential facilities. This access can be provided without approval from the Executive Director of Detention Services.

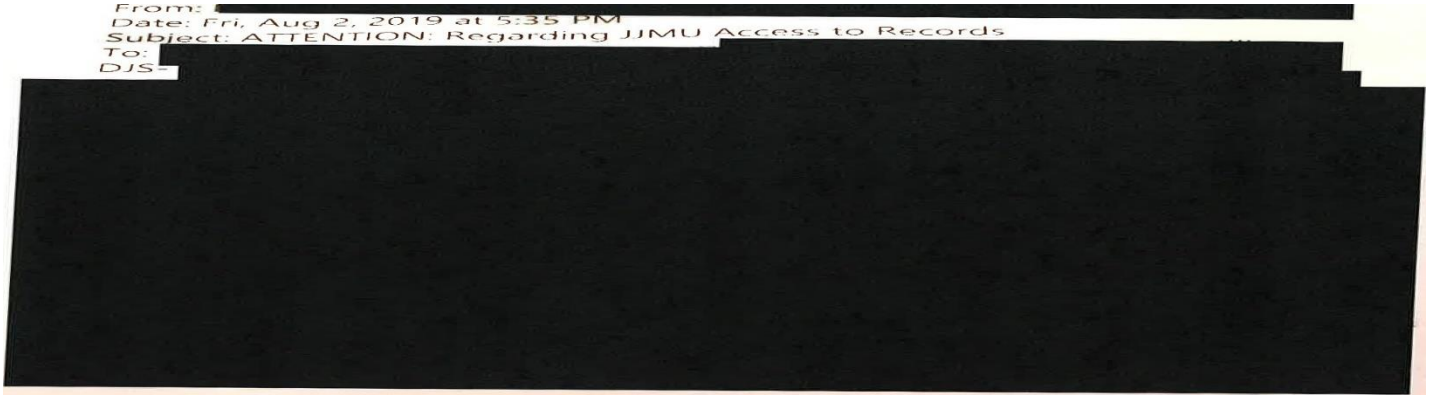
As always, staff from JJMU/OCO shall continue to have the same access to video footage and any other information requested by JJMU as has been the practice under the current and previous administration.

I apologize for any confusion and if you have questions please do not hesitate to contact me.

[redacted]

Executive Director
Residential Services for Detention
Department of Juvenile Services
17 East Redwood Street Baltimore, MD 21202

Email Correspondence 003


From: [redacted]
Date: Fri, Aug 2, 2019 at 5:35 PM
Subject: ATTENTION: Regarding JJMU Access to Records
To: [redacted]
DJS-

Please be advised that per State law, JJMU monitors are able to have unrestricted access to documentation maintained by our facilities to include youth medical and mental health records. Therefore they should not be denied access when requesting information. Any document to be referencing as a "youth placement" the monitor shall have access to.

Thank you

'=Deputy Secretary of Operations

[redacted]

Specific Issues:

Sexual Abuse Allegation at Green Ridge Youth Center

May 6, 2025, JJMU was made aware of an alleged sexual incident at Green Ridge Youth Center that involved three students which originally occurred on May 3, 2025. This incident was reported by a youth to a facility case manager who reported the event to management. It was reported the three students were having sexual relations and one student alleged to be performing oral sex on two of his peers. Incident 183671 and Office of the Inspector General (OIG) report 25-183671 are the documented reporting numbers.

OCO/JJMU was provided information from an anonymous resource about this alleged sexual incident on May 6, 2025. Initially DJS delayed OCO/JJMU access to information about this incident. OCO/JJMU was told the video was too dark to tell if anything happened and the three students reported nothing happened. The Correctional Ombudsman demanded OCO/JJMU have access to all information based on legal rights to monitor and report. JJMU also gained access to an email showing that DJS was denying OCO/JJMU access to review videos without prior DJS leadership approval, this is a violation of OCO/JJMU rights to monitor under Maryland legal requirements for OCO/JJMU monitoring and oversight. DJS delayed the OCO/JJMU request for over two weeks.

Video footage of this incident happened in the dorm which is an open sleeping area for all students. OCO/JJMU learned that one youth involved had already prior reported to staff that he felt unsafe and asked to be moved. The video footage was recorded by facility cameras at night, it was dark, but footage was clear enough to see two students were involved in inappropriate movement into another peer's bed.

OCO/JJMU was told that the camera footage could not be emailed for review, and we could review the recorded camera footage at a DJS facility even though OCO/JJMU has received prior recordings via email. On arrival at the Baltimore City Juvenile Justice Center (BCJJC) over two weeks later, an administrator at BCJJC informed OCO/JJMU staff that they could not pull camera footage from another facility. OCO/JJMU contacted DJS administration to grant permission for the BCJJC administrator to receive the recorded camera footage from Green Ridge Youth Center. It took over 40 minutes to receive the camera footage which was already bookmarked and saved. OCO/JJMU was only able to review one angle of the camera footage even though there was another camera angle.

The camera footage showed the following youth movement:

Prior to the event, two staffers were seen talking to students who were already in the dorm sleeping area. The lower bunk bed had a sheet hanging in front like a privacy screen, which is in violation with DJS policy. Supervisors observed the privacy screening in place; however, it was never taken down prior to the supervisors leaving. Youth #1 is lying on the top bunk bed and peer #2 gets out of his bed and gets in the lower bunk with peer #3, but the sheet or blanket is obstructing the view. A female staffer is seen walking over to the lower bunk and lifting up the sheet/blanket and walking away. Youth #1 is seen sliding down the wall from the top bunk bed wearing nothing but his underwear. The bunk beds were moved off the wall making it easy for youth #1 to slide down without any barrier.

Youth #1 returned to his top bunk minutes later and started talking to a male staff member who was walking through the dorm and opened the door with what appeared to be a laundry bag, this was a possible distraction. A third staff member is observed walking through and talking to youth #1 while that youth remains on the top bunk. This marked a possible second staff distraction. Several minutes later youth #2 exits youth #3's lower bunk and crosses the room back to his own bed wearing nothing but his underwear.

The video footage was over 20 minutes long. OCO/JJMU also learned that one of the students should not have been in this sleeping area but another location in the dorm. On June 26th OCO/JJMU received medical information for one of the youth involved, this student is confirmed HIV positive. The Department initially delayed OCO/JJMU request for this information.

Drugs and Contraband

The Department has experienced documented issues with contraband and drugs at BCJJC, Victor Cullen Center (VCC), Backbone Mountain Youth Center (BMYC) and Charles H. Hickey Jr., School (Hickey). Contraband included but not limited to suboxone and vape pens. The following incidents occurred within this reporting period:

- Incident 183823 - During the week of May 27th site visit to BCJJC, OCO/JJMU learned that a student scheduled for a medical procedure was taken off grounds and while being prepped for the medical procedure, the youth had suboxone found inside a stocking cap on his right foot.

- Incident 184178 - At VCC, a student attempted to pass suboxone in a bag of chips to another peer.

- Incident 184086 - At BCJJC, a student admitted to staff that he was having active withdrawal from suboxone. According to the incident report, the student tested positive for suboxone.

- Incident 183706 - At BCJJC, suboxone was found in room 1036 under a student's mattress.

- Incident 183394 - At BCJJC, 17 suboxone strips were found in a youth's personal belongings.

- Incident 183368 – On April 22, 2025, at BCJJC, a student tested positive for marijuana. As a result, youth and their cells on the unit were searched for contraband. One youth was discovered to have two vape pens and an MP3 player containing pornographic video during a pat down search. In addition, in one of the rooms, a search uncovered a plastic bag of suboxone strips. Upon searching the youth housed in the cell, it was discovered that he also had a vape pen on his person.
    - The Department featured the youth who had suboxone strips in his cell and a vape pen on his person as a success story to sit on the panel for the DJS Annual Leadership Conference on June 3, 2025.
    - The Ombudsman brought this incident to the attention of the Deputy Secretary for Residential Services immediately after the conference, expressing concern for the youth's wellbeing and the potential negative impact of the youth being presented as a success story. The Deputy Secretary for Residential Services responded by stating, "We will have to agree to disagree".
    - In June of 2025 this youth was ejected from his placement.

- Incident 183143 – A student tested positive for marijuana at BCJJC.

- Incident 183274 - A vape pen was found at VCC inside a student's coat pocket.

- Incident 183906 - At BMYC, a student was caught passing a sock that contained a white powdery substance, and two students tested positive for suboxone.

- Incident 183918 - At BMYC, staff reported that several students appeared under the influence and later several students tested positive for suboxone.

