Office of the Correctional Ombudsman

Juvenile Oversight Division

FY 2026

Fourth Quarter

Girls in the custody of the Maryland Department of Juvenile Services

"Do the best you can until you know better. Then when you know better, do better."

-Maya Angelou

STATE OF MARYLAND OFFICE OF THE CORRECTIONAL OMBUDSMAN

JUVENILE OVERSIGHT DIVISION

August 2026

The Honorable Wes Moore, Governor State of Maryland

The Honorable Bill Ferguson, President of the Senate Maryland General Assembly

The Honorable Joseline Peña-Melnyk, Speaker of the House of Delegates
Maryland General Assembly

Members of the Maryland General Assembly

Secretary of the Department of Juvenile Services, Betsy Fox Tolentino

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

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

Executive Summary

"The Unique challenges faced by women moving through our criminal justice system all too often go unseen." -Former Attorney General Loretta Lynch, Chair of the Women's Justice Commission, Council on Criminal Justice

It is documented that girls and women who enter the Juvenile Justice or Correctional System, are more likely than their male counter parts to have experienced sexual abuse, violence, and other trauma and are frequently involved in the child welfare system.[1] In a report prepared by the Maryland Department of Juvenile Services, Services for DJS-Involved Girls January 2019, DJS took a closer look at the needs of justice involved girls within DJS and the services that were available at that time to meet the needs of girls within the custody of DJS. This report also acknowledged that justice-involved girls in Maryland are more likely to have a history of physical or sexual abuse, family conflict and violence, as well as trauma. It also noted that these young women are more likely to have mental health needs, be girls of color, lesbian, bisexual, or transgender and are often overrepresented in the system.[2]

According to the National Women's Law Center (NWLC) and the Council on Criminal Justice (CCJ), the trend on incarcerating girls and women are on an uptick in the United States. Both organizations also support the premise that while the population of incarcerated men to women is higher, the disparities and challenges faced by girls and women are unique and troublesome.

This report seeks to identify and address the difficulties while recommending solutions for improvement for the young women within the care and custody of DJS. While we use a few vignettes to portray some of the common and problematic concerns of girls within the system, note that the challenges often exist systematically, and can be your student, niece, sister, or daughter that lives the trauma represented.

The Office of the Correctional Ombudsman seeks to work collaboratively to find solutions that lead toward better programming, better trauma informed care, improved medical and mental health services, and increased educational and work-force development opportunities that will enhance the lives of justice-involved girls and reduce recidivism within the State. This will create safer and stronger communities, schools and families, because we know that girls become women, mothers, and leaders. Our charge is to support them in becoming all they can be.

Thank you to the "small and mighty" OCO team for your tireless commitment to not only girls, but youth in Maryland and your hard work and dedication in preparing this report.

Respectfully,

Yvonne Briley-Wilson, Esquire
Maryland Correctional Ombudsman

[1] See generally, Stopping School Pushout for Girls Involved in the Juvenile Justice System, National Women's Law Center April 18, 2017. Available at https://nwlc.org/resource/stopping-school-pushout-for-girls-involved-in-the-juvenile-justice-sytem/

[2] Maryland Department of Juvenile Services, Services for DJS-Involved Girls, January 2019. In response to Senate Bill 674/House Bill 721 (Chapters, 654 and 653, 2016 Laws of Maryland.

Girls in the Custody of DJS

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History of Girls' Juvenile Facilities in Maryland: Displacement, Abuse, and Disregard

Historical Treatment of Girls in the Deep-end of the Juvenile Justice System

The timeline below highlights major developments in Maryland's system of care for justice-involved girls, including the opening, closure, relocation, and evolution of both state-operated and community-based programs.

1882-1962: The Barrett School for Girls

The Barrett School for Girls admitted African American girls between the ages of 12 and 18 who had been adjudicated delinquent for violations of the law, incorrigibility, truancy, or "immorality." The school's history dates to 1882, when the Industrial Home for Colored Girls was incorporated as a private institution for the "care, reformation, and instruction of colored female minors" (Chapter 291, Acts of 1882). The State purchased the school in 1931 and renamed it the Maryland Training School for Colored Girls (Chapter 367, Acts of 1931). In 1962, the Barrett School merged with the Montrose School (Chapter 37, Acts of 1962).[3]

1886-1988: The Montrose School

The Montrose School was established in 1886 as the Female House of Refuge (Chapter 156, Acts of 1886). It was renamed the Maryland Industrial School for Girls in 1910, purchased by the State in 1918, and renamed the Maryland Industrial Training School for Girls. In 1922, it adopted the name Montrose School (Chapter 215, Acts of 1922).[4]

Montrose cared for girls committed by the courts or held pending evaluation. In 1962, the Barrett School for Girls, which had served African American girls, closed and merged with Montrose. Montrose became coeducational in 1973.[5]

During the 1980s, advocates and civil rights attorneys drew attention to inhumane conditions at Montrose, including staff abuse, inadequate medical, mental health, and educational services, prolonged isolation, overcrowding, and a deteriorating physical plant. A class action lawsuit alleged violations of residents' civil and constitutional rights.[6]

The experience of one resident illustrates the conditions alleged in the lawsuit:

> Plaintiff C.M. was an emotionally disturbed and mentally ill fourteen-year-old who had been adjudicated for shoplifting. During her stay, C.M. was at one point

[3] Extracted from the Maryland State Archives, Barrett School for Girls, available at: https://guide.msa.maryland.gov/pages/history.aspx?ID=SH65
[4] Extracted from the Maryland State Archives, Department of Juvenile Services, Montrose School, available at: https://guide.msa.maryland.gov/pages/history.aspx?ID=SH197
[5] Ibid.
[6] Butts, Jeffrey & Steit, Samuel (September 1988), "Youth Correction Reform: The Maryland and Florida Experience", available at: https://jeffreybutts.net/wp-content/uploads/1988/07/csyp-md.pdf

> handcuffed spread-eagled to her bed. She was also housed on the same isolation unit where another youth died by suicide. Shortly afterward, she attempted to strangle herself with an electrical cord. Despite her obvious grief, she received no specialized counseling or increased supervision.[7]

Montrose closed on March 18, 1988.

1991: Cheltenham Young Women's Facility

The Cheltenham Young Women's Facility opened in 1991 as a secure commitment program on the grounds of Boys Village, an all-male secure detention center.[8] The facility was renamed Cheltenham Youth Facility in 1992.[9]

In 1999, reports that a girl had been impregnated by a male counselor prompted a Maryland State Police investigation.[10] The girls' program at Cheltenham was later discontinued, and the facility returned to serving boys. The incident, among numerous other reported problems throughout the Cheltenham Youth Facility, led to increased scrutiny of the facility in subsequent years, including by the federal government. Later investigations documented systemic concerns involving staff violence toward youth, overcrowding, sexual misconduct, and other deficiencies in facility operations.

Enhanced government oversight and sustained pressure by youth advocates resulted in significant reforms at the facility.

In 2016, a new building was built to replace the aging physical plant and the rated capacity was reduced. The new detention center was named the Cheltenham Youth Detention Center.

Community-Based Residential Program for Girls

While much of Maryland's history involved large, state-operated congregate care institutions, the Department of Juvenile Services also licensed smaller community-based residential programs for girls. These programs often provided more supportive, home-like environments while offering education, recreation, vocational training, and other services in community settings.[11] DJS also operated its own community-based group home for girls. Patterson House, which opened in Baltimore City in 1968, served girls ages 14 to 17 before closing in 1992.[12] These smaller

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[7] Ibid., 11
[8] Department of Juvenile Services, Ten Year Facilities Master Plan (October 1993), available at: https://www.ojp.gov/pdffiles1/Digitization/149502NCJRS.pdf (Page 89)
[9] See Maryland State Archives, Special Collections, Brief Timeline of Cheltenham Youth Detention Center, available at: https://speccol.msa.maryland.gov/pages/speccol/collection.aspx?speccol=6374
[10] "Head of juvenile jail is demoted; Staffer impregnated teen on work detail", *Baltimore Sun*, July 17, 1999.
[11] Examples of such programs include Allegany Girls Group Home, Graff Shelter for Girls, Kent Girls Group Home-Larabee House, and MAGIC shelter for girls
[12] Department of Juvenile Services, Ten-Year Facilities Master Plan (October 1993), available at: https://www.ojp.gov/pdffiles1/Digitization/149502NCJRS.pdf (page 127)

programs often provided girls with more supportive, home-like environments while offering education, recreation, vocational training, and other services in community settings.

Lack of consistent referrals and inadequate reimbursement rates often forced community-based providers to close, reducing the continuity of care available to girls and leaving fewer community-based alternatives to secure confinement.

Recent History of State Owned and Operated Facilities for Girls: Detention

2000-2022: Thomas J.S. Waxter Children's Center

Originally opened in 1962 as a facility for both boys and girls, the Thomas J.S. Waxter Children's Center became an all-girls facility in January 2000. Until November 2011, it served as Maryland's only secure commitment facility for girls and remained the State's primary detention center[13] for girls until its closure in 2022.[14]

Several women formerly incarcerated at Waxter have come forward in recent years alleging sexual and physical abuse during their confinement.[15]

The physical plant had significantly deteriorated. The building was outdated, education was provided in cramped classrooms housed in poorly constructed trailers behind the facility, and problems with temperature regulation, rodents, and other vermin affected both the school and living units.[16]

Following years of advocacy to improve living conditions, DJS permanently closed Waxter in March 2022. The closure marked the beginning of a period of instability for detained girls. Over the next two years, they would be transferred repeatedly before the Department established its current detention program at the Western Maryland Children's Center.[17]

2022-2023: Alfred D. Noyes Children's Center and Cheltenham Youth Detention Center

Following Waxter's closure, DJS refurbished the Alfred D. Noyes Children's Center in Montgomery County to serve as an all-girls detention facility. Girls were transferred there in March 2022.

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[13] A small group of detained girls have also been held at Alfred D. Noyes and Lower Eastern Shore Children's Center in addition to Waxter.
[14] See Maryland Manual Online, Thomas J.S. Waxter Children's Center, available at: https://2025mdmanual.msa.maryland.gov/msa/mdmanual/19djj/html/19agen.html#waxter
[15] Reed, Lillian, "20 more people sue Maryland, alleging abuse in state's juvenile detention centers", *Baltimore Banner*, December 7, 2023.
[16] Juvenile Justice Monitoring Unit, 2023 First Quarter Report, page 9, available at https://dlslibrary.state.md.us/publications/AG/JJMU/SG6-406(b)_2023(1).pdf
[17] Ibid.

Just weeks later, an air handling unit caught fire, forcing the girls to relocate temporarily to a unit at the boys' detention center in Cheltenham. Repairs were completed, and the girls returned to Noyes in June 2022.

In October 2022, girls were transferred back to Cheltenham Youth Detention Center after DJS temporarily closed Noyes to address critical staffing shortages at Cheltenham. They remained there until October 2023, when they were moved to the Western Maryland Children's Center.[18]

October 2023-Present: Western Maryland Children's Center and Lower Eastern Shore Children's Center

DJS lacked an adequate transition plan for converting the previously all-male Western Maryland Children's Center into an all-girls detention (and eventually combined detention and placement) facility for girls.[19]

The facility was severely understaffed when it opened. Staff from boys' detention and placement facilities were temporarily reassigned, and administrators frequently worked direct coverage because of supervisor shortages. Most staff assigned to WMCC had little or no prior experience working with girls, and the one-day training they received was not sufficient to prepare them to operate a gender-responsive program.[20]

Girls in detention are also housed at the Lower Eastern Shore Children's Center in Salisbury. Together, WMCC and LESCC house girls in detention, adult-holds, and pending placement status.

Both facilities are located far from the communities where most girls live. Many girls have expressed concern about maintaining family contact because of the distance. Outdoor recreation and education space are also more limited than at Maryland's larger detention centers.

Recent History of State Owned and Operated Facilities for Girls: Committed Placement

2011-2020: J. DeWeese Carter Center

When Waxter ceased serving committed girls in 2011, the secure commitment program was relocated to the J. DeWeese Carter Center, originally opened in 1982 as a secure detention center for boys.[21]

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[18] Ibid.
[19] Juvenile Justice Monitoring Unit, 2024 First Quarter Report, page 30, available at: https://dlslibrary.state.md.us/publications/AG/JJMU/SG6-406(b)_2023(1).pdf
[20] Ibid.
[21] Maryland Manual Online, DJS Eastern Shore Division (2013), available at: https://2013mdmanual.msa.maryland.gov/msa/mdmanual/19djj/html/19agen.html

Girls lived in individual cells surrounding a common dayroom. School services were provided in a small trailer behind the facility, outdoor recreation space was limited, and meals were delivered by an outside vendor because the facility lacked a kitchen.[22]

Girls consistently reported cramped living conditions, excessive boredom, and limited opportunities for enrichment. The remote location also made family engagement difficult, as many families lacked the time or transportation needed to travel across the Bay Bridge for visits.[23]

Carter closed on June 30, 2020. The girls who remained were transferred to the Lower Eastern Shore Children's Center to complete their placement before the Mountain View program opened later that year.

2020-2021: Mountain View

Following Carter's closure, the committed girls program moved to Mountain View, located on the grounds of Backbone Mountain Youth Center, a staff-secure facility for boys in rural western Maryland.

Girls lived in a dormitory-style setting that provided little personal space or privacy. School services were delivered within the same building.

Leadership and staff received no specialized preparation for working with justice-involved girls, and the program lacked intensive gender-responsive, culturally-responsive services. The superintendent had no prior experience supervising a girls' program.[24]

The program was characterized by a punitive, compliance-oriented culture, cultural competency concerns, and strained relationships between staff and girls. As with Carter, the remote location significantly limited opportunities for family involvement and community engagement.

Mountain closed in December 2021. Less than a year later, the girls' program was relocated again, this time to Victor Cullen.

2022-2023: Committed Girls Unit at Victor Cullen Center

In October 2022, DJS opened another committed placement program for girls within a single housing unit at the Victor Cullen Center, a maximum-security placement facility for boys.

[22]Juvenile Justice Monitoring Unit, 2023 First Quarter Report, page 9 (available at https://dlslibrary.state.md.us/publications/AG/JJMU/SG6-406(b)_2023(1).pdf
[23] Ibid.
[24] Ibid.

Most staff had experience working only with boys and received two six-hour training sessions before the program opened. Initially, an assistant superintendent oversaw both the boys' and girls' programs until a dedicated superintendent was later assigned.[25]

Cullen stopped accepting girls in December 2023. The committed girls program was once again relocated, this time to the newly established PEACE Academy at Western Maryland Children's Center.