- Incident 182906 - At Hickey, during a random bathroom search staff found a vape pen and cell phone charger after noticing two students going in and out of the bathroom.

Safety and Security

Staffing

The Department's system-wide staff shortages have created potentially unsafe environments for both staff and students. During May and June site visits to BCJJC, Western Maryland Children's Center (WMCC), Green Ridge Youth Center (GRYC), VCC, and Hickey, OCO/JJMU were informed about, and observed, staff callouts that placed facilities at serious safety risk.

During this reporting period WMCC staff shortages were excessive, and girls were often locked in their rooms for extended periods of time because of a lack of staffing. These instances were referred to by the Deputy Secretary for Residential Services when speaking with the Ombudsman as, "pseudo-seclusions", confirming monitoring observations that this is a regular practice. She further indicated that "these seclusions occur primarily due to lack of staffing and are not necessarily tracked." Staff from other facilities were drafted to work at WMCC to provide needed coverage. The Deputy Secretary for Residential Services was dismissive of the OCO/JJMU's concerns regarding staffing shortages at WMCC, and this dismissiveness became a common reaction to subsequent facility concerns.

During the temporary relocation of GRYC students to BMYC following the Western Maryland floods which occurred in May of 2025, GRYC had only one Residential Advisor (RA) and no Superintendent on grounds when a visit was made by OCO/JJMU. BMYC administration and staff were overwhelmed with providing services to both BMYC and GRYC youth.

Security

The Department has experienced the following incidents that have directly impacted security during this reporting period:

- Incident 181852 - At BCJJC, five youth were being escorted back to their unit when one of the youth being escorted opened the door to another pod and ran inside in an attempt to assault another youth. This is a breach of security because doors are supposed to be securely locked at all times.

- Incident 183029 – At BCJJC, March 26, 2025, a female staffer had her breast touched by a student approached her from behind. The youth also made sexually suggestive comments to the staffer saying, "do you know what I will do to you." The student reached out to OCO/JJMU in fear of retaliation. OCO/JJMU requested that the student be moved to another DJS facility for his safety because he received threats from peers and feared retaliation from staff.

- During a May 2025 monitoring visit at BCJJC, OCO/JJMU was being escorted by a detention pod manager and noticed one of the doors was left open while passing the pod. The pod manager immediately locked the door and alerted Master Control about the breach of security.

- During visits in April and May 2025 to BCJJC and Hickey, multiple Hispanic youth were without interpretation services. This is an ongoing issue with the Department's current vendor providing interpretation services. Youth with language barriers are placed at a security and safety risk when they have no way of communicating with staff and peers.

- During this reporting period at BCJJC, Occupational Safety and Health Administration (OSHA) visited BCJJC for a workplace violence complaint after a teacher was allegedly assaulted by a student.

Facility Sanitation

BCJJC housing units have graffiti and are in need of painting. Some units have been painted during this period, but not all units have been addressed.

Youth have reported ongoing issues with mice and roaches at BCJJC. Youth reported mice climbing onto their beds at night. BCJJC had multiple rooms that were unclean and dirty.

OCO/JJMU completed a visit June 7th and June 8th to assess conditions at BCJJC due to a Baltimore City water main break. This incident started on Friday June 6th and lasted three days. DJS did not use their emergency preparedness plan. The water was turned back on June 7th after the waterline repair. Youth remained at BCJJC for three days in unsanitary conditions. The water was cut off and no toilets could be flushed; youth were urinating in sinks. Additional drinking water was transported into the facility; portable toilets were placed in the loading dock area and fans were brought in because the AC was also cut off. Temperatures inside the facility were very hot and the floors had condensation making walking in some areas difficult. During this

entire emergency, none of the DJS Executive Administration team came to assess the problem, this includes the Secretary, Chief of Staff and Deputy Secretary for Residential Services. Mid-level DJS administrators were left to manage the problem with updated telephone calls to the DJS Headquarters staff.

Sunday, June 8th, OCO/JJMU made a second visit with the Ombudsman to find that all but three male staffers called out as reported by a senior staffer on duty. Staff on duty were frustrated, and youth could only be let out of their rooms three at a time for one hour because the facility was very short staffed, creating potential safety concern and a very dangerous situation. Upon leaving BCJJC, the Correctional Ombudsman called the Deputy Secretary for Residential Services, who informed OCO/JJMU, "it's common place for facilities to be short staffed on weekends". The Ombudsman was informed that no advanced level supervisor or administrator was on duty.

Similarly, during an April 2025, BCJJC site visit, OCO/JJMU reported toilets in rooms 2017 and 2010 on unit 41 were covered with clothing because they would not flush and had an odor, and the physical plant department was contacted by OCO/JJMU to address the problem. OCO/JJMU advised BCJJC that youth should not return to their rooms until the problem was resolved. In room 1019 water was coming from the vent when the sink was in use, the water smelled like sewage. During a June 5, 2025 VCC visit, a youth reported mice and cockroaches in his room.

Dietary and Food Services

The Food Services Department continues to have multiple youth complaints at most locations and especially at Hickey. Monitoring observations of food services and youth food complaints at Hickey include:

- expired foods
- food being stored without proper labeling
- unsanitary kitchen conditions
- food used past best by dates
- bugs inside oatmeal
- undercooked food
- cold food
- outdated youth food surveys
- ongoing complaints against food service manager at Hickey for abuse of power and unprofessional conduct

Additional food services concerns raised at Hickey and other facilities during the monitoring period included the following:

- During a monitoring visit at BCJJC in March 2025, youth on unit 31 complained to OCO/JJMU about mold on the bread; it was addressed and the bread removed. During an additional monitoring visit in March a youth on unit 32 reported finding a fingernail in his food, this was confirmed by staff, and the youth was given a replacement food tray.

- Youth at VCC complained that a meal containing chicken was undercooked and had blood. Youth reported during a June monitoring visit that VCC food service staffers did not have gloves on while serving food.

- Staff and youth at Hickey and VCC have complained about the quality and preparedness of food.

- During a monitoring visit at Hickey in June 2025, the cook informed OCO/JJMU that they did not have enough chicken to prepare the meal for dinner because management did not order enough product, so the chicken had to be divided to make enough meals. OCO/JJMU was also advised that youth would not be able to have the extra food approved at dinner because they were short on chicken.

- In March 2025 it was reported that the food service manager at VCC resigned because of reported unfair treatment from upper management. OCO/JJMU spoke with the outgoing food manager who informed OCO/JJMU that the environment was toxic and unhealthy. It was reported that the DJS Office of Fair Practice was looking into concerns related to personnel treatment.

- During a monitoring visit at Hickey April 2025 a student who does not eat meat was given chicken. The same youth during an additional April 2025 visit reported not receiving his meal for observance of lent. The kitchen was notified and reported a meal would be sent. Food was not provided until approximately 10:30 p.m. He was given a cup of shrimp noodles provided by the residential staff because the kitchen was closed. This matter was investigated by the DJS Child Advocacy Unit and the student filed a grievance report dated April 3, 2025.

- During a weekend visit to Hickey in May 2025, OCO/JJMU was informed that the breakfast meal was served with expired juice. Youth and staff in Roosevelt Hall complained and contacted OCO/JJMU who

made a special visit to investigate. OCO/JJMU was told that the beverages were collected and discarded by food services. During this visit, OCO/JJMU took a picture of the discarded juice which was in the dumpster. OCO/JJMU questioned food service staff who reported they were told by their supervisor to use the old juice until it was all consumed. One food service staffer informed OCO/JJMU that the supervisor was told the juice was outdated, but the supervisor instructed the staffers to serve the expired juice anyway.

- A food service vehicle at Hickey used to transport food was sitting on the kitchen parking lot with a flat tire. OCO/JJMU was informed that the vehicle had been out of commission for over a month which prompted OCO/JJMU to file a maintenance complaint for repairs. Food staff reported that kitchen management was made aware one month prior of the flat tire, but it was not addressed.

- OCO/JJMU observed kitchen staff at Hickey transport food to the main dining hall with three staff per vehicle. This was reported as a safety issue since the vehicle being used only holds two passengers and was also loaded with prepared food in the rear storage area. OCO/JJMU expressed concerns for staff safety, and this was reported as a work hazard.

Email Correspondence related to food

Maryland [redacted]

Food Services
9 messages

Marvin Stone -OCO- [redacted] Fri, May 2, 2025 at 12:18 PM

Good day all,

During a regular JJMU visit to Charles Hickey yesterday, a student complained about the orange juice on April 29. 2025 made him sick. One youth said he started throwing up and another student complained his stomach started hurting. Additional students on Roosevelt Hall and Clinton Hall also complained.