2024-Present: PEACE Academy

PEACE Academy opened in February 2024 as a six-bed committed placement program located within Western Maryland Children's Center which had been converted from all-male to all-female detention center in October 2023.

Committed girls consistently report to OCO that little distinguishes the placement program from detention. They share the same school, cafeteria, recreation areas, and many daily routines with detained girls. Aside from increased mental health services, the two programs are largely indistinguishable.

Housing committed and detained girls together in shared spaces may conflict with Maryland law, which envisions separate operational areas for these populations.[26]

August 2026 (Tentative): Proposed Girls Unit at Victor Cullen Center

Less than three years after opening PEACE Academy, DJS indicated plans to close the program and once again relocate committed girls, this time to a new hardware-secure unit on the grounds of the Victor Cullen Center, revisiting an earlier effort to operate a girls' program within an all-male secure placement facility.

DJS has provided little information about the transition despite repeated requests from OCO.

Justice-involved girls in Maryland are among the most vulnerable youth in the juvenile justice system. Compared with boys, they are more likely to have experienced physical or sexual abuse, family instability, exploitation, and significant mental health needs before entering state custody. They also have distinct medical and reproductive health needs.[27]

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[25] Ibid.

[26] MD Code, Human Services, Sec. 9-238.1(a)(6) provides that "The Department shall serve children in the juvenile services system with programming that uses **detention and committed facilities that are operationally separate from each other and that do not share common program space**, including dining halls and educational or recreational facilities."

[27] Office of Juvenile Justice and Delinquency Prevention (OJJDP), Girls in the Juvenile Justice System, available at: https://rights4girls.org/wp-content/uploads/r4g/2016/08/OJJDP-Policy-Guidance-on-Girls.pdf

The history of girls' facilities in Maryland reveals far more than a succession of buildings and program names. Across generations, girls experienced recurring patterns of abuse by staff, unsafe and deteriorating living conditions, prolonged isolation, inadequate treatment and educational services, repeated displacement, and placements far from their families and communities. Girls were transferred again and again, often without adequate planning or meaningful investment in the specialized services they needed.

Important efforts have been made over time to improve conditions for girls. Yet this history suggests that their unique needs have too often been secondary to broader system priorities. Rather than developing a stable continuum of care designed specifically for girls, Maryland has repeatedly adapted programs, facilities, and practices originally created for boys.

Understanding this history provides important context for the findings that follow. It also serves as a reminder that lasting reform requires more than a new building or a new program. It requires sustained investment in trauma-responsive, developmentally appropriate, gender-responsive services that are intentionally designed around the lives and needs of girls.

Behind the Statistics: Girls' Pathways into the Deep End of the Juvenile Justice System

Although no two girls follow the same path into the juvenile justice system, many share common experiences of trauma, family instability, unmet behavioral health and substance use needs, educational disruption, and systemic failures.

While fictionalized to protect confidentiality, the following composite vignettes are drawn from circumstances that have occurred within Maryland's juvenile justice system and reflect recurring experiences of girls involved in the deep end of the system. Names and identifying details have been changed, and elements from multiple cases have been combined to protect the identities of the youth while preserving the realities of their experiences.

Madre Entre Muros

(Mother Behind the Walls)

Isabel

Isabel was a pregnant 17-year-old Hispanic female in her second trimester when she entered juvenile detention. Along with her mother, she had been involved in an altercation with another woman who was allegedly in a relationship with Isabel's 25-year-old boyfriend, the father of her unborn child. Because her mother was also involved in the incident, the court prohibited contact between them, and Isabel was placed in foster care immediately before a judge ordered her detained. She was charged as an adult for her role in the altercation.

Isabel spoke only Spanish and relied on an interpreter throughout her detention. As her pregnancy progressed, she became increasingly uncomfortable sleeping on the thin detention mattress and spending much of the day seated on hard plastic and metal chairs. She also developed painful, itchy stretch marks and shared her concerns with her interpreter, who became one of the few people with whom she could communicate freely. Drawing on a common traditional remedy in many Hispanic communities, the interpreter suggested Vitamin E oil to help relieve the discomfort. When Isabel requested the treatment from medical staff, they declined, explaining that there was insufficient clinical evidence to support its use and reminding the interpreter that medical recommendations should come from healthcare providers. Both Isabel and her interpreter left the interaction feeling that her concerns had been dismissed rather than understood. The encounter highlighted how institutional responses can overlook the cultural context of care, leaving Isabel youth feeling unheard and uncared for.

After several months, Isabel's case was waived to juvenile court. A few days before her due date, the court ordered her release so that she could give birth in the community. However, she was also committed to complete a residential placement program. Only a few weeks after delivering her son, Isabel left him behind to return to secure placement.

During placement, Isabel experienced challenges breastfeeding and pumping milk. Not all staff were aware of her medical orders, and on some evenings, she was not permitted or escorted to

pump. At other times, the manual breast pump had not been cleaned between uses. These issues highlight the unique medical and caregiving needs of young mothers that correctional facilities are not traditionally designed to meet.

Despite these hardships, Isabel remained focused on her future. She earned her GED while in placement and represented the facility in an oratorical competition, where she spoke about the challenges of learning English and the pride she felt in how far she had come in being able to understand, read, and write the language. She was not involved in any behavioral incidents during her commitment and successfully completed the program. By the time she was reunited with her son, he was six months old.

Isabel's story reflects the complexity of many girls' experiences in the juvenile justice system. Although she entered detention because of a violent offense, much of her time in custody was shaped by circumstances unrelated to public safety, including pregnancy, language barriers, motherhood, and separation from her family. Her experience also illustrates the resilience many girls demonstrate as they continue to pursue education, develop new skills, and prepare for life beyond the justice system despite significant adversity.

Searching for Recovery

Elena

Elena was a 16-year-old Hispanic female whose parents had immigrated to the United States from Mexico. She lived with her parents and two younger brothers in a small two-bedroom apartment. Both of her parents worked multiple jobs to support the family, and from the age of 10, Elena helped contribute financially. Because her parents spoke limited English, she often served as the family's interpreter and assumed responsibility for caring for her younger brothers while they were at work.

In the seventh grade, Elena was introduced to cannabis by a friend at school. She reported that using cannabis allowed her to temporarily escape the stress she felt and soon began vaping regularly. Over time, her substance use escalated to prescription opioids and eventually heroin. By the age of 14, she was addicted. She began running away from home, living on the streets, stealing, and engaging in survival sex to support her addiction.

At age 16, Elena was arrested for stealing electronics and other items from a large retail store. Fearing she would overdose if released, the court ordered her detained. Elena desperately needed intensive inpatient adolescent substance abuse treatment, but no high-intensity treatment program for girls was available. Instead, she was committed to a hardware secure placement facility with the hope that she could transition to an adult substance abuse treatment program after turning 18.

While Elena was able to abstain from drugs during placement, her mental health steadily deteriorated. She reported feeling increasingly depressed and stated that the limited programming, including physical activity and outdoor recreation, left her feeling bored. The

boredom, combined with the chaotic environment and frequent conflicts among youth, often intensified her cravings and made it difficult to focus on her recovery. Wanting connection and support in her recovery, Elena repeatedly requested permission to attend Narcotics Anonymous meetings. Her requests were initially denied. After repeated advocacy by the facility monitor, she was eventually permitted to attend meetings virtually.

Despite years of educational disruption, Elena studied for and successfully earned her GED while in placement. She achieved a high score and began thinking about attending college or finding employment after her release. However, unlike boys in placement, girls did not have access to in-person college courses or work programs, limiting opportunities to gain the education, work experience, and life skills needed for a successful transition back into the community.

Shortly before her eighteenth birthday, Elena was finally able to transition to an intensive substance abuse treatment program where she began receiving the specialized services she had needed for years.

Elena's story reflects the complex intersection of addiction, family responsibility, trauma, and educational disruption that many justice-involved girls experience. It also illustrates how the absence of intensive, gender-responsive substance abuse treatment programs for adolescent girls can leave the juvenile justice system serving as the only available option for youth whose greatest need is recovery.

Trauma Without a Place to Heal

Katie

Katie, an African-American teenager, was sexually abused by her father between the ages of 3 and 6. Her father was later convicted and incarcerated for the abuse. Beginning at a young age, Katie struggled with suicidal behavior, self-harm, and aggressive outbursts.

Throughout her childhood and adolescence, she cycled through inpatient treatment programs and periods of intensive outpatient therapy while living at home. Despite years of treatment, she continued to experience episodes of severe emotional dysregulation.

Katie's mother remarried and had another daughter while Katie was receiving long-term inpatient psychiatric treatment. At age 15, Katie assaulted a staff member during a behavioral crisis and was charged with assault. She was transferred to juvenile detention while awaiting court proceedings. Around the same time, contact between Katie and her mother ceased, and she became involved with the child welfare system.

Katie experienced repeated behavioral crises that required frequent staff intervention and physical restraint, resulting in injuries to staff and significant disruption to the daily operation of the unit. She was charged with second-degree assault on three separate occasions and damaged facility property, including unit televisions and telephones, during several crises. Although

prescribed psychiatric medication, she frequently refused treatment. Traditional behavior management strategies, including incentives such as snacks and video game time, proved ineffective in stabilizing her symptoms. Because of concerns for the safety of both Katie and others, she was frequently unable to attend school or participate in recreation, while the repeated disruptions also affected the educational programming and daily routines of the other girls living on the unit. During her detention, Katie also attempted suicide twice, underscoring the severity of her psychiatric illness. Her repeated behavioral crises reflected a level of psychiatric acuity that exceeded what a juvenile detention setting was designed to manage.

Recognizing that Katie required a higher level of psychiatric care, detention staff repeatedly transported her to the local hospital seeking emergency psychiatric stabilization. Each time, she was evaluated and returned to detention within hours. Katie remained in detention for over a year because no residential program was willing or able to accept a girl with her level of psychiatric acuity.

At age 17, Katie's child welfare social worker initiated family reunification services in the hope that she could safely return home. She was released one month before her eighteenth birthday. Three months later, she ran away and was subsequently charged with assault, entering the adult correctional system.

Katie's story reflects the profound challenges faced by girls with severe trauma histories and complex psychiatric disorders whose needs exceed what juvenile detention is designed to address. Despite years of psychiatric treatment, repeated hospitalizations, involvement with the child welfare system, and prolonged detention, no system was able to provide Katie with the sustained, specialized treatment she needed. Her experience illustrates how gaps across the behavioral health, child welfare, and juvenile justice systems can leave girls with the highest levels of need cycling among systems without ever receiving the long-term, intensive treatment necessary to achieve lasting stability.

A Future Interrupted

Denise

Denise was a 17-year-old African American honor student and high school senior from the Baltimore area. One afternoon after school, she accepted a ride home from two friends, ages 18 and 19. Unbeknownst to Denise, the vehicle they were driving had been stolen. After police located the vehicle and conducted a traffic stop, they recovered two handguns from inside the car. Denise was charged as an adult and ordered to juvenile detention while her case proceeded through the adult criminal justice system.

Denise believed she had simply been in the wrong place at the wrong time and hoped the charges against her would ultimately be dismissed.

She lived with her mother and had a close, supportive extended family, including an older cousin in college who served as a mentor. Her family and faith were important sources of strength.

Maintaining those connections, however, became difficult while she was detained. There were no in-person religious services available, and the detention center was more than two hours from her home, making visits challenging for her mother because of her work schedule and the facility's limited visitation hours. Denise requested virtual visits to help maintain contact with her family but was told she would have to earn video calls through the facility's incentive program, requiring her to use half of the points she typically saved to purchase hygiene items. She also requested that her cousin, who lived much closer to the facility, be added to her approved visitor list, but the request was never acted upon.

Denise tried to keep up with her schoolwork while detained, but classes were frequently cancelled because of conflicts within the facility, making it difficult to stay on track academically.

After waiting four months in detention, the charges against Denise were dismissed, and she returned home.

Denise's story illustrates how prolonged detention and adult charging can disrupt a young person's education, family relationships, faith community, and healthy development, even when charges are ultimately dismissed. It also highlights the importance of maintaining meaningful family connections, educational continuity, and opportunities to practice one’s faith while young people await the resolution of their cases.

From Stories to Systems

As these stories demonstrate, girls often arrive in the deep end of the juvenile justice system following a complex interplay of trauma, victimization, family instability, behavioral health challenges, substance use disorders, educational disruption, poverty, and other adverse life experiences.

Compared with boys, girls entering the deep end of the juvenile justice system are more likely to have experienced physical or sexual abuse, struggle with co-occurring mental health and substance use disorders, or face pregnancy, parenting responsibilities, and significant caregiving roles within their families.

Finally, these vignettes demonstrate the limitations of relying on the juvenile justice system to address needs that are fundamentally behavioral health, family, or social service issues. Too often, the juvenile justice system becomes the default response because the specialized community resources girls need either do not exist or are unavailable. Collectively, these stories demonstrate that secure detention and placement cannot substitute for comprehensive community-based behavioral health treatment, specialized substance use services, family-centered interventions, and other supports designed to address the underlying factors contributing to girls' justice system involvement.

Understanding the experiences that bring girls into the deep end of the juvenile justice system provides important context for interpreting the demographic and system trends that follow. The

data in the next section should therefore be viewed not simply as statistics, but as representing girls whose lives have been shaped by complex experiences, significant adversity, and remarkable resilience.

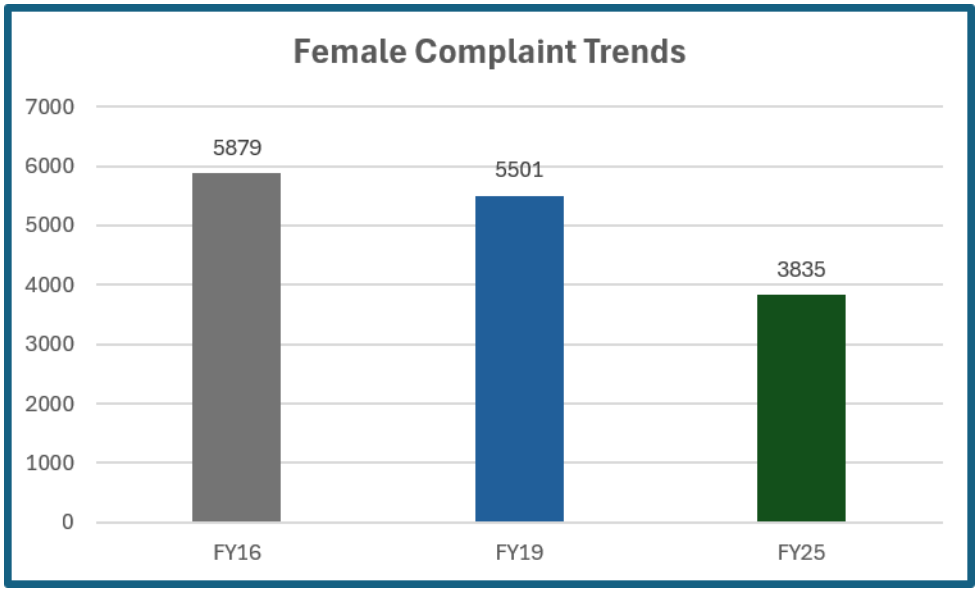
Girls in Maryland's Juvenile Justice System: Population Trends and Characteristics[28]

Over the past decade, Maryland has experienced a substantial decline in the number of girls entering every stage of the juvenile justice system. Complaints, detention admissions, and commitments all fell significantly between FY2016 and FY2025. Although fewer girls are entering the deep end of the juvenile justice system, understanding and responding to the needs of the girls who remain continues to be an important responsibility. The demographic and statistical trends presented below provide important context for understanding the girls served in Maryland's secure juvenile facilities today.

This section below compares data from FY2016, FY2019, and FY2025, with FY2019 included as a pre-COVID-19 benchmark to provide context for trends before the effects of the COVID-19 pandemic.

Female Complaints

Youth become involved in Maryland's juvenile justice system when a juvenile complaint is referred to a Department of Juvenile Services (DJS) intake office by law enforcement or a private citizen. Law enforcement agencies account for more than 90 percent of all complaints.[29] Youth initially charged as adults who are later transferred to the juvenile justice system are also processed through DJS Intake as juvenile complaints.



[28] The information contained in this section was obtained from the Maryland Department of Juvenile Services Data Resource Guide FY2025, FY2019, and FY2016.
[29] Maryland Department of Juvenile Services Data Resource Guide FY2025, page 38, available at: https://djs.maryland.gov/media/58

Female juvenile complaints in FY2025 were 35 percent lower than in FY2016.

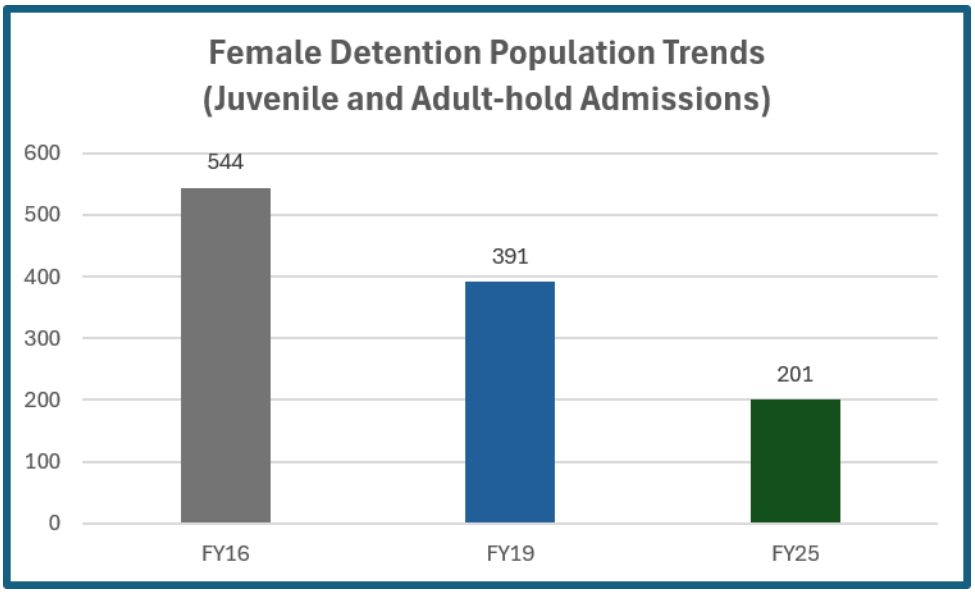
Detention

The Department of Juvenile Services operates two secure detention facilities where girls may be housed. The Western Maryland Children's Center (WMCC), an all-girls combined detention and hardware secure placement facility, is located in Hagerstown. The Lower Eastern Shore Children's Center (LESCC), which houses both boys and girls in separate units, is located in Salisbury.

Girls may be detained pending court proceedings before or after disposition, while awaiting admission to a treatment program, or while awaiting placement following removal from a treatment program. Detention may also result from new delinquency complaints, writs or warrants issued by the court, or violations of conditions imposed through an Alternative to Detention (ATD) program, including community detention with electronic monitoring. Girls charged as adults may also be held in DJS detention facilities while the court determines whether jurisdiction will be transferred to the juvenile justice system.

Detention Admissions

There were 201 total admissions to detention in FY2025, including 19 admissions involving youth charged as adults.[30] The number of girls detained in DJS detention centers declined by 63% in Fiscal Year 2025 compared to Fiscal Year 2016.



Geographic Demographics (Detention)

[30] Maryland Department of Juvenile Services Data Resource Guide FY2025, page 108.

Most girls admitted to detention in FY2025 came from Baltimore and Washington, D.C., metropolitan areas, particularly Baltimore City, Baltimore County, Montgomery County, and Prince George's County. Despite this concentration, Maryland's only two secure detention facilities for girls are located at opposite ends of the state: the Western Maryland Children's Center in Hagerstown and the Lower Eastern Shore Children's Center in Salisbury. As a result, many girls are detained far from their families, attorneys, schools, and community supports. Unlike boys, who have access to detention centers located closer to the state's major population centers, girls frequently experience incarceration far from home. This geographic reality creates additional barriers to maintaining family engagement and accessing community-based supports during detention.

County	Juvenile Admission (%)	Adult Court (%)
Baltimore City	33.9%	20.0%
Baltimore Co.	9.8%	20.0%
Montgomery	16.4%	20.0%
Prince George's	3.3%	25.0%

Detention Length of Stay

The average length of stay for detained girls increased between FY2023 and FY 2025. Pre-disposition length of stay increased by 19.2% and post-disposition stays increased by 21.9%.[31] Girls often remain in detention because appropriate treatment placements are unavailable, particularly after being removed from a previous program when alternative placements are limited. Girls charged as adults also spend extended periods in detention while courts determine whether jurisdiction will be transferred to the juvenile justice system. As shown below, girls charged as adults remained in detention an average of more than 93 days in FY2025.

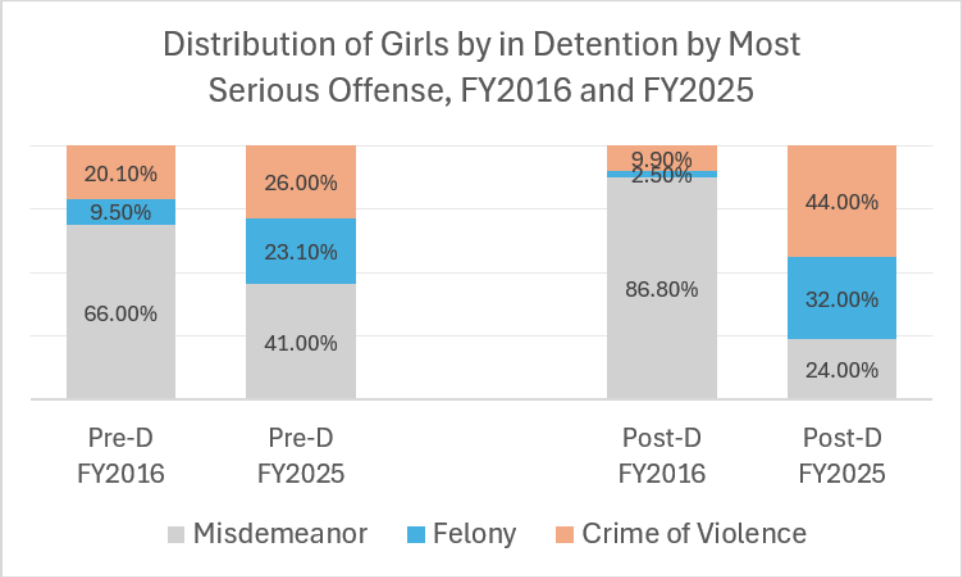
County	Average Length of Stay (Days)
Pre-Disposition	19.0
Post-Disposition	59.9
Removal	83.2
Adult Court	93.7

Detention Admissions by Most Serious Offense

[31] Maryland Department of Juvenile Services Data Resource Guide FY2025, page 109.

Removing a girl from her home and placing her in a detention or congregate care facility can have significant short- and long-term consequences, including disruptions to education and healthy adolescent development, separation from family and community, increased risk of physical or sexual victimization, and the exacerbation of existing trauma and behavioral health conditions. Because of these potential harms, out-of-home confinement should be used only when necessary to protect public safety and when appropriate community-based alternatives cannot safely meet the youth's needs.

The data below suggest that Maryland has increasingly reserved detention for girls charged with more serious offenses, consistent with efforts to reduce the use of secure confinement for lower-risk youth.

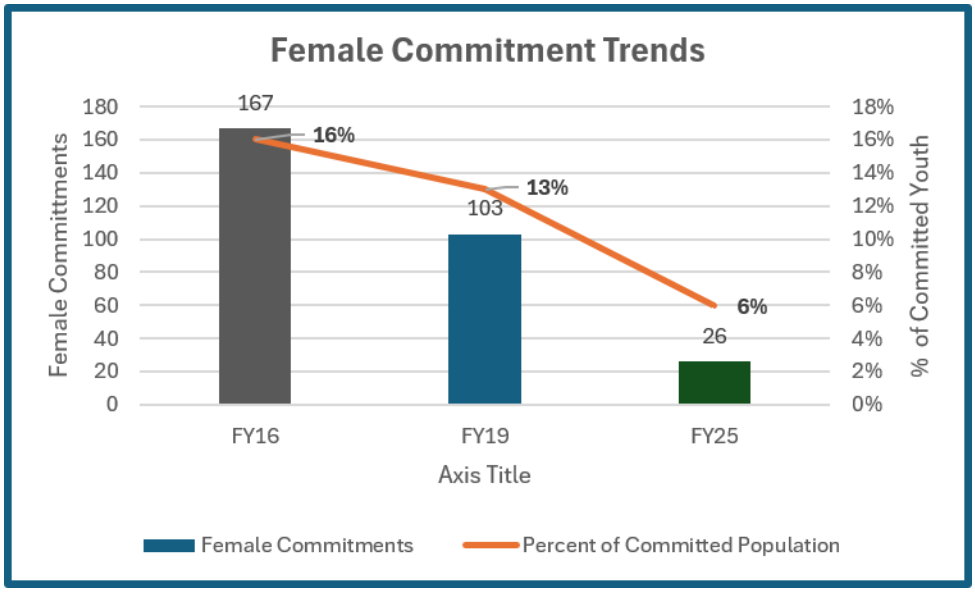


In both pre- and post-disposition detention, the proportion of girls detained for misdemeanor offenses declined substantially, while the proportions detained for felony and violent offenses increased. The shift was particularly pronounced among girls held post-disposition, where the percentage detained for misdemeanor offenses fell from 86.8 percent in FY2016 to 24.0 percent in FY2025. During the same period, the percentage detained for crimes of violence increased from 9.9 percent to 44.0 percent.

Commitment

Youth adjudicated delinquent by the juvenile court may be committed to the Department, which places them in the care and custody of the Department of Juvenile Services. Committed youth are typically placed in out-of-home treatment programs that provide varying levels of security and treatment services based on their individual needs.

The proportion of girls committed to DJS declined from 16.1 percent in FY2016 to 7.0 percent in FY2025.[32] Girls continue to represent a small proportion of youth committed to DJS. In FY2025, 26 girls were committed compared to 347 boys[33].



Geographic Demographics (Commitment)

The majority of committed girls in FY 2025 were from the Baltimore metro (Baltimore City) and DC metro (Montgomery County) area. Similar to detention, however, Maryland's hardware secure placement program for girls is located in western Maryland, requiring many girls to receive treatment far from their families, schools, and community supports.

County	Placements (%)	Placements (N)
Baltimore City	26.9%	7
Baltimore Co.	7.7%	2
Montgomery	30.8%	8
Anne Arundel	7.7%	2
Wicomico	7.7%	1

Committed Placement by Most Serious Offense

Similar to detention, girls committed to out-of-home treatment in FY2025 were substantially more likely to have been adjudicated for felony or violent offenses than girls committed in

[32] Maryland Department of Juvenile Services Data Resource Guide FY2025, Executive Summary page vi, available at: https://djs.maryland.gov/media/58
[33] Ibid.

FY2016. These findings suggest that secure residential placement is increasingly being reserved for girls adjudicated for the most serious offenses rather than those with lower-level offenses.

Offense Category	FY 2016	FY 2025
Crime of Violence	10.2%	57.7%
Felony	3.0%	19.2%
Misdemeanor	86.2%	23.1%

Although girls committed in FY2025 were more likely than those committed in FY2016 to have been adjudicated for felony or violent offenses, the majority were not reconvicted of a new offense within one year of release, as discussed below.

Recidivism Outcomes

Recidivism is an important measure used to assess subsequent involvement in the juvenile or criminal justice system following intervention. It provides insight into youth outcomes after treatment or supervision and is commonly used to evaluate the effectiveness of juvenile justice interventions. According to the National Reentry Resource Center, reconviction is considered the most reliable measure of recidivism because it reflects a judicial finding that a new offense has been committed.[34] In addition to reconviction, the Department of Juvenile Services (DJS) also reports re-arrest and re-incarceration rates.