It was reported that the juice was slimy. Students complained of expired foods being an ongoing issue.

Thank you in advance for addressing this matter.

Marvin J. Stone, Senior Monitor
[redacted]
Juvenile Justice Monitoring Unit
Office of the Correctional Ombudsman
[redacted]

[redacted] Fri, May 2, 2025 at 12:31 PM
To: Marvin Stone -OCO- [redacted]

[redacted]

Acknowledged

[redacted]

Fri, May 2, 2025 at 5:02 PM

[redacted]

Hi Marvin,
[redacted] is on leave today.
With our food service team, we will look into which vendor we are getting the OJ from and if we can figure out if the juice was expired.
It may not have been expired. Other things can cause problems like improper storage and handling which could have happened before or after delivery to Hickey, or improper processing at the plant that made it.
We will see if we use the same vendor at other facilities.
How do the kids know about the food being expired? Are they reading the expiration dates on the side of the juice or milk or are they referring to the meals being cooked from expired foods (which they would not be able to verify) or something else?
Thanks

[redacted]
Medical Director,
Department of Juvenile Services

[redacted]

[redacted]

[Quoted text hidden]
[Quoted te t hidden]

[redacted]

Marvin Stone -OCO- [redacted]

Fri, May 2, 2025 at 5:16 PM

[redacted]

Thank you [redacted] for responding, I am referring this matter to our Ombudsman for a follow up response, Ombudsman Birley-Wilson please provide Administrative input. [redacted] I believe is the Administrator to [redacted] and her team.

Thanks,

Marvin J. Stone, Senior Monitor
[redacted]
Juvenile Justice Monitoring Unit
Office of the Correctional Ombudsman
[redacted]

Yvonne Briley-Wilson -OCO- [redacted]

Fri, May 2, 2025 at 6:45 PM

[redacted]

Thank you, Marvin. Thank you also, [redacted] for agreeing to investigate the vendor for whom DJS is purchasing orange juice. I hope this inquiry extends beyond just the vendor because as you pointed out, the issue may also lie within DJS itself, such as improper storage, keeping items beyond the expiration date, or improper handling by DJS staff. This is not a problem created by children. When we encounter milk or juice that doesn't taste right, the first thing we typically do is check the expiration date on the carton. It seems likely that young people would do the same. Additionally, when children become ill after eating the food or drinking the beverages and the taste is of spoilage, that is also a sufficient indication of spoiled food.

We anticipate DJS will conduct a thorough and efficient investigation into this matter without attributing blame to the children who raised concerns.

Thank you again, Have a great weekend.

Kind regards,
Yvonne Briley-Wilson

[redacted]

[redacted] Mon, May 5, 2025 at 11:49 AM

Good morning,

Thank you for your email. [redacted] had emailed about this on 5/1 and [redacted], the Hickey Food Services Manager, looked into it that day and responded to her. His investigation yielded the following information:
-There were many cases of orange juice, properly rotated, in the refrigerator with a delivery date of 4/16/25 (manufacturing date was the same).
-Some cases were still thawing so it's possible that if the students got juices that were not completely thawed the still-frozen part might have seemed slimy or that the juice tasted funny because the ingredients had separated in the thawing process.
-[redacted] checked the juice served that day and confirmed it was not expired. He tasted it himself and said it tasted fine.
-The juice, as [redacted] just emailed, comes from [redacted]. As it approaches the "use by" date while being stored, it is discarded to avoid issues.
-[redacted] and team will make sure that other juices are available if youth do not want the orange juice, going forward.

If a youth tastes juice or something else that does not taste right and they let the dietary team know in real-time they will come and address the situation. There is no space for blame in these situations, only an assessment of what is going on with the food or beverage and what we can do to resolve the issue. Our goal is that the youth have food and beverages that both taste good and support their health and wellness. To that end, we want to know about any food or beverage that does not do this so that we can make appropriate changes.

Sean and team are going to review all of the juice that they have for potential issues. It is possible that the batch that they drank that day wasn't good (even though it was not expired and within the appropriate use-by date). We want to explore all ways that we can avoid this issue going forward so will follow up on the vendor and on options for a different orange juice product.

Thank you,
[redacted]
[Quoted te t hidden]
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[redacted]
Health Administrator
Department of Juvenile Services
[redacted]

Yvonne Briley-Wilson -OCO- [redacted] Mon, May 5, 2025 at 5:04 PM

Thank you, [redacted], for your explanation, although we are still unclear as to the resolution. We understand that you are planning to reach out to the vendor to explore different orange juice products. However, we are not quite sure how you are confirming that the juice was not, in fact, spoiled or that any issues did not occur during the handling process. Are you instructing staff regarding the next steps? If so, could you please advise OCO/JJMU of these next steps specifically? This way we will all have clarity.

[redacted], while we would like to believe this is an isolated incident, it appears to be something that OCO/JJMU must demonstrate continuing concern about at Hickey. Over the weekend, we were informed that kids were served pre-packaged cold cut sandwiches for

[redacted] Canceled event with note: OCO New Jersey/Maryland - Intake Processing @ Fri Jul

dinner on Saturday. According to a complaint, the sandwiches had mold. Once contacted, the weekend cook had to make a complete replacement meal. The complaint expressed concern that kids might get sick if this keeps happening.

Mr. Stone followed up on this complaint and contacted Hickey administration, who met with students in Roosevelt Hall this morning, confirming the issues with the mold on the sandwiches.

Follow-up Questions
1. Were all kids served cold cut sandwiches this weekend?
   We need to verify if this issue was widespread or limited to certain groups
2. Were there any issues anywhere else?
   It's crucial to determine if similar problems occurred in other locations or with different meals.
3. If not, how is food being handled differently at Hickey versus other facilities?
   Understanding the differences in handling and procedures at Hickey compared to other facilities could help identify areas for improvement.

We appreciate your prompt attention to these concerns and look forward to your detailed response to address these issues adequately. It is vital to ensure the safety and wellbeing of all children at Hickey and within DJS.

Kind regards,
Yvonne Briley-Wilson, Esquire
[redacted]

[redacted] Tue, May 6, 2025 at 9:33 AM

To: Yvonne Briley-Wilson -OCO-

Good morning, Ms. Briley-Wilson,

With regard to the orange juice, we have taken the following steps:
-Discard the shipment of orange juice.
-Contact the manufacturer to let the know that we have concerns about the product and/or how it was transported to us.
-Review with the staff how to receive and store the product and proper rotation, including checking expiration dates and assessing for issues with the product.
-Consulting with leadership at other sites to get their feedback on not only this product but other juice products/suppliers that might be better.
-Food services leadership checking in with students to get real-time feedback during meals and identify issues in real-time.

We are going to look into the concerns that you've brought up about this past weekend and get back to you with more information.

Thank you,
[redacted]

[Quoted te t hidden]
[Quoted text hidden]

[redacted] Wed, May 7, 2025 at 11:58 AM

To: Yvonne Briley-Wilson -OCO-

Good Afternoon Ms. Briley-Wilson,

We greatly appreciate you bringing these issues to our attention so that we can better meet our goals of providing the best quality and most enjoyable meals to our Youth.

[redacted]

Answers to your Follow-up Questions:

1. **Were all kids served cold cut sandwiches this weekend?**

CYDC and Hickey served [redacted] frozen Italian subs to the Youth this weekend as specified on the menu. CYDC served the same sandwiches as Hickey over the weekend and had no issues. The rest of the facilities made them homemade.

Hickey received the delivery of the frozen sandwiches from state vendor MCE on March 5. They were thawed and served over the weekend.

Upon inspection, the cases had a manufacture date of 6/27/24 so they had been frozen 8-9 months at MCE prior to delivery to Hickey. MCE should not have delivered such an old product. Hickey should have inspected the date upon delivery and refused the delivery per our standard operating procedure on frozen foods (attached). The product did not have a "use by" or "best by" date on it from the manufacturer.

We have discontinued use of that sandwich on our current menu, which just started this week.

I provided training materials and DJS SOPs on receiving deliveries and date marking/rotating inventory to [redacted]
[redacted] Additionally, I am requesting a meeting with MCE leadership to discuss the need for fresher products to be provided to DJS facilities.
answ
Thur

2. **Were there any issues anywhere else?** No, there were no issues at other facilities with the sandwich.

3. **If not, how is food being handled differently at Hickey versus other facilities?**

Hickey staff need to adhere to our standard operating procedure when inspecting and accepting deliveries and need to reject items that have been frozen longer than the SOP allows or are close to expiring or expired. All staff have been given copies of the standard operating procedures (attached) and were re-trained this morning, May 7.