Youth released from out-of-home committed treatment programs are one of the primary populations DJS uses to measure recidivism. These youth have been committed to DJS by the juvenile court for placement in an out-of-home treatment program. Treatment programs range from foster care placements to staff-secure and hardware secure residential programs operated by DJS or contracted providers.[35]

Girls Released from Committed Treatment Programs

Among girls released from committed treatment programs in FY2023, 33.3 percent were re-arrested within 12 months, while only 11.1 percent were reconvicted of a new offense and 5.6 percent were re-incarcerated. Although approximately one-third of girls were re-arrested, far fewer were reconvicted of a new offense or re-incarcerated during the follow-up period.[36]

Recidivism Rate for Girls Released from Treatment Programs

[34] National Re-entry Resource Center, Reducing Recidivism, available at: https://nationalreentryresourcecenter.org/resources/toolkits/reentry/part1/reducing-recidivism/recidivism-metrics
[35] Maryland Department of Juvenile Services, Data Resource Guide FY 2025, Section V: Recidivism Rates and Outcome Measures, pages 165
[36] Ibid., p. 167

Recidivism Rate for Girls Released from Treatment Programs 12-Month Juvenile and/or Criminal Justice Recidivism Rates by Demographics, FY 2023 Releases							
Sex	Total	Re-arrest		Reconviction		Re-incarceration	
Male	214	115	53.7%	41	19.2%	27	12.6%
Female	18	6	33.3%	2	11.1%	1	5.6%

Girls whose cases originated in adult court also demonstrated favorable outcomes. Of the five girls released from committed treatment in FY2023 whose cases began in adult court, four were not reconvicted of a new offense within 12 months of release.[37]

Girls on Probation

Among girls placed on probation in FY2023, 30.9 percent were re-arrested within 12 months, while only 8.1 percent were reconvicted and 2.0 percent were re-incarcerated. As with girls released from committed treatment, reconviction and re-incarceration rates remained substantially lower than re-arrest rates.[38]

Girls whose cases originated in adult court also demonstrated favorable outcomes. Among girls placed on probation in FY2023 whose cases began in adult court, 89 percent were not reconvicted of a new offense within 12 months.[39]

Recidivism Rate for Girls on Juvenile Probation

Recidivism Rate for Girls on Juvenile Probation 12-Month Juvenile and/or Criminal Justice Recidivism Rates by Demographics for Probation Youth, FY 2023							
Sex	Total	Re-arrest		Reconviction		Re-incarceration	
Male	924	371	40.2%	170	18.4%	86	9.3%
Female	149	46	30.9%	12	8.1%	2	2.0%

Overall, these findings demonstrate that the majority of girls released from committed treatment and placed on probation were not reconvicted of a new offense within one year. While approximately one-third of girls were re-arrested within 12 months, substantially fewer experienced a reconviction or re-incarceration. Although recidivism measures cannot capture all

[37] Ibid., page 181
[38] Ibid., page 178
[39] Ibid., page 182

subsequent behavior, the findings indicate that reconviction and re-incarceration occurred much less frequently than re-arrest during the 12-month follow-up period.

Racial Demographics (Complaints, Detention, Commitment)

Although the number of girls entering the deep end of Maryland's juvenile justice system has declined substantially, significant racial disparities persist. Black girls remain disproportionately represented at every stage of the juvenile justice system, and their share of complaints, detention admissions, and commitments increased between FY2016 and FY2025. By FY2025, Black girls accounted for more than four out of every five girls in detention and nearly nine out of every ten girls committed to DJS.

System Stage	Fiscal Year	Black (%)	White (%)	Hispanic (%)
Complaints	2016	62.3%	32.0%	5.7%
	2019	61.8%	31.3%	6.9%
	2025	68.2%	21.8%	10.0%
Detention	2016	76.2%	19.6%	4.2%
	2019	68.8%	22.0%	9.2%
	2025	82.0%	10.4%	7.7%
Commitments	2016	67.9%	28.0%	3.6%
	2019	61.2%	33.0%	5.8%
	2025	88.5%	3.8%	7.7%

Beyond the Data

While the data presented above provide important context about girls in Maryland's juvenile justice system, they cannot fully capture what it is like to experience that system. Justice-involved girls are more than statistics, demographic trends, or the pathways that brought them into the system. They are young people with unique strengths, challenges, and lived experiences, and they are experts in their own lives. Their perspectives should help inform the policies and operational decisions that directly affect them. For this reason, the OCO grounded the observations, findings, and recommendations in this report in the experiences and voices of the girls themselves. Their perspectives helped shape the areas of focus and informed our analysis of the care, treatment, and services provided at the Western Maryland Children's Center and the Lower Eastern Shore Children's Center.

As Maryland has reduced its reliance on incarcerating girls, it now has an unprecedented opportunity and responsibility to ensure that the girls who remain receive safe, humane, and healing care that equips them with the skills, treatment, and support needed to thrive upon their return to the community. This responsibility is underscored by the substantial public investment in secure care. **In FY2025, the per diem cost per youth at the Western Maryland Children's Center and the Lower Eastern Shore Children's Center was $1,677.08 and $1,521.36, respectively.**[40] The facility findings that follow examine whether Maryland's secure facilities are providing the safe, therapeutic, and developmentally appropriate environments that justice-involved girls deserve and that such a significant public investment should be expected to deliver.

[40] Maryland Department of Juvenile Services Data Resource Guide FY2025, p.198.

Life in DJS

The facility findings presented in the sections that follow were guided by the issues girls in custody most frequently raise during OCO facility visits. To better understand these experiences, OCO developed a survey to assess girls' perceptions of their treatment and the services provided while in custody. The survey explored multiple aspects of facility life, including safety, staff relationships, programming and services, health care, education, family engagement, and overall well-being. Surveys were administered in June and early July 2026, and every girl in DJS custody was given the opportunity to participate if she wished. Girls could complete the survey independently or have it administered privately by OCO staff. A copy of the survey is included at the end of this section.

As the surveys were being conducted, many girls asked if they could add comments to explain or expand upon their responses. We encouraged them to do so. The survey also included open-ended questions that invited girls to describe what they viewed as the greatest challenges of living in a DJS facility, what was working well, and what they would change if given the opportunity. The quotes included throughout this report are drawn from these written comments and open-ended responses and provide important context for the survey findings.

While the survey focused on girls' experiences in custody, OCO also recognized that girls are more than their involvement in the juvenile justice system. To better understand who they are beyond the facility walls, OCO conducted qualitative interviews exploring how girls see themselves, what they are proud of, and their hopes and goals for the future. Their responses are included in this section and offer a more complete picture of the young people behind the data.

Finally, girls were invited to contribute to this report by submitting drawings, poems, or stories reflecting on the theme, *Life in DJS*. Their artwork and writing provide another opportunity for girls to share their experiences in their own words.

OCO extends its sincere appreciation to every girl who chose to participate in the survey, interviews, or creative project. Their willingness to share their experiences, perspectives, and aspirations made this report possible and helped ensure that their voices remain at the center of its findings.

Girls In DJS Survey Results: Quantitative Findings (Q4 Report)

OFFICE OF THE CORRECTIONAL OMBUDSMAN • STATE OF MARYLAND

SURVEY OVERVIEW

This report presents the quantitative results from 33 anonymous surveys completed by girls in the custody of the Maryland Department of Juvenile Services during Quarter 4.

Total Surveys: 33

Facilities:
- WMCC (Girls Only): 20
- LESCC (Girls Only): 13

Data Collection Method:
Anonymous surveys completed on-site

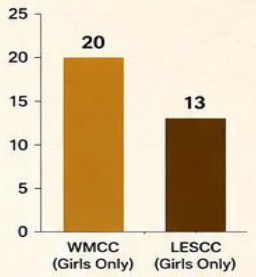
Survey Sections:
Safety, Staff Relationships, Programming & Activities, Education, Health & Basic Needs, Family & Communication, Restraints (if applicable), Overall Experience, Optional Identity (voluntary)

Survey Questions Analyzed: 1 – 25

OVERALL SUMMARY (ALL 33 SURVEYS)

RESPONSE CATEGORY	TOTAL RESPONSES	PERCENTAGE
Always / Yes	117	14.2%
Most	148	17.9%
Sometimes	119	14.4%
Rarely	127	15.4%
Never / No	240	29.0%
Not Applicable / Not Sure / Blank	62	7.5%
TOTAL	813	100%

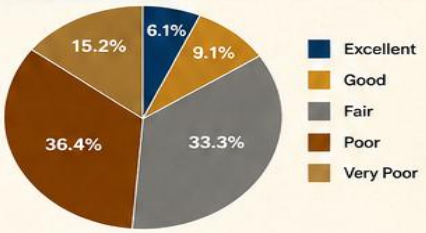
SURVEYS BY FACILITY



TOTAL SURVEYS 33

OVERALL EXPERIENCE (QUESTION 25)

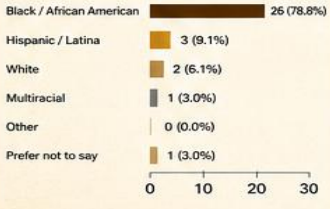
RESPONSE	COUNT	PERCENTAGE
Excellent	2	6.1%
Good	3	9.1%
Fair	11	33.3%
Poor	12	36.4%
Very Poor	5	15.2%
TOTAL	33	100%



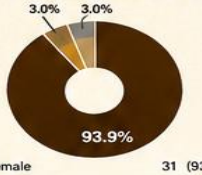
SURVEY RESULTS BY QUESTION (1 – 25)

Q #	QUESTION TOPIC	ALWAYS / YES		MOST		SOMETIMES		RARELY		NEVER / NO		N/A / BLANK / NOT SURE		TOTAL RESPONSES
		COUNT	%	COUNT	%	COUNT	%	COUNT	%	COUNT	%	COUNT	%	
1.	I feel safe in my living unit.	24	72.7%	5	15.2%	2	6.1%	0	0.0%	2	6.1%	0	0.0%	33
2.	I feel safe from other youth.	10	30.3%	7	21.2%	10	30.3%	2	6.1%	4	12.1%	0	0.0%	33
3.	I feel safe from staff.	12	36.4%	9	27.3%	4	12.1%	1	3.0%	6	18.2%	1	3.0%	33
4.	Know how to report a problem.	30	90.9%	1	3.0%	2	6.1%	0	0.0%	0	0.0%	0	0.0%	33
5.	Concerns are taken seriously.	1	3.0%	2	6.1%	11	33.3%	8	24.2%	9	27.3%	2	6.1%	33
6.	Staff treat me with respect.	11	33.3%	16	48.5%	2	6.1%	1	3.0%	1	3.0%	2	6.1%	33
7.	Staff help resolve conflicts.	6	18.2%	11	33.3%	8	24.2%	3	9.1%	3	9.1%	2	6.1%	33
8.	At least one staff I trust.	19	57.6%	2	6.1%	6	18.2%	2	6.1%	3	9.1%	1	3.0%	33
9.	Enough structured activities.	0	0.0%	5	15.2%	10	30.3%	8	24.2%	9	27.3%	1	3.0%	33
10.	Weekend activities meaningful.	2	6.1%	6	18.2%	8	24.2%	5	15.2%	8	24.2%	4	12.1%	33
11.	Regular recreation/outdoor time.	3	9.1%	8	24.2%	8	24.2%	4	12.1%	7	21.2%	3	9.1%	33
12.	Programs prepare me for release.	0	0.0%	1	3.0%	7	21.2%	7	21.2%	14	42.4%	4	12.1%	33
13.	School is engaging.	3	9.1%	5	15.2%	12	36.4%	6	18.2%	5	15.2%	2	6.1%	33
14.	Academic support I need.	3	9.1%	6	18.2%	10	30.3%	6	18.2%	6	18.2%	2	6.1%	33
15.	Receive medical care when needed.	2	6.1%	5	15.2%	11	33.3%	5	15.2%	8	24.2%	2	6.1%	33
16.	Mental health support when needed.	1	3.0%	3	9.1%	6	18.2%	6	18.2%	14	42.4%	3	9.1%	33
17.	Access to hygiene products.	2	6.1%	9	27.3%	7	21.2%	2	6.1%	11	33.3%	2	6.1%	33
18.	Facility clean & well-maintained.	2	6.1%	4	12.1%	7	21.2%	7	21.2%	10	30.3%	3	9.1%	33
19.	Contact my family regularly.	4	12.1%	4	12.1%	9	27.3%	4	12.1%	10	30.3%	2	6.1%	33
20.	Staff support calls/visits.	9	27.3%	9	27.3%	6	18.2%	2	6.1%	5	15.2%	2	6.1%	33
21.	Experienced restraint/seclusion.	5	15.2%	1	3.0%	2	6.1%	2	6.1%	17	51.5%	6	18.2%	33
22.	Felt safe during that experience.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	22	66.7%	11	33.3%	33
23.	Staff explained what happened.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	25	75.8%	8	24.2%	33
24.	Chance to debrief afterward.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	24	72.7%	9	27.3%	33
25.	Overall experience.	2	6.1%	3	9.1%	11	33.3%	12	36.4%	5	15.2%	0	0.0%	33

RACE / ETHNICITY (N = 33)

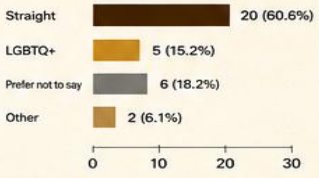


GENDER IDENTITY (N = 33)

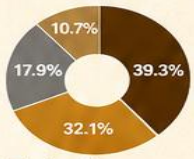


Female	31	(93.9%)
Transgender	1	(3.0%)
Non-binary	1	(3.0%)
Prefer not to say	0	(0.0%)
Other	0	(0.0%)

SEXUAL ORIENTATION (N = 33)



LENGTH OF STAY (N = 28)



< 1 month	11	(39.3%)
1 – 3 months	9	(32.1%)
3 – 6 months	5	(17.9%)
6+ months	3	(10.7%)
Blank / Not provided	5	

Note: Percentages may not total 100% due to rounding.

Q4 FY26

Girls in DJS Survey Results

Quantitative Findings - Quarter 4 Special Report

Office of the Correctional Ombudsman | State of Maryland

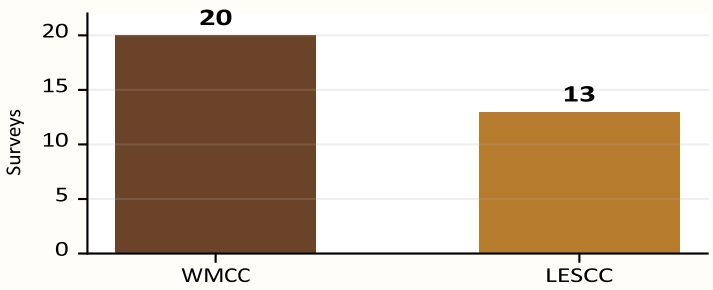
33	20	13	25
TOTAL SURVEYS	WMCC	LESCC	CORE QUESTIONS

SURVEY OVERVIEW

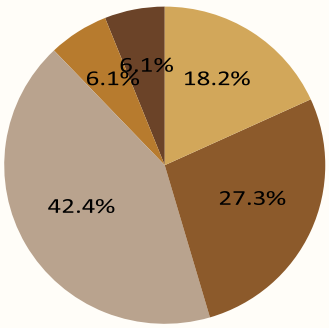
The final Q4 dataset includes 33 anonymous surveys completed by girls in DJS care: 20 at WMCC and 13 at LESCC.