Thank you,

[redacted]
Director of Food and Nutritional Services
Department of Juvenile Services
[redacted]

[Quoted text hidden]

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[redacted]
Director of Food and Nutritional Services
Department of Juvenile Services
[redacted]

[Quoted text hidden]

2 attachments

2025 Receiving Deliveries SOP.pdf
218K

2025 Date Marking and Food Labeling SOP.pdf
187K

Basic Living Needs

Facilities struggled to provide youth with basic hygiene items and inventory at times during this reporting period.

- Youth at BCJJC and VCC complained about not being provided basic essentials like replacement shoes, toothbrushes, deodorant, socks and tee shirts. During multiple visits throughout the reporting period, youth had holes in their shoes and clothing. Clothes were soiled and multiple youth used magic markers to write on shoes and clothes.

- During this reporting period, youth at VCC reported that inventory was delayed for over a month. A review of the logbook confirmed the staff responsible for inventory asked for supplies both in January and February 2025, however the inventory was not provided.

- During an April 2025 site visit youth at BCJJC were using each other's towels and wearing each other's underwear. Youth said when staff wash clothes on unit 41, they place them on a table, and it becomes "a free for all."

Youth Basic Rights

The following incident highlights a denial of basic rights to a youth at BCJJC:

During a site visit in June 2025 at BCJJC, OCO/JJMU was informed that a staffer transporting a youth from the facility's intake office refused to allow the youth to use the bathroom. The youth reported asking the staffer several times and was not allowed to relieve himself. OCO/JJMU reviewed video footage. The youth returned to class; he was observed on video getting up and walking to a file cabinet. The youth appeared to remove something from the file cabinet, turned his back and started urinating in the trash can with the entire class, supervising RA staff and teacher present.

OCO/JJMU questioned the BCJJC superintendent about this incident and why it was not recorded in the incident database and was told, "The student's action was not an incident, but a behavior and he was referred to mental health." OCO/JJMU advised BCJJC administration that his right to use the restroom is a basic rights violation and could have been avoided. OCO/JJMU further questioned staff accountability for not providing this youth with his basic rights and was told, "The staffer was verbally counseled about not giving this student a

bathroom break." This is a serious violation and warranted more corrective action than verbal counseling. OCO/JJMU responded in writing and informed the administration that this was totally avoidable. Further, if not for a whistleblower, OCO/JJMU would not have been aware.

Improper Restraints

The following incidents involve excessive use of force on young people:

- Incident 182924 - At BCJJC shows an RA staffer snatching a sweatshirt off a youth's shoulders and throwing it in the air. The youth then walked up on the staffer but never touched the staffer. The staffer is then seen pushing the student in his upper body after the youth walked into the staff's personal space, and again the youth never touched the staffer. Video footage shows the staffer picking the youth up and flipping him through the air onto the floor, landing on top of the youth. The supervisor seemed to be trying to get the staffer to leave the area while the youth was being counseled by another staff member. The staffer initially remained in the area and did not leave as initially instructed.

- Incident 182948 - At Hickey, staff body slammed a youth on the blacktop basketball court. OCO/JJMU reviewed the video footage of this incident. The restraint used violated Department policy. The DJS Facility Administrator reported this incident and all related investigations started.

- Incident 183774 – At WMCC in May 2025 occurred and involved a disturbing restraint by a male staffer on a female youth. The camera footage shows the male staffer standing over the female youth with an aggressive posture. A second youth was never moved for her safety during this restraint. The male staffer is seen postering in an aggressive manner and getting in the face of the female youth while she was sitting at a table in the common area. The staffer is seen getting in the face of the youth and chest bumping her resulting in a physical altercation created by the staff. The staffer is then seen slamming the youth to the floor in a violent manner using a technique unapproved by The Department.

Frozen Time

The concept of "frozen time" refers to an unauthorized practice where youth in juvenile facilities have their progress halted, delaying their completion and subsequent discharge. This practice has been reported at several facilities, including GRYC, BMYC and VCC.

OCO/JJMU has raised significant concerns regarding the "frozen time" practice. OCO/JJMU has questioned its legitimacy and requested to receive any written and published policy that supports this practice. However, no such policy has been produced, highlighting its unauthorized nature.

The consequences of "frozen time" on the youth include, but are not limited to:

1. Delayed discharge: Youth discharges have been delayed by several months, with some cases showing delays of over four months.
2. Program Completion: The practice prevents youth from earning the necessary treatment hours, thus hindering their progress in completing required programs.
3. Emotional and Psychological Impact – Such delays can have negative effects on the morale and mental health of the youth, affecting their motivation and outlook on rehabilitation.

Educational Services

The Juvenile Services Education Program(JSEP) is an independent education program housed in Maryland's Department of Juvenile Services. JSEP is responsible for providing comprehensive educational services to all students in DJS detention and residential facilities.

Teacher vacancies remain an ongoing issue at some schools within the JSEP system. There were multiple vacancies at the following schools: BCJJC, VCC, and Hickey. Teacher shortages created delays with starting the school day and meeting the educational needs of youth in the Department's custody.

Post-secondary resources need to be bolstered. Students with high school diplomas complained about a lack of graduate services and limited access to computers for those who enrolled in college classes. While DJS provides a work program (called YOLO) for eligible high school graduates, students expressed frustration with enrolling in the program. In addition, the lack of staffing available for supervision curtails the amount of hours students are allowed to work.

Despite challenges, JSEP continues to make progress in assisting youth with obtaining their high school diploma and GED. JJMU/OCO recognizes and congratulates JSEP students who have received their high school diploma and passed their GED.

Facility Advisory Board Meetings

DJS policy outlines the requirements for Facility Advisory Boards which should be composed of community members and juvenile justice stakeholders (Facility Advisory Boards RF-742-18). Facility Advisory Boards have not functioned as required except for Cheltenham Youth Detention Center and Lower Eastern Shore Children's Center. More attention should be given to revitalizing Advisory Board Meetings at each facility and having regular meetings to better serve young people and their families.

Recreation Services/ Family Engagement

The Department makes efforts to prioritize family engagement through holiday events and meals with their families in addition to regular family visits and family engagement programs. However, what has been observed through monitoring visits in some facilities, youth housed on certain units are not given the same privileges and benefits when it comes to family engagement. This often leads to youth feeling the effects of favoritism and family disassociation.

THE DEPARTMENT OF JUVENILE SERVICES' HANDLING OF THE GREEN RIDGE YOUTH CENTER EVACUATION

Background

On May 13, 2025, the area surrounding GRYC in western Maryland experienced heavy rainfall throughout the day. Due to rising flood risks, DJS leadership ordered the evacuation of GRYC staff and the 15-youth residing at the facility later that evening.

In the days that followed, OCO/JJMU received multiple complaints regarding the DJS executive leadership's handling of the evacuation and the conditions faced by relocated youth. These findings are based on direct monitoring and review of facility operations during and after the incident.

Key Findings

Evacuation Plans Were Not Followed

The evacuation plan for GRYC designates Garrett Children's Center (GCC), formerly Savage Mountain Youth Center, as the relocation site in case of emergency. Despite being temporarily closed since 2020, GCC was confirmed to be "fully operable and able to accommodate" GRYC youth and staff according to a May 13, 2025, email from the Deputy Secretary of Residential Services.

GRYC staff had assessed and confirmed that the route to GCC was safe, and initial evacuation efforts began with youth being transported there. However, during transit, staff received instructions from DJS headquarters to redirect youth to BMYC, a facility farther away and already housing 19 youth.

This diversion increased BMYC's population to 33, exceeding its rated capacity of 28. No explanation was given by DJS leadership for the deviation from the established evacuation plan, despite the availability of the closer and unpopulated GCC.

Delays in Resuming Normal Operations at GRYC

By May 14, 2025, GRYC was fully operational, with minimal impact from the flooding event. During monitoring visits on May 20 and May 28, the facility was clean, with functioning systems. Maintenance staff confirmed that the only physical plant issues—a backed-up septic system and water accumulation in the gym—were promptly resolved.

Despite this, youth and staff remained displaced for nearly three additional weeks. DJS leadership failed to provide a timeline or rationale for the extended relocation, leading to confusion and concern among staff. Rumors circulated about the possible permanent closure of GRYC—already a facility facing severe staffing shortages and problematic incidents (see Sexual Allegation at Green Ridge Youth Center, page 14).
Only after sustained monitoring pressure and public attention did DJS announce that youth and staff would return to GRYC on June 2, 2025. No adequate justification was given for the prolonged displacement.

Poor Communication and Coordination from DJS Leadership

DJS headquarters provided conflicting and unclear communication throughout the crisis. GRYC staff received shifting instructions about reassignments—told initially they would be sent to other facilities, then later informed otherwise. Staff were left uncertain about their responsibilities and the youth's status.

Coordination of operations at BMYC—now hosting two separate populations—fell to facility superintendents, particularly the BMYC superintendent, who worked to manage schedules, ensure safety, and maintain programming. This task was complicated by:

- Existing tensions between youth from both facilities, some of whom had prior conflicts
- Youth behavioral crises linked to displacement and stress
- Resource strains in staff coverage and space allocation

Front-line facility staff and management already express ongoing concerns about the competence of DJS executive leadership. The poor coordination, limited support, and inadequate communication during the evacuation further eroded trust as on-site staff were left to manage the daily care and urgent needs of displaced youth without meaningful assistance from executive staff. This deepened skepticism about headquarters' ability to provide effective, overarching oversight of facility operations.

Youth Well-Being was Compromised

Youth from GRYC reported high levels of anxiety and distress due to inadequate conditions at BMYC. Contributing factors included:

- Lack of beds: Not all GRYC youth received proper beds until May 20. Some slept on mattresses on the floor or makeshift platforms made of game tables.
- Unclean and cramped living quarters: Housing units were disorganized, often unclean, and did not support healthy or restorative living environments.
- Separation from personal belongings: Youth were initially without personal hygiene products, prayer rugs, and personal journals—items of critical importance in a correctional setting where young people have so little.
- Restricted movement: To prevent inter-facility conflict, GRYC and BMYC youth were kept separate, limiting their access to common spaces like the gym and cafeteria.
- Disruption in treatment services: GRYC youth requested updates about their treatment progress and access to case managers and mental health professionals. They were often told staff were unavailable or lacked information.

- Loss of earned privileges for BMYC youth: Space normally reserved for incentives, such as cabin housing for advanced or college-enrolled youth, was reassigned, exacerbating tensions between populations.

The continued uncertainty, lack of information, and substandard accommodations had a clear, negative impact on youth mental health and emotional stability.

Overview of Findings

The Department's handling of the GRYC evacuation revealed serious flaws in crisis response, communication, and leadership oversight. Staff were left unsupported, youth were placed in overcrowded and inadequate conditions, and established emergency plans were ignored without explanation.

This incident further eroded staff confidence in DJS executive leadership and highlighted the urgent need for reform in both crisis preparedness and organizational culture.

Food Survey- June 2025

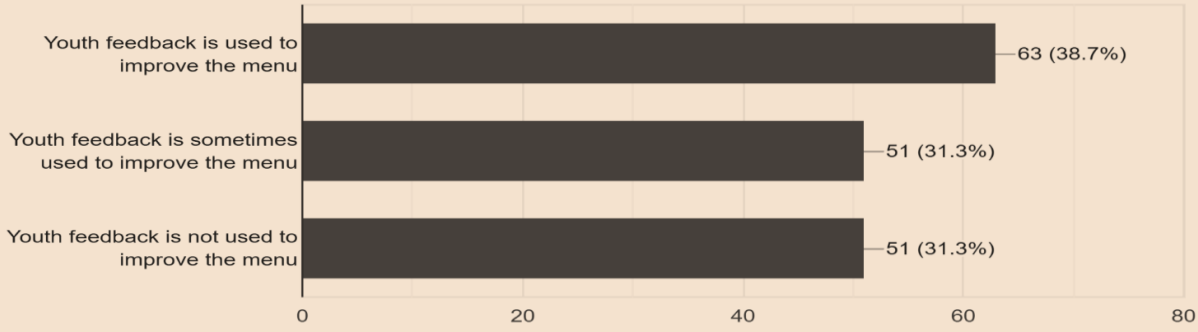
Overview

Responses to a food service survey administered by OCO/JJMU to youth in DJS care. It includes:

- **Participation in Surveys:** Information on whether individuals have participated in various food service surveys and when.
- **Impact of Surveys:** Opinions on how food service surveys affect menu items.
- **Hunger and Food Access:** Questions about experiencing hunger while in DJS care, methods used to avoid hunger, and whether food has been denied or used as discipline at home or in DJS care.
- **Menu Improvement:** Assessments of the new Spring/Summer menu for breakfast, lunch, dinner, and snacks.
- **Food Service Ratings**: Ratings on various aspects of food services, including overall quality, taste, seasoning, food temperatures, cleanliness and politeness of staff, responsiveness to preferences, timely meal service, and time allowed to eat.
- **Portion Sizes and Restrictions:** Questions about automatic extra portions at dinner and dietary restrictions based on cultural or religious beliefs.
- **Facility Information:** The name of the facility where the survey was taken.

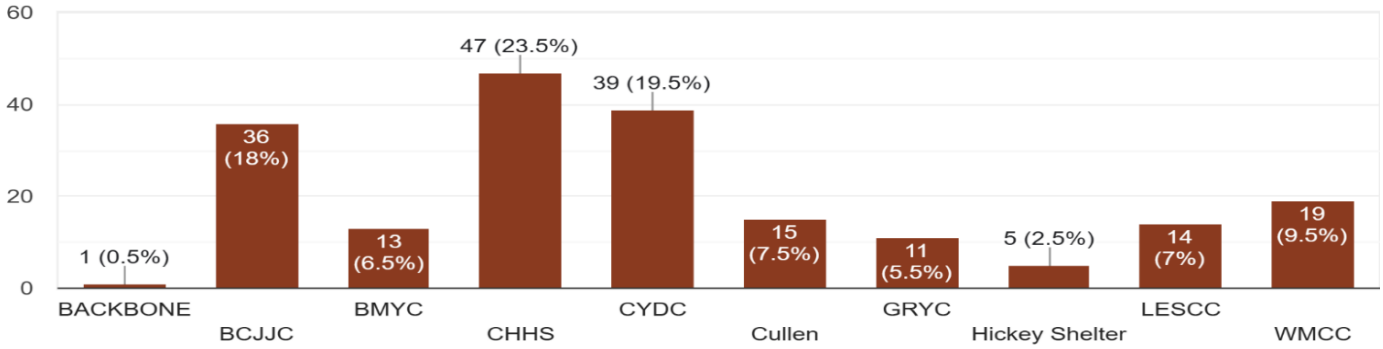
What response best describes how you feel food service surveys impact the menu items? (choose one)