The survey examined safety, staff relationships, programming and recreation, education, medical and behavioral health services, hygiene and facility conditions, family contact, restraint and seclusion, and overall experience.

COMPLETED SURVEYS BY FACILITY



OVERALL EXPERIENCE (QUESTION 25)



Excellent	2	6.1%
Good	2	6.1%
Fair	14	42.4%
Poor	9	27.3%
Very Poor	6	18.2%

KEY TAKEAWAY

Only 4 of 33 youth (12.1%) rated their overall experience as Excellent or Good. Twenty-nine youth (87.9%) rated their experience as Fair, Poor, or Very Poor, including 15 youth (45.5%) who selected Poor or Very Poor.

Beyond The Walls:

Girls In DJS Sharing Their Own Stories, Strengths, and Hopes For The Future

Who Am I?

- "Patient, kind, funny, caring, truthful, loved"
- "Funny, quiet, outgoing, smart, trusting"
- "Independent, resourceful, tired, regretful."
- "Funny, caring, I take accountability for my actions, I am chill"
- "Crazy, smart, nosy, artistic, a good person"
- "Playful, smart, talented, athletic, firm when I need to be"
- "Kind, understanding, supportive, crafty, positive"
- "Loyal, protector, advocate, good at math, know how to stand up for myself and others"

I Wish You Knew That

- "I never saw myself locked up. I am not like this. I have been through stuff and people don't understand me."
- "That deep down, I am a caring and nice person"
- "That I am genuinely a good person and get along with others."
- "I am good at communicating with animals."
- "All I want is positivity"

I Am Proud of

- "My work on controlling my anger."
- "I am working on my anger here."
- "Holding myself back when I am mad."
- "I failed the 9th grade. I was able to go to another school and get on track and earned my credits to be in the 10th grade."
- "Doing my best to defend my friend."
- "I helped a man in a wheelchair cross the street one time and he was grateful."

My Dream for My Future

- "I want to get a job in cosmetology."
- "Go to college and do nursing"
- "I want someone to understand me."
- "I want to be like my mom and working in assisted living and provide nursing services."
- "To get waived down. I want to be a lawyer to help people like me."
- "Dog trainer."
- "To see my son again."
- "Have a nice home, car, stable job caring for people who are dying like I helped my grandma when she was dying."

"Walls turned sideways are bridges." -Angela Davis

ANONYMOUS YOUTH SURVEY – GIRLS IN DJS CARE (Q4 REPORT)

Survey #: _____ Facility: _____
(Do NOT write your name. This survey is anonymous.)

Instructions:
Please answer honestly. Your feedback helps improve conditions, safety, and services. There are no right or wrong answers.

SECTION 1: SAFETY & WELL-BEING

1. I feel safe in my living unit.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

2. I feel safe from other youth.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

3. I feel safe from staff.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

4. If I have a problem, I know how to report it (grievance, hotline, staff, etc.).
☐ Yes ☐ No ☐ Not Sure

5. Do you believe staff take your concerns seriously?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

SECTION 2: STAFF RELATIONSHIPS

6. Staff treat me with respect.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

7. Staff help resolve conflicts between youth.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

8. There are staff I trust and can talk to.
☐ Yes ☐ No

SECTION 3: PROGRAMMING & DAILY ACTIVITIES

9. I have enough structured activities during the day (school, groups, programs).
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

10. Weekend activities are meaningful and engaging.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

11. I get regular recreation/outdoor time.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

12. Programs help me prepare for life after I leave.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

SECTION 4: HEALTH & BASIC NEEDS

13. I receive medical care when I need it.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

14. I receive mental health support when I need it.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

15. Hygiene items (soap, deodorant, etc.) are provided and safe to use.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

16. The facility is clean and well-maintained.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

SECTION 5: COMMUNICATION & FAMILY CONNECTION

17. I am able to contact my family regularly.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

18. My visits or calls are supported by staff.
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

SECTION 6: OVERALL EXPERIENCE

19. Overall, how would you rate your experience here?
☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

SECTION 7: OPEN-ENDED QUESTIONS

20. What is the biggest challenge you face here?

21. What is something staff or the facility is doing well?

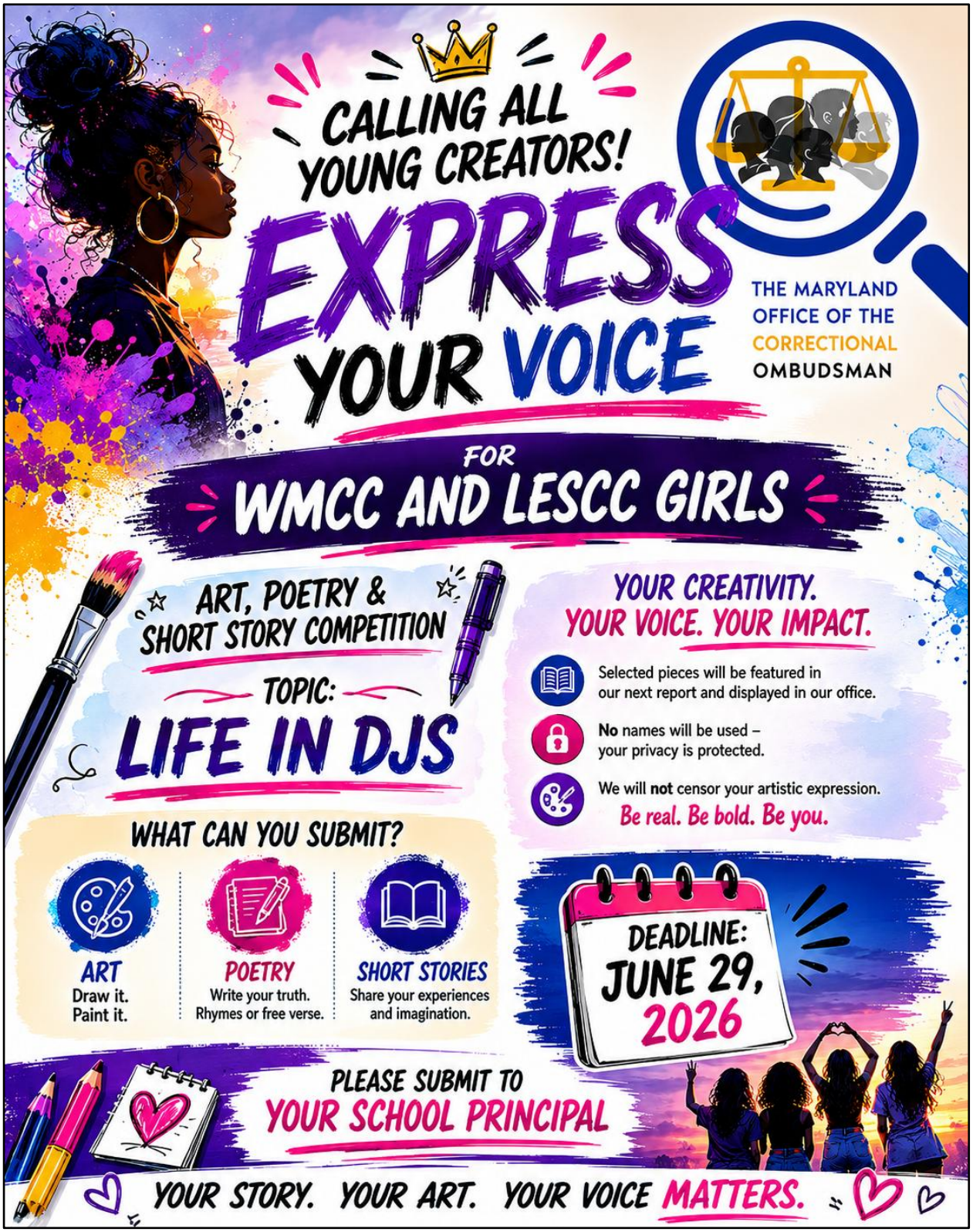
22. What changes would you like to see to improve your experience?

23. Is there anything else you want us to know?

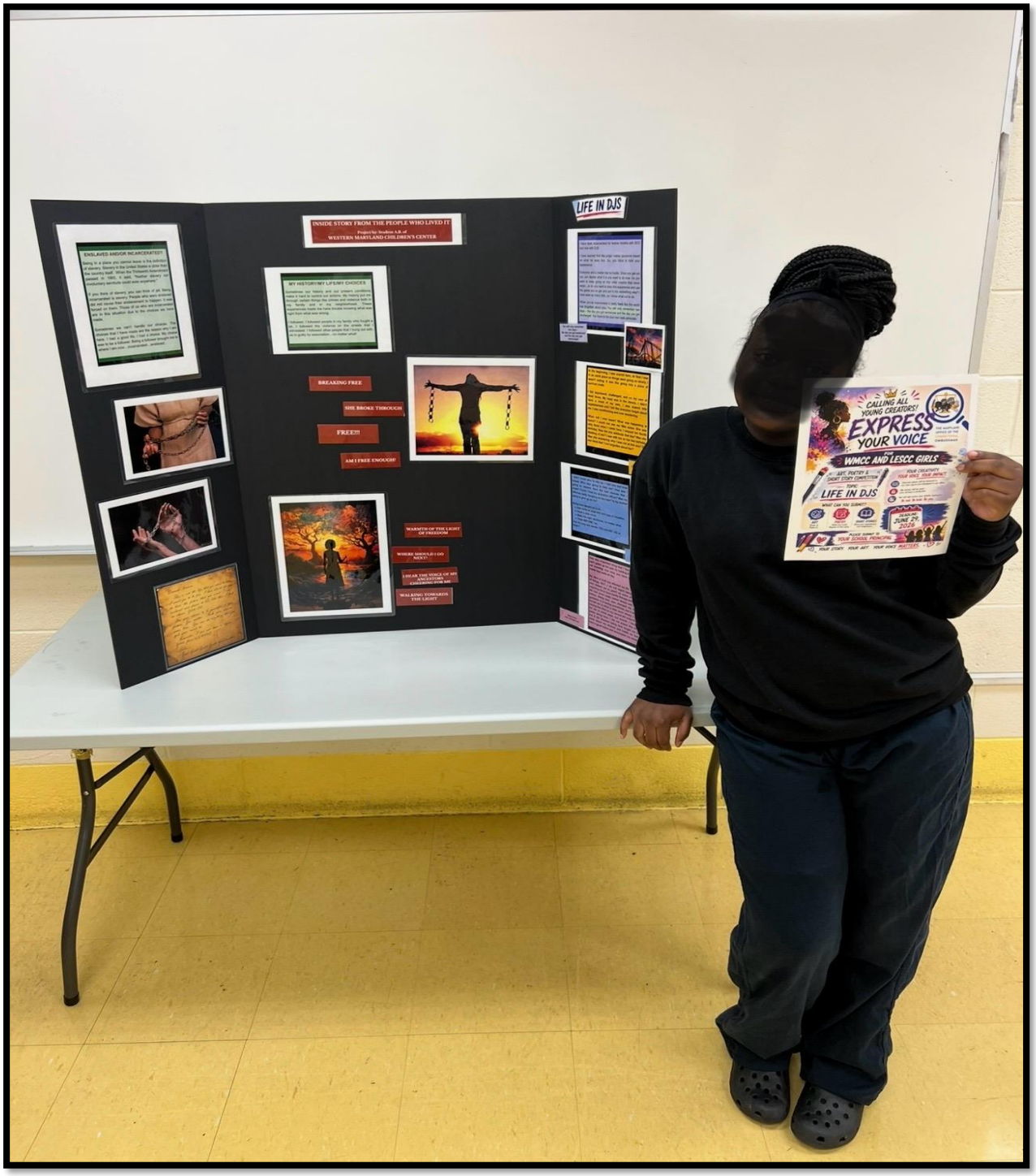
OPTIONAL (IF COMFORTABLE)

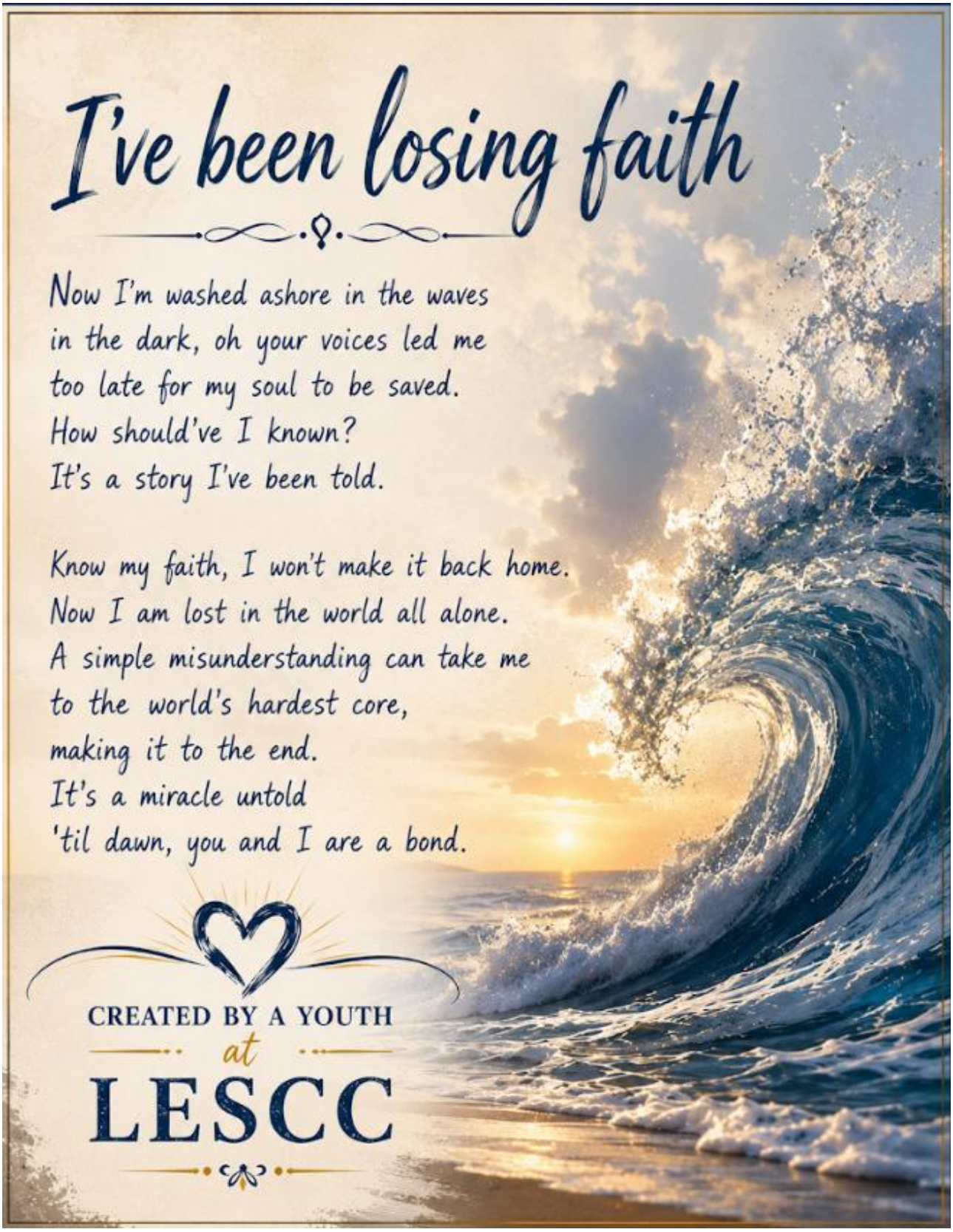
24. How long have you been at this facility?
☐ Less than 1 month ☐ 1–3 months ☐ 3–6 months ☐ 6+ months

Thank you for your voice. Your feedback matters.