163 responses



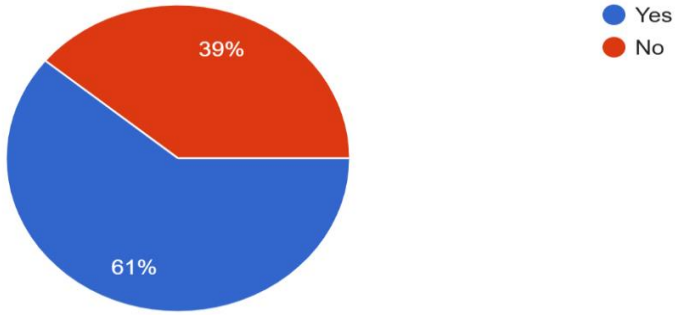
Name of Facility

200 responses



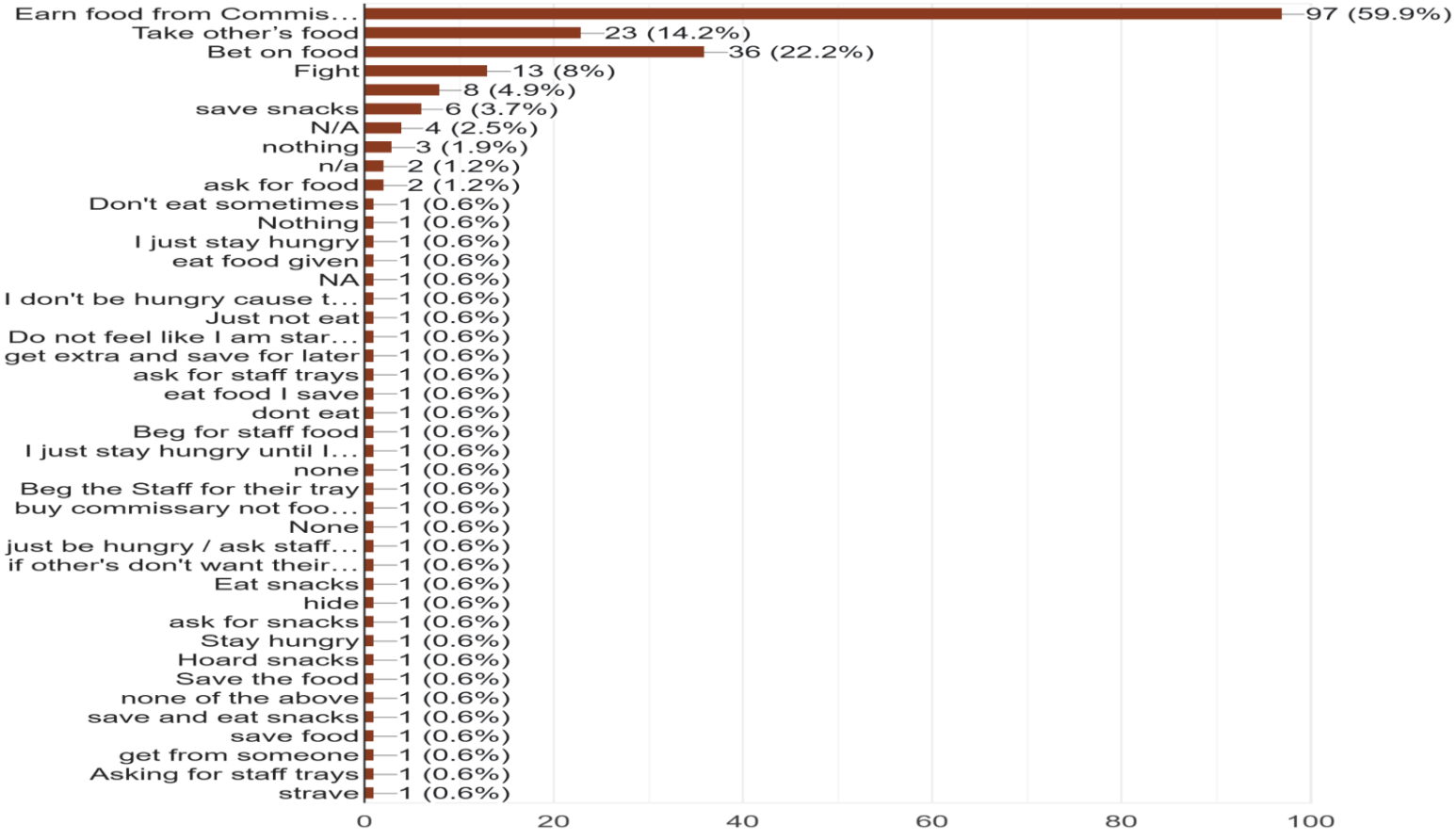
Have you felt the need to find other ways of avoiding hunger while in DJS care?

187 responses

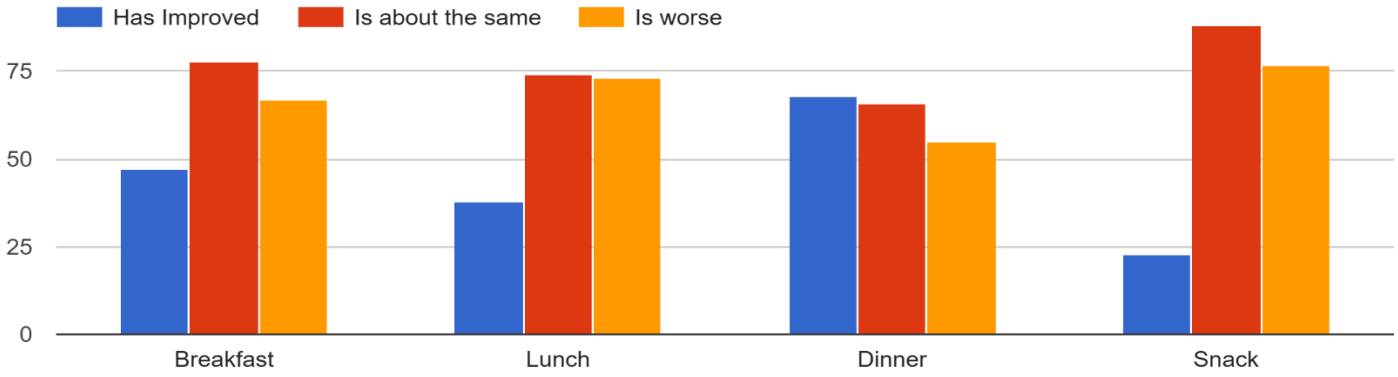


If so, how do you avoid hunger?

162 responses

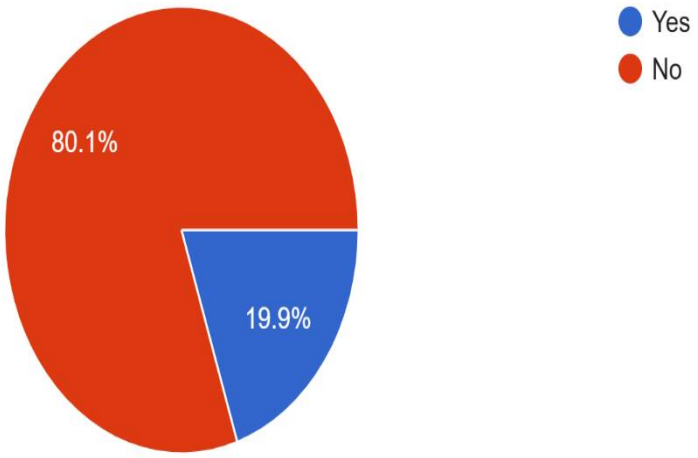


Do you believe the new Spring/Summer Menu has improved the food service meal?

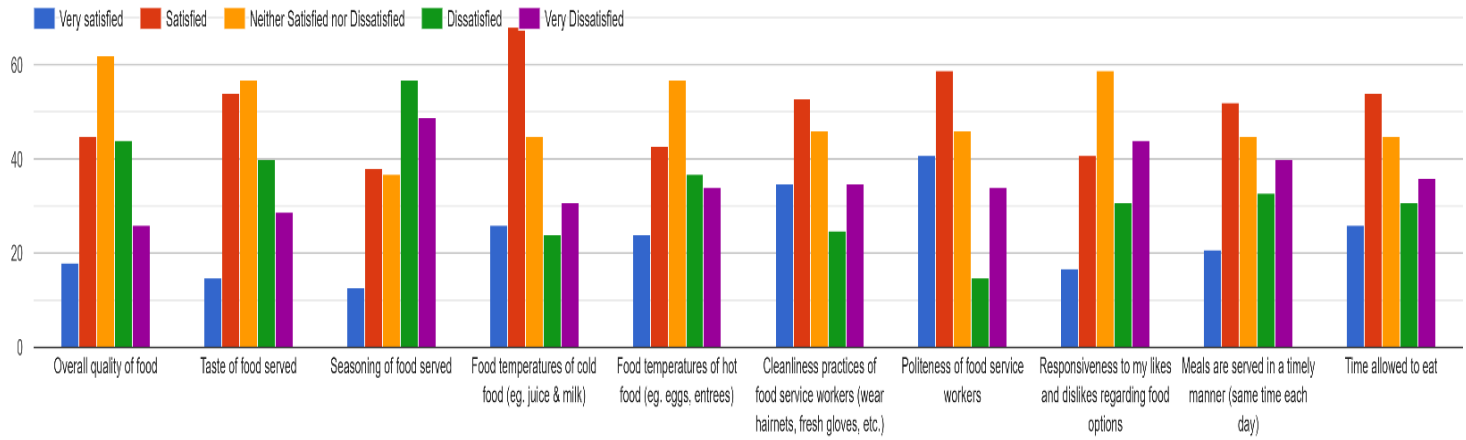


Do you automatically receive extra portions at dinner?

191 responses



Please rate the food services you receive at this facility.



Comments: 21 responses:

I feel like there is not enough food for me. I'm always hungry, I think there should be a way to have extra portions

No gloves

Hair in food; some food service workers are nice; food is served late

(Regarding the last questions of survey) Staff use food as an incentive to make you do good things (earning points)

Sometime

The food

Hair in food

Always find hair in my food

Photographic Evidence

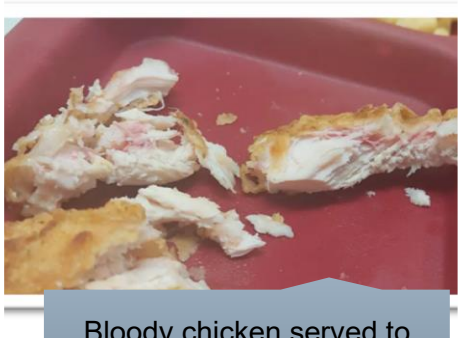
Kitchen Issues

Charles Hickey School: SunFlower Butter Container

Charles Hickey School: Expired juice that was served to youth

Charles Hickey School: Expired food left in storage

Greenridge Youth at Backbone: Hair inside of water cooler

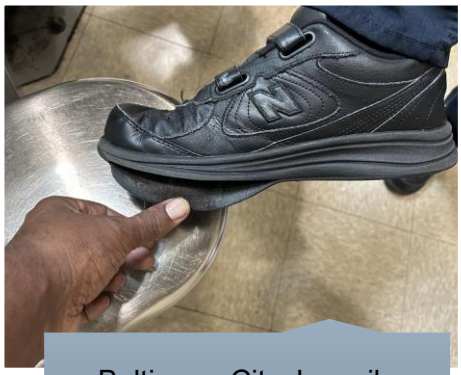


Bloody chicken served to youth

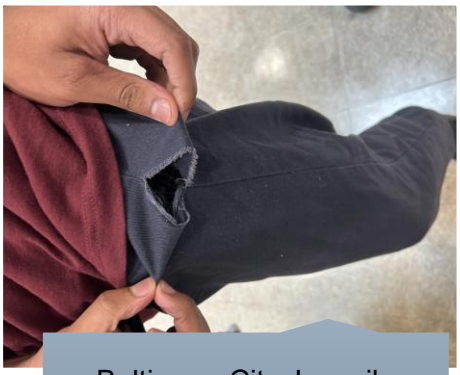
Basic Needs

Victor Cullen: Footwear

Victor Cullen: Torn Jacket



Baltimore City Juvenile Justice Center: Footwear

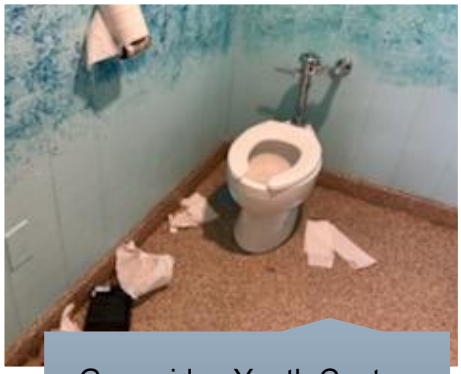


Baltimore City Juvenile Justice Center: Ripped Pants

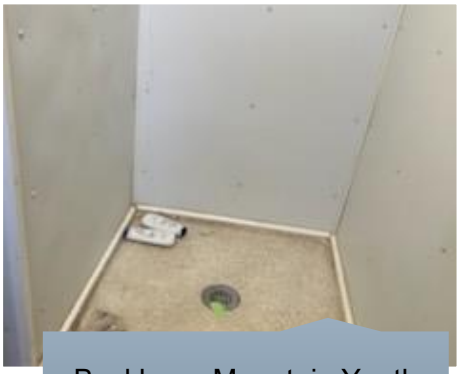
Baltimore City Juvenile Justice Center: Footwear

Baltimore City Juvenile Justice Center: Footwear

Hygiene Issues



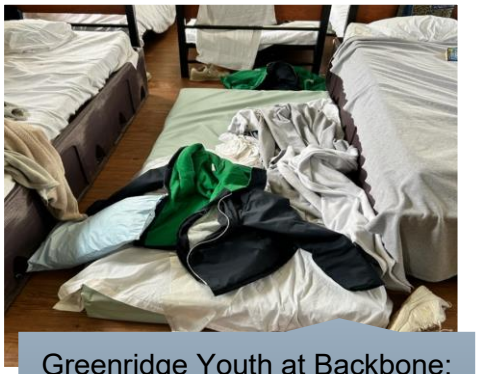
Greenridge Youth Center: Dirty Bathroom



Backbone Mountain Youth Center: Dirty Shower

Baltimore City Juvenile Justice Center: Dirty Shower

Baltimore City Juvenile Justice Center: Cockroach



Greenridge Youth at Backbone: Sleeping on floor due to unauthorized move

Recommendations – Sexual Abuse Allegation at Green Ridge Youth Center

- Discontinue the Allowance of Privacy Screens – Enforce the Department's policy that prohibits youth from using privacy screens while sleeping. This will ensure better visibility and monitoring by staffers, thereby increasing safety and reducing the opportunity for inappropriate behavior.

- No sharing of beds – DJS should strictly enforce the policy that prevents youth from sharing beds under any circumstances. This will help maintain boundaries and reduce the risk of incidents occurring during sleeping hours.

- Accessible reporting system - Develop a clear and accessible reporting system for youth to report incidents of abuse that ensures confidentiality, protection from retaliation, allows them to feel safe and maintains anonymity consistent with the Prison Rape Elimination Act (PREA); one that encourages youth to speak up to staff.

- Provide Support Services – Offer counseling and support services to youth who have experiences or witnessed abused. These should be readily available and staffed by trained and licensed professionals who can provide trauma informed care.

- Enhance Staff-to-Youth-Ratios – Increase the number of staff members on duty, particularly during overnight shifts, to ensure adequate supervision and quick response to any incidents. This can contribute to a safer environment.

- Staff Training – Develop comprehensive staff training inclusive of:
    - Investigation
    - Role Playing Scenarios
    - Cultural Sensitivity and Awareness
    - Clear Reporting Protocols
    - Confidentiality Assurance
    - Regular Review and Feedback
    - Counseling and/or Peer Support

By implementing these recommendations, DJS can create a safer and more supportive environment ensuring the youths well-being not only at GRYC, but all DJS facilities.

Recommendations – Drugs and Contraband

- Expand the Use of K-9 Units - Increase the deployment of trained K-9 officers to regularly search for and detect contraband throughout facilities. These units should be integrated into routine searches and also conduct unannounced searches.

- Hire Specialized Investigators within the Office of the Inspector General (OIG) - Recruit experienced investigators with backgrounds in internal affairs and intelligence gathering to proactively identify and disrupt sources of contraband.

- Invest in Drug Detection Technologies - Explore the procurement and implementation of drug detection technologies, such as full-body scanners and trace detection systems, particularly in larger, secure facilities to intercept contraband at points of entry.

- Enhance Targeted Surveillance and Searches **-** Conduct increased and targeted surveillance and searches focused on staff and youth who are reasonably suspected of involvement with contraband.

- Expand Access to Substance Abuse Services **-** Provide evidence-based substance abuse treatment, prevention education, and ongoing support services delivered by qualified medical professionals and licensed substance abuse counselors for youth with suspected or diagnosed substance use disorders.

By implementing these procedures, the Department can identify the source of the contraband coming into the facilities and hopefully reduce exposure.

Recommendations – Safety and Security

- Proper Safety Check and Documentation - A facility supervisor should make regular rounds to make sure all doors are locked and secure. It is recommended that regular rounds be documented with master control as secure and no issues.

- Lock Maintenance - Regular lock checks should be completed by the physical plant department to make sure all locks are functioning properly.

- Interpreter Services – OCO/JJMU recommends the Department go through the appropriate RFP process to secure a new vendor for interpreter services. This will ensure non-English speaking youth will have proper interpretive assistant and will remain safe in the facilities.

- Policy updates – OCO/JJMU recommends the Department regularly monitor policies to ensure they are updated in a timely fashion at all locations. Additionally, it is recommended that staff are informed and trained on all policy updates in real time.

- Budget Priority Adjustment - Adjust budget priorities to support hiring facility staff versus continuing the support of administrative/executive position that are not effectively serving the youth in the DJS facilities.

- Incentive Hiring – In light of the staff shortages, security and safety concerns, the Department should consider negotiating with the staff union to participate in focused and incentivized hiring based on individual facility needs.

Implementation of these recommended changes will ensure staff and youth safety and security.

Recommendations – **Facility Sanitation**

- Sanitation Policy Plan – To ensure the safety and well-being of both staff and youth, it is essential that the Department update a comprehensive policy or plan for sanitation emergency situations. This plan should address the unique needs of the internal environment of juvenile facilities, taking into account staff concerns and the health and safety of the youth under the care and custody of DJS. Some key components of the plan might include:
    - Training & Education – on procedures and protocols for sanitation emergencies.
    - Evacuation Procedures – when, where & processes for evacuation.
    - Infection Control Measures – Implement infection control measures for managing outbreaks of communicable diseases within a facility; ensure there are adequate supplies.
    - Waste Management – Development a plan for waste management that ensures the safe disposal of waste materials including hazardous waste, to prevent contamination and maintain a clean environment.
    - Contingency plans – Develop detailed for potential sanitation emergencies.
    - Resource Allocation – Ensure that resources and staff are ready to respond quicky in case of emergencies.
- Increase Regular Extermination – Increase regular extermination of facilities for roaches, mice, ants, spiders, and other insects.
- Cleaning Protocol – Establish a scheduled and posted protocol for regular cleaning assessable for viewing upon entering each Housing Unit.