CALLING ALL YOUNG CREATORS!
EXPRESS YOUR VOICE
THE MARYLAND OFFICE OF THE CORRECTIONAL OMBUDSMAN
FOR
WMCC AND LESCC GIRLS
ART, POETRY & SHORT STORY COMPETITION
TOPIC:
LIFE IN DJS
YOUR CREATIVITY. YOUR VOICE. YOUR IMPACT.
Selected pieces will be featured in our next report and displayed in our office.
No names will be used – your privacy is protected.
We will not censor your artistic expression.
Be real. Be bold. Be you.
WHAT CAN YOU SUBMIT?
ART
Draw it. Paint it.
POETRY
Write your truth. Rhymes or free verse.
SHORT STORIES
Share your experiences and imagination.
DEADLINE: JUNE 29, 2026
PLEASE SUBMIT TO
YOUR SCHOOL PRINCIPAL
YOUR STORY. YOUR ART. YOUR VOICE MATTERS.

There was a student who participated in OCO's Life Inside DJS project who chose to reflect deeply upon her time in DJS. She described entering the facility frightened and depressed. Although she acknowledged missing important parts of her life, she wrote that the experience gave her guidance and caused her to think more carefully about her choices. She also described family therapy as helping her and her mother communicate in ways they had not previously experienced.




I've been losing faith
Now I'm washed ashore in the waves
in the dark, oh your voices led me
too late for my soul to be saved.
How should've I known?
It's a story I've been told.
Know my faith, I won't make it back home.
Now I am lost in the world all alone.
A simple misunderstanding can take me
to the world's hardest core,
making it to the end.
It's a miracle untold
'til dawn, you and I are a bond.
CREATED BY A YOUTH
at
LESCC

Behind the Walls: The Foundation of Care

Leadership, Staffing, and Culture

Staff are the foundation of any successful gender- and trauma-responsive program. Establishing safety, providing consistent, effective, and meaningful programming, and helping girls heal from trauma and develop the skills needed for successful re-entry depend on sufficient numbers of engaged, motivated, and highly trained leaders and staff.

Positive, trusting relationships between staff and the young people in their care are especially critical for girls, who experience exceptionally high rates of interpersonal trauma prior to entering the juvenile justice system. Working with girls requires specialized expertise and an understanding that cultivating healthy relationships is an important part of helping girls heal and grow. Staff working with girls must be able to provide consistency, structure, and nurturance while maintaining appropriate professional boundaries.

Meeting the needs of girls in custody requires intentional planning, adequate staffing, specialized training, and leadership capable of building a cohesive team committed to a shared gender-responsive and trauma-informed approach. The experiences at Maryland's two girls' facilities demonstrate that these investments are essential not only when establishing a program, but also in sustaining a safe and therapeutic culture over time.

WMCC's transition from an all-boys to an all-girls facility was not accompanied by that level of strategic planning and organizational preparation. Staff who had spent their careers working primarily with boys did not receive sufficient initial or ongoing training on the developmental, relational, and behavioral health needs of girls. Since becoming Maryland's primary detention and only secure commitment facility for girls, WMCC has struggled to establish a safe and therapeutic environment.

Leadership and Organizational Culture

Leadership sets the tone for facility culture. Effective leadership provides the vision, accountability, mentorship, and support necessary to develop a cohesive team capable of providing safe, therapeutic, and gender-responsive care. When leadership fails to establish clear expectations, actively support staff, and reinforce trauma-informed practices, even experienced teams can struggle to maintain a stable and therapeutic environment.

OCO observed this pattern at both girls' facilities, although under different circumstances. At WMCC, leadership struggled to build the cohesive, accountable team needed to support girls following the facility's transition from an all-boys to an all-girls program. At LESCC, leadership was unable to sustain an established therapeutic culture during a period of organizational change, significant staff turnover, and the promotion of inexperienced supervisors without adequate mentorship and preparation. Although the circumstances differed, both facilities demonstrated how ineffective leadership undermines staff development, weakens accountability, and ultimately diminishes the quality of care provided to girls.

Many girls at WMCC described administrators as largely absent from the day-to-day life of the facility.

"[The Superintendent] rarely comes to see us. I had a mental health breakdown and no one came to see me. I had to calm myself down. This place should be shut down."

"[Superintendent] never shows up. All she does is look to see if the rooms are clean."

Concerns about leadership extended beyond girls. Supervisory and direct-care staff similarly described a lack of support, direction, and accountability from administration.

An assistant superintendent, whose experience had been limited to working with boys and who has since left the Department, personally participated in multiple incidents involving inappropriate restraints of girls rather than assisting staff in de-escalating situations (Incident 188605). His involvement reinforced concerns that leadership was not modeling the trauma-informed, relationship-based practices expected of staff.

The consequences of weakened leadership were also evident at LESCC. Under previous leadership, the facility had developed a more stable and therapeutic environment for girls. Following a leadership transition, however, the acting superintendent was unable to sustain the collaborative, accountable team approach that had previously characterized the facility. Compounding these challenges, the facility experienced significant staff turnover, with many newly hired direct-care staff and newly promoted supervisors assuming responsibilities without the mentorship, training, and leadership support needed to effectively manage youth behavior, resolve conflict, and provide consistent, gender-responsive care. As a result, the facility became increasingly reactive, programming declined, and girls described a noticeable deterioration in the overall quality of care. Several girls who had previously been housed at LESCC remarked that the facility "isn't like it used to be." One girl summarized the change by stating:

"They don't treat us like humans here."

Emotional and Physical Safety and Staff/Youth Relationships

Staff are often not equipped with the relational skills needed to establish emotional safety or to resolve conflict before it escalates. Instead of investing in relationship building, restorative practices, and consistent routines, staff spend much of each day responding to repeated crises. This reactive environment reinforces instability rather than preventing it.

Creating a therapeutic environment requires that both girls and staff feel physically and emotionally safe. Throughout OCO site visits during the quarter, girls described living in environments where they felt vulnerable to bullying, conflict, and the absence of adult who could and would protect them. Staff similarly described feeling unsupported and, at times, physically unsafe because of chronic vacancies, repeated assaults, and the lack of consistent leadership, training, and resources needed to safely manage challenging situations. When either girls or staff

do not feel safe, it becomes significantly more difficult to build trusting, therapeutic relationships that are fundamental to gender-responsive care.

Bullying and Harassment

Several girls reported being attacked, threatened, or targeted by rumors spread by other girls. They also reported that staff often failed to intervene to stop peer violence and harassment and, at times, appeared to instigate rather than mediate conflict.

> *"Staff don't stop the bullying and laugh when other kids throw pee under our door. Staff show favoritism and like certain groups."*

> *"Staff should care more. Staff should be consistent with the rules. Girls are allowed to spit on my door and shout at me and they don't take the concerns seriously."*

> *"[Staff] go back and forth with children and escalate things. The staff are messy and lead on conflict. They want to see us fight. They laugh when kids get bullied."*

> *"Staff like to instigate kids to fight"*

Professional Boundaries and Staff Conduct

Youth shared concerns regarding verbally abusive behavior by staff and repeated violations of privacy. On multiple occasions, girls reported that staff disclosed personal information about them to other youth, creating conflict and leaving them feeling angry, frustrated, and that their privacy had been violated.

In WMCC Incident 188411, a newly hired staff member engaged in a prolonged verbal confrontation with a youth. Another staff member attempted to de-escalate the situation, but the staff member continued verbally provoking the youth, calling her "a bitch" and pushing her. The shift commander's audit minimized the staff member's role in escalating the confrontation, failing to identify or address the inappropriate staff conduct. In addition, a youth witness stated that the staff member smacked, slapped, and punched the youth. Despite this allegation, no incident report was completed and no required notifications were made following the youth's statement.

Youth at both facilities expressed that staff do not keep communication between staff and youth confidential. One youth remarked,

"Staff tell my personal business to other staff and kids."

Staffing Shortages and Staff Burnout

Despite these challenges, many girls identified staff members and supervisors who provided encouragement, guidance, and support. Nearly 70% of girls surveyed at LESCC and WMCC reported that there was at least one person at the facility whom they trusted.

Chronic staffing shortages, however, placed even experienced and dedicated staff at risk for burnout, injury, and fatigue. At WMCC, staffing shortages were compounded by the unsafe and chaotic conditions within the facility. At one point during the quarter, 17 staff members were on injury leave and an additional three were on personal medical leave. Staff were frequently drafted to work double shifts multiple times each week, while repeated assaults, mandatory overtime, and constant crisis response took both a physical and emotional toll on the workforce.

To maintain minimum staffing levels, DJS frequently reassigned staff from other facilities to work at WMCC. Many had limited or no experience working with girls, requiring them to supervise youth with complex trauma histories and behavioral health needs without the specialized knowledge or relationship-building skills necessary to provide effective gender-responsive care. Although these reassigned staff helped fill critical vacancies, they often entered an already strained environment without the preparation or support needed to be successful.

Girls also experienced the effects of staffing shortages directly. Several reported spending extended periods locked in their rooms during the morning while waiting for enough staff to report for duty. Others stated that there were too few staff available on weekends to provide adequate supervision, programming, or meaningful interaction.

Creating a safe, therapeutic environment requires more than filling vacant positions. It requires a stable, well-supported workforce equipped with the training, supervision, and leadership necessary to build healthy relationships, respond effectively to conflict, and provide consistent, gender-responsive care. Maryland has made a significant commitment to reducing the incarceration of girls. An equally important commitment to ensure that the girls who remain in custody are cared for by well-trained, well-supported staff working within a cohesive, accountable, and trauma-informed culture.

Restraints and Seclusion: When Safety Becomes Trauma

"They always bring males to restrain girls. That intimidates me. I got bad experiences with men. When they are aggressive with me, I get upset. They know it's my trigger, but they say the men are the only ones who know how to restrain."

"They pinch us, push us during restraints. They don't try to de-escalate, they just rough"

The true measure of a rehabilitative juvenile justice system is not how effectively it restrains young people during their worst moments. It is how effectively it helps them avoid reaching those moments in the first place.

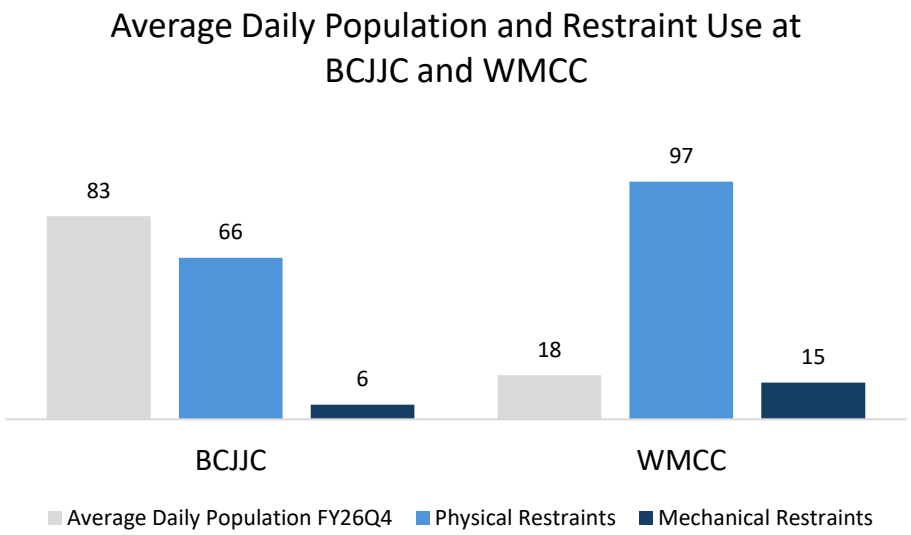
For many girls committed to DJS, physical restraint and room confinement are not experienced as isolated interventions designed to restore safety. Rather, they often become another traumatic event layered onto a lifetime of trauma. Throughout this review, OCO found that girls experiencing emotional or behavioral crises were frequently met with control-based responses before therapeutic interventions appeared to have been fully exhausted. Although DJS policies recognize restraint as an intervention of last resort, OCO's oversight activities identified recurring situations in which behavioral crises rapidly escalated into physical restraint, mechanical restraint, room confinement, or staff assistance responses.

These observations are based upon confidential youth surveys, interviews, site visits, video reviews, incident reports, photographic documentation, and discussions with youth, staff, behavioral health professionals, and facility leadership across Maryland's girls' facilities.

Girls Experience Restraints and Seclusion More Than Boys

Although WMCC housed substantially fewer youth than BCJJC (an all-boys detention center), girls at the facility experienced more physical restraints and more than twice as many mechanical restraints. During FY26 Q4, WMCC's average daily population was just 18 residents, compared with 83 at BCJJC. Even with a much smaller population, WMCC recorded 97 physical restraints compared with 66 at BCJJC, and 15 mechanical restraints compared with 6 at BCJJC.