By implementing these recommendations, the Department can be better equipped to handle future sanitation challenges, ensuring a safer environment in the mist of an emergency.

Recommendations – **Dietary and Food Services**

- Proper Labeling and Storage - Ensure that all food products are properly labeled and stored after they have been opened to maintain freshness and prevent contamination.

- Inventory Management -Keep all inventory up to date to avoid shortages during meal preparation times.
- Cleaning Log: Develop a cleaning log to document the frequency of kitchen cleaning, ensuring a hygienic environment.
- Regular Monitoring - Conduct regular monitoring of food products and supplies to promptly remove expired items.
- Biannual Food Surveys - Update food surveys every six months to gather feedback and make necessary improvements.
- Real-Time Meal Monitoring - Increase meal monitoring and document youth complaints in real time to address issues promptly.
- Consultation with DJS Administration - Increase consultation with DJS Administration to effectively resolve food-related issues.
- Kitchen Cleanliness - Remove all debris from the kitchen and maintain cleanliness in storage closets.
- Special Diets Management - Ensure that students with special dietary needs are identified and their requirements are addressed correctly to prevent mistakes.
- Allergy Consultation - Consult with medical and facility administration to verify that food allergy logs are accurate, preventing food-related medical emergencies.
- Feedback Mechanism - Implement a feedback mechanism where youth can share their thoughts on meals and suggest improvements.
- Training for Kitchen Staff - Ensure kitchen staff receive ongoing training in food safety and storage protocols to maintain high standards.

By implementing these recommendations, facilities can improve the quality of dietary and food services, ensuring the well-being and satisfaction of the youth they serve.

Recommendations – Basic Living Needs

- Inventory Issuance and Tracking - Inventory should be given as required with each youth signing for items received.
- Timely Replacement of Missing Items - Missing items should be received within a reasonable time.
- Access to Supplies for Unit Staff - Unit staff should have access to supplies as needed for youth use.

- Regular Inventory Checks - Conduct regular inventory checks to ensure all necessary items are in stock and available for distribution to youth.

- Establish a Feedback Mechanism - Implement a feedback system where youth can report missing or damaged items, ensuring swift action is taken to address their needs.

- Training for Staff on Inventory Management - Provide training for staff on efficient inventory management practices to ensure items are well tracked and shortages are minimized.

- Follow the Standardized Inventory List – Ensure that the standardized list of necessary items that each youth should receive upon entry is consistent and is distributed to each youth upon entry in their respective facility ensuring consistency and fairness in distribution.

By implementing these measures, the department can ensure that the youth in DJS custody and care are not only treated with dignity and respect but will ensure that their basic daily and necessary living needs are met.

Recommendation – Improper Restraints

- Implement Comprehensive Training Programs – If DJS has not done so, it should establish regular and mandatory training sessions focused on appropriate restraint techniques and de-escalation strategies. Training should emphasize non-violent crisis intervention methods to ensure staff are equipped with the skills they need to manage challenging situations safely.

- Enhance Oversight and Accountability - Develop a robust oversight system to monitor the use of restraints. This should include regular audits and reviews of incidents involving restraints to ensure compliance with established policies and protocols.

- Improve Incident Reporting and Documentation - Require detailed documentation of every restraint incident, including the reasons for the restraint, the techniques used, and the duration. This information should be reviewed regularly to identify patterns and areas for improvement.

- Foster a Culture of Respect and Dignity - Encourage a culture that prioritizes respect and dignity for all youth. Staff should be trained to understand the impact of trauma and how it can affect behavior, promote empathy and understand in their interactions with youth.

- Engage with External Experts - Collaborate with external experts and organizations specializing in youth care and mental health to review current practices and provide guidance on best practices for restraint use.

- Progressive Approach - The Department should take a more progressive approach with staff who use inappropriate restraint techniques.

- Documentation of Repeat Offenders – The Department should keep a tracking log of staff repeat offenders.

Improper use of restraints is a critical issue that requires immediate attention to ensure the safety and well-being of youth in care. By implementing these recommendations, the facility can ensure a safer and more efficient environment, ultimately supporting the well-being and progress of the youth in their care.

Recommendation – Frozen Time

- Frozen Time - Given that "frozen time" is not a legitimate or legal DJS policy, there is an urgent need for policy reform to ensure transparency and fairness in the handling of youth discharges. The department needs more oversight over the Western Maryland programs. In most cases, these programs operate with standards outside the Department's policy.

Recommendation – Educational Services

- Graduate Service Program Development - OCO/JJMU recommends that a graduate service program be developed to meet the needs of students with high school diplomas. This program should provide opportunities for further education, skill development, and career exploration to help graduates transition smoothly into the next phase of their lives.

- Ongoing College Class Access - It is recommended that the Department consider developing a program that allows students taking college classes to be regularly monitored. This will ensure ongoing access to college classes continues without delay, thereby supporting students' educational progression and motivation.

- Timely Enrollment and Program Participation - It is recommended that students taking college classes be enrolled on time. Additionally, students interested in the YOLO work program should be interviewed and paperwork completed within 30 days of their request. This will help ensure that students are not left waiting unnecessarily and can take advantage of opportunities as soon as they arise.

By implementing these recommendations, the Department can better support the educational and personal development of youth in their care, ensuring they are well-prepared for success after completing their programs.

Recommendations - Board Meetings

- Advisory Board - It is recommended that all facilities restart Advisory Board meetings and include parent representatives, community representatives, OCO/JJMU as required, facility staff and supervisors following mandated policies and procedures.

By implementing the advisory board, this will ensure a collaborative approach to ensure safety and security in the facilities, programming recommendations, staffing needs and shortages, family concerns, and community complaints.

Recommendations - Recreation Services/ Family Engagement

- Family Support – OCO/JJMU recommends the Department increase efforts to reach parents who are not regularly visiting with their children to provide parent/ facility partnerships for increased family service and support.

- Family Reunification - It is recommended that the Department adopt a best practice approach to meet with students and their families by including regular family sessions for youth who need this services for family reunification.

- Family Counseling - It is recommended that the Department consider offering regular family counseling sessions for high-risk youth with advanced mental health issues. The Department should better partner with their mental health vendors to provide this service.

By implementing these recommendations, DJS will be able to understand individual trauma and the need for advanced trauma informed care.

Recommendations - GREEN RIDGE YOUTH CENTER EVACUATION

- Revitalize Executive Leadership
    - Appoint experienced professionals with direct knowledge of facility operations.
    - Promote transparency and regular, open communication with on-site staff.
    - Ensure executive leaders regularly visit and engage with facilities to understand strengths and challenges and align support with facility and youth needs.
- Update Emergency Plans
    - Review and revise outdated evacuation procedures.
    - Train staff at all levels on emergency protocols.
    - Conduct routine drills and simulations to strengthen preparedness.
- Prioritize Youth Well-Being
    - Guarantee access to basic necessities and mental health support during any displacement.
    - Minimize disruptions to treatment and education services.
    - Protect youth privileges and reduce unnecessary stress during crises.
- Strengthen Communication and Coordination
    - Establish clear communication chains between headquarters and facility staff.
    - Ensure consistent messaging and avoid conflicting directives.
    - Support facility administrators with timely decision-making guidance.

CONCLUSION

At the beginning of this report, OCO/JJMU asked readers three essential questions to consider while reading:

1. Do the current leaders' actions support public safety?
2. Are the current leaders properly equipped and skilled to prevent recidivism?
3. Are the current leaders effective in providing a safe, secure environment for the welfare of children within DJS custody and care?

It is OCO/JJMU's hope that the Acting Secretary for DJS evaluates the leadership she has inherited and determines a new direction of the Department. OCO/JJMU invites her to utilize this report and the above questions to make an informed assessment of each individual leader with mid-level to executive responsibilities. OCO/JJMU recognizes the challenges and deficits she inherited from the prior administration and appreciates that effective and efficient change takes time. OCO/JJMU is optimistic that the Acting Secretary will work collaboratively with OCO/JJMU re-establishing past practices and respecting the mandate of SB 134, community partners, families, and other stakeholders to reestablish public safety, Department credibility, safety and security, and proper rehabilitation services to the youth in the custody of DJS.

Works Cited

Maryland Department of Juvenile Services. (2025, 07 23). From Maryland Department of Juvenile Services: https://djs.maryland.gov/Pages/default.aspx