The pattern extended beyond physical and mechanical restraints. During FY26 Q4, WMCC also recorded the highest number of seclusions of any DJS-operated facility, further raising concerns about the facility's reliance on control measures and the adequacy of leadership, staffing, training, programming, and the overall therapeutic environment.



Key Finding

WMCC averaged 18 girls during FY26 Q4, compared with 83 boys at BCJJC. Despite its substantially smaller population, WMCC recorded:

- **47% more physical restraints**
- **150% more mechanical restraints**
- **6.8 times more physical restraints per average daily resident**
- **11.5 times more mechanical restraints per average daily resident**

Girls frequently arrive carrying extraordinarily complex histories of trauma. National research consistently demonstrates that girls involved in juvenile justice have significantly higher rates of physical abuse, sexual abuse, trafficking, caregiver neglect, domestic violence, exploitation, community violence, and adverse childhood experiences. These experiences fundamentally alter the way many girls perceive safety, regulate emotions, respond to authority, and react during periods of heightened stress.

Consequently, behaviors that may initially appear defiant, oppositional, or disruptive are often manifestations of unresolved trauma, fear, anxiety, grief, or emotional dysregulation.

OCO's observations suggest that these underlying factors are not always fully recognized during behavioral crises.

Instead, girls described situations in which they felt unheard before physical interventions occurred. Many reported wanting someone to simply listen, allowing them time to calm down, or understand what had caused their emotional response.

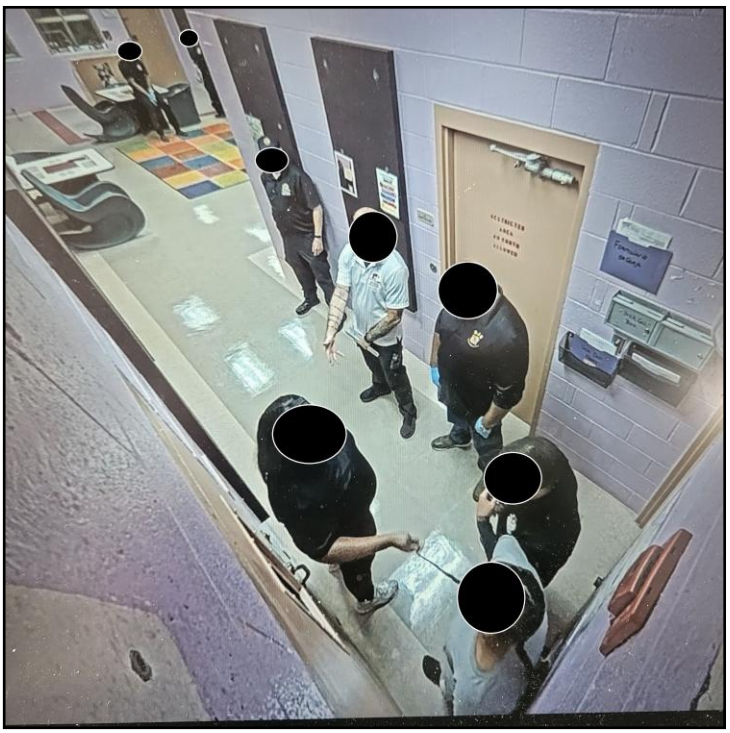
One girl summarized her experience by stating:

"It's hard to keep your cool here."

Another explained:

"There are staff assists ten times a day."

IR 188597 The incident began when the youth became upset and aggressive because she wanted to make a phone call, claiming her phone list is not working after 8:00pm



IR 187965 Following a verbal altercation in Classroom #3, this youth was being processed in the hallway. The youth became visibly upset, began yelling, and kicked over a trashcan.

Others reported being restrained despite believing they were not the aggressor.
These statements are significant because they suggest that crisis intervention has become normalized within some settings rather than remaining an extraordinary measure reserved only for situations involving imminent danger.

For girls whose histories often include repeated experiences of physical victimization, coercion, abandonment, and broken trust, restraint can reinforce existing trauma rather than interrupt it. OCO therefore believes restraint should never be evaluated solely by whether staff followed policy. It must also be examined through the lens of trauma informed care and whether the intervention promoted healing or contributed to further emotional harm.

Throughout this review, OCO found that the question was often not simply whether a restraint was justified.

The larger question was why so many girls were reaching the point where restraint became necessary at all.

Control Instead of Care

Throughout OCO's oversight of Maryland's girls' juvenile justice facilities, a consistent pattern emerged. Girls experiencing behavioral or emotional crises were frequently met with interventions designed to regain immediate control of the situation rather than interventions designed to understand and address the underlying causes of the crisis.

Behavioral incidents rarely occur in isolation. OCO observed that many crises were preceded by unresolved peer conflict, prolonged room confinement, limited programming, inconsistent staffing, emotional dysregulation, mental health concerns, sensory overload, or frustration stemming from unmet basic needs. Despite these contributing factors, many incidents quickly transitioned from verbal interactions to staff assistance responses involving multiple staff members, physical restraints, mechanical restraints, or room confinement.

While each incident reviewed by OCO presented unique circumstances, collectively they revealed a system that too often responds after a crisis has escalated rather than intervening early enough to prevent the escalation altogether.

Video reviews conducted by OCO documented several incidents in which girls were physically lifted from the floor, carried throughout housing units, or forcibly escorted to their rooms. In several instances, the methods used appeared inconsistent with the principles of Safe Crisis Management (SCM), which emphasizes de-escalation, the least restrictive intervention necessary, and protecting the dignity and safety of the youth.

One incident reviewed by OCO involved the former Assistant Superintendent of the Western Maryland Children's Center (WMCC), who has since separated from the Department of Services. During the incident, video footage showed the youth being physically lifted completely off her feet while staff attempted to place her into her room during a behavioral crisis. OCO's review raised concerns regarding the level of force used, whether less restrictive alternatives had been fully exhausted, and whether the intervention reflected the trauma informed principles expected when responding to girls experiencing emotional distress.

IR 188605 Assistant Superintendent was called to C-pod to address an issue with youth, who was upset because another youth had locked her in her room.

Despite attempts to de-escalate the situation, the youth did not calm down.

OCO also observed repeated instances where girls were physically carried through housing units while actively resisting staff. Although staff often acted with the intent of restoring order and protecting safety, these interventions frequently resulted in highly emotional encounters that appeared to increase, rather than reduce, the youth's level of distress. For girls with extensive trauma histories, being physically overpowered by multiple adults may mirror previous experiences of victimization and loss of control.

Equally concerning was the frequency with which physical interventions appeared to become the primary method for resolving behavioral incidents involving youth with significant mental health needs, developmental disabilities, or autism spectrum disorder. These young people often require individualized therapeutic approaches that emphasize emotional regulation, sensory support, relationship building, and patience. Instead, OCO observed multiple situations in which behaviors associated with trauma or developmental disabilities escalated into physical interventions without clear evidence that specialized de-escalation strategies had been consistently implemented beforehand.

IR 188565 The incident began when this youth refused multiple directives to walk to her unit for shower time.

OCO recognizes that staff frequently supervise youth with extraordinarily complex behavioral needs under challenging operational conditions. Many staff members demonstrated professionalism, compassion, and remarkable patience while attempting to maintain safety. However, the recurring nature of these incidents suggests that individual staff efforts alone cannot overcome broader systemic deficiencies. The consistent reliance on physical interventions reflects larger issues involving staffing, specialized training, behavioral health resources, and the availability of therapeutic alternatives.

The question before DJS is therefore not simply whether staff are capable of safely performing restraints.

The more important question is whether girls are receiving trauma informed care, clinical support, and individualized interventions necessary to prevent so many restraints from occurring in the first place.

IR 188577 This youth became upset and aggressive toward another youth. Staff intervened, and this youth was placed in a physical restraint. The restraint involved an upper torso cross-arm hold.

IR 188555 The youth was lifted off her feet placed in an upper torso cross-arm restraint and secured in the bullpen.

When Intervention Results in Injury

The use of physical restraint is intended to protect youth and staff from imminent harm. However, OCO's review found that even when restraints are initiated for legitimate safety reasons, the manner in which crises are managed can itself result in preventable injuries, additional trauma, and diminished trust between youth and staff.

Throughout the review period, OCO documented multiple incidents in which girls sustained physical injuries during behavioral interventions. Although each event occurred under different circumstances, together they illustrate the significant risks associated with allowing behavioral crises to escalate into physical confrontations.

Several of these injuries involved girls whose hands or fingers became caught in room doors while staff attempted to manage escalating situations.

In incident 188552 OCO reviewed through video footage and investigative records, a youth required transport to a local emergency department after suffering injuries to her fingers during an attempt to keep her from opening the shower door. Video reviewed by OCO showed staff maintaining control of the door while the youth continued attempting to open. Although OCO

does not conclude that staff intentionally caused the injury, the incident demonstrates how quickly physical interventions can produce unintended but serious consequences.

During an OCO site visit, another girl displayed visible bruising and swelling to her hand after reporting that her fingers had been smashed in a door during a staff response to incident 188354. OCO photographed the injuries and learned that the youth was requesting a replacement finger splint after her original splint had been damaged during a subsequent altercation.

Bruised Finger

These injuries are not simply isolated accidents.

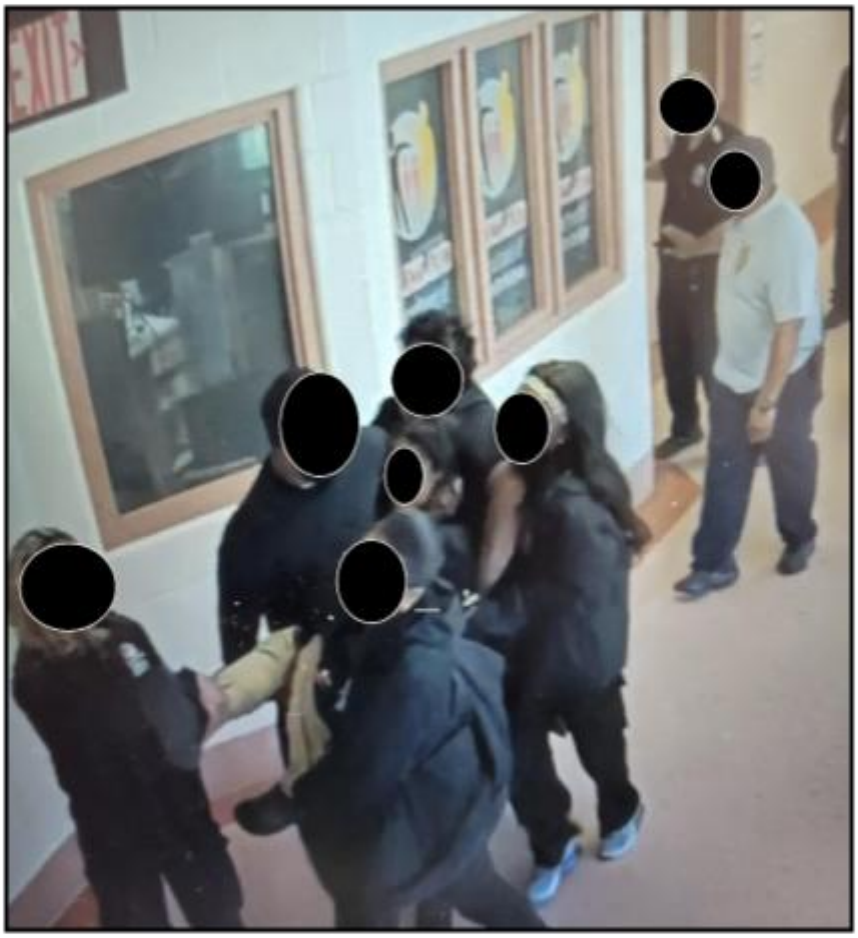
They demonstrate how rapidly behavioral crises can escalate into situations where young people experience physical harm while staff attempt to regain control of the environment.

The consequences of these incidents extend beyond the immediate injuries themselves.

For many girls in DJS, physical contact with adults has historically been associated with abuse, victimization, coercion, or violence. Consequently, even well-intentioned physical interventions may reinforce previous traumatic experiences, increasing distrust of staff and making future de-escalation efforts even more difficult.

OCO also reviewed incidents involving youth being physically lifted off the floor and forcibly placed into their rooms while visibly crying or resisting. Several of these transports appeared inconsistent with the principles underlying Safe Crisis Management, which emphasizes the least restrictive intervention necessary while preserving the dignity and safety of the youth.

IR 187965 After the youth made threats and attempted to assault staff, a multi-person restraint was initiated. The youth was escorted to her room



OCO learned of incidents in which girls remained secured in mechanical restraints while sitting or lying on the floor of their rooms following behavioral incidents. In several instances, youth could be observed crying while still restrained. Although mechanical restraints may occasionally be necessary to maintain immediate safety, OCO remains concerned that prolonged reliance on these interventions may unintentionally reinforce feelings of fear, helplessness, humiliation, and loss of control, particularly among girls with extensive trauma histories.

OCO recognizes that staff frequently make difficult decisions during rapidly evolving situations where immediate action is necessary to maintain safety. Many staff members demonstrated professionalism, compassion, and genuine concern for the youth entrusted to their care. Nevertheless, OCO believes these incidents highlight the importance of strengthening prevention strategies that reduce the likelihood of crises escalating to the point where physical intervention becomes necessary.

Every injury documented during this review represents more than a policy concern.

It represents a missed opportunity.

- An opportunity to slow the situation down.
- An opportunity to better understand the youth's emotional state.
- An opportunity to utilize trauma informed interventions before physical force became necessary.

Most importantly, it represents another reminder that protecting safety requires more than successfully completing a restraint. It requires creating an environment where fewer restraints become necessary in the first place.

IR 189261 The Quiet Room

Trauma Cannot Be Restrained Away

Perhaps the most concerning finding throughout OCO's review was not simply the frequency with which restraints occurred, but the characteristics of the girls who were repeatedly subjected to them.

Many of the girls involved in repeated physical interventions were not simply exhibiting behavioral challenges. They were young people with extensive histories of trauma, significant mental health needs, developmental disabilities, autism spectrum disorder, suicidal ideation, self-

injurious behaviors, or complex emotional disorders. Their behaviors frequently reflected profound emotional distress rather than deliberate acts of aggression.

OCO found that these girls often required specialized therapeutic interventions that exceeded what WMCC and LESCC were equipped to consistently provide.

Throughout OCO's oversight, concerns repeatedly emerged regarding whether existing staffing models, behavioral health resources, and crisis intervention practices were sufficient to safely care for girls presenting with such significant clinical needs.

For these girls, behavioral crises should not be viewed solely as disciplinary events.

They are clinical events.

They are opportunities to identify trauma triggers, provide emotional regulation, strengthen therapeutic relationships, and interrupt the cycle of repeated crises.

Unfortunately, OCO observed that these opportunities were not always fully realized.

Girls with Developmental Disabilities

One of the clearest examples involved a girl with a developmental disability whose needs highlighted significant gaps within the current system.

OCO reviewed multiple incidents involving this youth, including video footage, behavioral health documentation, safety planning records, and facility observations.

During one incident, the youth was placed inside the facility's quiet room while secured in mechanical restraints.

Although the room was intended to function as a calming environment, it contained few of the therapeutic features commonly associated with sensory regulation for youth with autism or developmental disabilities. Rather than serving as a sensory calming space, the room more closely resembled a traditional secure room.

More concerning, OCO observed periods during which the youth remained restrained while the assigned staff member was no longer continuously present. Although facility staff had developed a safety plan directing increased supervision during periods of heightened risk, OCO found limited documentation demonstrating that individualized sensory supports, autism specific de-escalation techniques, or structured therapeutic interventions had been consistently implemented before the situation escalated into restraint.

This youth guarded care plan referenced direct care staff must remove or secure sharp objects, monitor access to harmful items, conduct safety checks, increase supervision during high-risk periods, and ensure access to sensory tools. However, OCO recommended that facilities strengthen documentation demonstrating when these interventions were attempted and whether they were effective in preventing future crises.

Some developmental disabilities present unique challenges that cannot be addressed solely through traditional correctional responses.

Many youth experience heightened sensory sensitivity, communication differences, difficulty processing unexpected changes, and emotional dysregulation during periods of stress. Behaviors that appear oppositional may instead reflect sensory overload, anxiety, confusion, or an inability to effectively communicate distress.

These youth require patience, predictability, structured routines, individualized sensory supports, and staff specifically trained in autism informed care.

Without those interventions, the likelihood of repeated crises increases substantially.

Repeated Restraints Are a Clinical Warning Sign

OCO's review also identified girls whose repeated involvement in restraints reflected far more than isolated behavioral incidents.

At LESCC, OCO reviewed the experience of one young person who, between March 5 and June 30, 2026, was involved in approximately ninety-eight documented incident reports.

Approximately fifty-two of those incidents involved physical restraints.

During this same period, the youth also experienced repeated suicidal ideation, self-harming behaviors, and significant emotional crises.

Self-harm

While staff responded to each incident individually, the cumulative pattern raises broader concerns regarding whether the existing treatment model effectively addressed the underlying causes of repeated behavioral escalations.

When one young person requires physical restraint dozens of times over a relatively short period, OCO believes the conversation must move beyond whether individual staff followed policy.

The more important question becomes whether the youth's clinical needs are being effectively treated.

Repeated restraint should never become the primary behavioral intervention for a child experiencing significant psychological distress.

Instead, repeated restraints should prompt comprehensive clinical reassessment, multidisciplinary review, individualized behavioral planning, and consideration of whether the current placement remains appropriate for the youth's level of need.

Behavioral Acuity Continues to Increase

Behavioral health professionals, facility leadership, and OCO observations consistently identified an increase in the clinical acuity of girls committed to DJS.

Many girls entering secure care today present with multiple co-occurring conditions, including trauma related disorders, anxiety, depression, post-traumatic stress disorder, substance use disorders, developmental disabilities, suicidal ideation, and histories of commercial sexual exploitation.

These are not isolated diagnoses.

- They interact with one another.
- They influence how girls experience stress.
- They influence how they respond to correctional environments.
- They influence how they respond when adults attempt to control their behavior during moments of emotional crisis.

OCO believes these changing needs require corresponding changes in how DJS responds to girls in custody.

Correctional models designed primarily around compliance and behavioral control cannot fully meet the needs of a population whose greatest challenges often stem from trauma, grief, fear, and untreated behavioral health conditions.

IR 189261

IR 189261

A Therapeutic Environment Must Feel Different

Throughout OCO's site visits, girls repeatedly described wanting adults who would slow situations down rather than immediately taking control of them.

- Many wanted to explain why they were upset.
- Others wanted space to calm themselves.
- Several simply wanted someone to listen.

Those responses are consistent with nationally recognized trauma informed practices.

Girls who have experienced significant trauma are more likely to respond positively to consistent relationships, emotional validation, structured coping strategies, restorative conversations, sensory regulation, and therapeutic engagement than to increasingly restrictive interventions.

The goal should be help the young person understand the behavior, develop healthier coping strategies, and reduce the likelihood that the behavior will occur again.

Conclusion

The findings presented throughout this chapter demonstrate that the use of restraints and seclusion within DJS facilities cannot be understood solely through the review of individual incidents or compliance with departmental policy. Rather, OCO found that physical interventions often occurred within a broader environment shaped by significant trauma histories, behavioral health needs, staffing shortages, interrupted programming, limited restorative practices, and operational challenges that increased the likelihood of behavioral crises.

OCO met girls whose lives had been shaped by circumstances long before they entered the custody of DJS. Many described childhoods marked by abuse, neglect, violence, exploitation, unstable housing, family disruption, and untreated mental health needs. Their behaviors often reflected those experiences.

Yet despite these profound histories, OCO also encountered remarkable resilience.

The girls spoke about becoming nurses, lawyers, cosmetologists, counselors, entrepreneurs, artists, mothers, and advocates. They described themselves as caring, intelligent, funny, loyal, creative, and determined. They spoke about wanting structure, accountability, and opportunities to succeed. Above all, they repeatedly expressed a desire to be understood.

These aspirations stand in stark contrast to the environments many described during this review.

Instead of consistently experiencing therapeutic intervention, girls frequently described repeated behavioral crises, prolonged room confinement, inconsistent programming, limited recreation, interrupted education, delayed access to services, and responses that focused primarily on controlling behavior rather than understanding the circumstances contributing to their emotional distress.

Throughout this review, OCO observed numerous staff members who demonstrated professionalism, patience, compassion, and a sincere commitment to helping the girls in their care. These staff members represent the foundation upon which meaningful reform can be built.

However, dedicated staff alone cannot overcome systemic deficiencies.

When facilities operate with chronic staffing shortages, increasing behavioral health acuity, limited specialized resources, and insufficient access to gender responsive programming, staff are frequently required to manage situations for which the existing system is not fully equipped. The result is that physical intervention too often becomes the response to problems that might otherwise have been prevented through earlier therapeutic engagement.
OCO does not suggest that restraints should never occur. There will always be situations in which immediate intervention is necessary to protect youth or staff from imminent harm.

Rather, OCO's concern is that too many girls are reaching those moments.

OCO recommends that every restraint should prompt more than a review of whether policy was followed.

It should prompt the question:

- What happened before this young person reached a point where physical intervention became necessary?
- Was her trauma recognized?
- Were her mental health needs addressed?
- Were restorative strategies attempted?
- Did she have meaningful programming?
- Did staffing levels allow for individualized intervention?
- Did she have access to an environment designed to calm rather than intensify emotional distress?

These are the questions that define a rehabilitative juvenile justice system.

Throughout this review, OCO also observed opportunities to improve the physical environment utilized during and immediately following behavioral crises. One such opportunity involves the redesign of “the quiet room."

While quiet rooms are intended to provide youth with an opportunity to safely regain emotional control, OCO observed that existing space often resemble secure holding room rather than a therapeutic environment. For girls with extensive histories of trauma, developmental disabilities, anxiety disorders, or other behavioral health conditions, the physical environment itself can either contribute to emotional regulation or further intensify distress.

OCO believes this room should be reimagined as therapeutic sensory spaces that promote emotional regulation while maintaining institutional safety and security. Incorporating calming colors, soft but secure furnishings, sensory appropriate materials, therapeutic wall graphics, nature inspired imagery, adjustable lighting where feasible, and other evidence-based design elements can help reduce anxiety, support self-regulation, and decrease the likelihood that behavioral crises continue escalating.

To illustrate this concept, OCO has included a conceptual rendering demonstrating how a traditional quiet room could be transformed into a more calming, trauma-informed therapeutic environment. The rendering is not intended as a required design specification, but rather as an example of how evidence based environmental design can support rehabilitation while maintaining safety within a secure juvenile facility.

Conceptual Rendering of a Trauma Informed Quiet Room

Reducing restraints is not simply a matter of improving restraint techniques.

- It requires strengthening trauma informed care.
- It requires expanding behavioral health services.
- It requires increasing access to specialized services for girls with developmental disabilities and complex trauma.
- It requires investing in gender responsive programming.
- It requires strengthening restorative practices.
- It requires stable staffing levels supported by specialized training that recognizes the unique pathways girls take into the juvenile justice system.

Most importantly, it requires a cultural commitment to viewing every behavioral crisis not merely as misconduct requiring correction, but as an opportunity for intervention, healing, and growth.

For many girls, the juvenile justice system represents one of the last opportunities for meaningful intervention before adulthood.

DJS therefore faces a profound responsibility.

The question is not simply whether these girls leave custody having completed their obligation to the court.

The question is whether they leave believing they are safer, healthier, more hopeful, and better prepared to succeed than when they arrived.

That is the standard by which rehabilitation should ultimately be measured.

> *"Male staff like to show off and are too friendly. I get weird vibes from them. I am uncomfortable with males on the pod."*
>
> – Survey comment from a girl at WMCC in response to whether she felt safe from staff at the facility.

Girls in the juvenile justice system experience substantially higher rates of sexual victimization than boys. Studies suggest that as many as 80 percent of justice-involved girls have experienced sexual abuse before entering custody. These histories make it essential that juvenile justice staff maintain clear professional boundaries and foster an environment where girls feel physically and emotionally safe.

Incarceration, however, can create new risks. The presence of male staff who exercise authority over girls' care and daily lives creates inherent power imbalances that can provide opportunities for grooming and exploitation. Grooming behaviors are often subtle and develop over time. They frequently go unreported. They may include excessive attention toward particular girls, inappropriate personal disclosures, favoritism, providing special privileges or gifts such as extra snacks, exchanging personal contact information, or seeking relationships outside normal professional boundaries.

There are multiple documented incidents involving inappropriate staff relationships, sexual misconduct, and boundary violations involving girls in custody. The examples below illustrate both the vulnerability of girls and the importance of maintaining strong safeguards and prompt reporting when concerns arise.

- In 2017, a male staff at a DJS-operated hardware secure placement center (Carter) was indicated for child sex abuse and criminally charged with sex-related offenses stemming from an incident involving a girl placed at Carter who had earned a community home pass during the Thanksgiving holiday. A male staffer who worked at Carter allegedly picked the girl up at a DJS office, posing as her father, and drove her to a hotel and had sex with her. The girl returned to the facility without incident and did not report the sexual contact with the staffer to any staff at the facility. The incident came to light when another youth at the facility who had learned of what happened disclosed the incident to her therapist (Incident 148749). Between August and October 2017, the same staffer had been the subject of four other internal investigations conducted by DJS OIG for inappropriate behavior with youth. These investigations were inconclusive.

- In 2021, a 14-year-old girl reported to a detention intake officer that while home, she was picked up by a male staffer that she met while detained at a previous detention center (Lower Eastern Shore Children's Center) and brought to his home. Once there, the girl reported that the staffer took off her clothes and forced her to have sex with him (Incident 168402). The staffer was convicted of a third degree sex offense.

- In May 2025, the father of a girl formerly incarcerated girl at LESCC contacted DJS after discovering that a former staff member had continued communicating with his daughter following her release. The father provided investigators with screenshots of text

messages between the staff member and the girl, which included nude photographs the girl had sent to the staff member. The staff member was terminated, and the matter was referred to the Maryland State Police for criminal investigation. The state police did not pursue criminal charges against the staffer.

While the preceding incidents involved alleged criminal sexual misconduct by staff, other cases demonstrate failures to follow established reporting requirements and operational safeguards designed to prevent abuse and ensure allegations are promptly reported and investigated.

- On May 4, 2025, a girl reported to the Ombudsman that she felt uncomfortable in the presence of a male staff member at a previous detention center (Lower Eastern Shore Children's Center). She explained that she was reporting her experience to the Ombudsman because she believed the facility had not adequately responded after she reported her concerns to facility staff. She alleged that the staff member had discussed sexual histories with another girl, talked about how long he had been celibate, watched the peer getting undressed during shower time, and gave the peer his contact information so they could meet after she left the facility. The girl reported her concerns to a case manager, who informed facility administration. The girl reported that she felt the facility didn't take her concerns seriously.

  Administration failed to follow PREA reporting protocols and did not notify the Department's investigation unit (Office of the Inspector General [OIG]) as required. The allegations were brought to OIG's attention only after they were reported by the Ombudsman, at which point OIG initiated a formal investigation.

- During site visits this quarter, male staffers were observed supervising girls during shower time at WMCC and several girls reported feeling uncomfortable with male staff "running showers." The situation continued to occur despite OCO repeatedly raising concerns with facility administration and despite the practice violating established shower supervision protocols.

For many girls, juvenile justice facilities are not the first settings in which adults have used authority, trust, or affection to exploit them. Juvenile justice facilities therefore carry a heightened responsibility to ensure that girls never experience further sexual exploitation while in DJS custody. Policies requiring professional boundaries, mandatory reporting, and appropriate supervision are critical safeguards, but they protect girls only when they are consistently followed and rigorously enforced. Creating a safe environment requires staff who understand the dynamics of grooming, supervisors who respond immediately to concerns, and leadership that holds employees accountable for maintaining appropriate boundaries. Such efforts are essential not only to preventing abuse, but also to creating the sense of safety and trust necessary for girls to heal, build healthy relationships, and successfully return to their families and communities.

Medical Care: When Pain Waits

A young person's pain does not become less urgent because she enters a secure facility. If anything, the Department's responsibility to recognize, respond to, and relieve that pain becomes greater.

For girls in custody of DJS, access to medical care is not optional. DJS assumes responsibility for responding to illness, injury, chronic medical conditions, medication needs, reproductive health concerns, and medical emergencies while youth are unable to independently seek care.

Throughout this review, OCO identified dedicated nurses and medical professionals who provided meaningful care to girls in DJS custody. At LESCC, for example, medical staff reportedly identified hearing loss that had not previously been addressed and helped a girl obtain hearing aids. This demonstrates the important role secure care can play in identifying and treating health needs that may have gone unnoticed in the community.

However, OCO also identified recurring concerns at WMCC involving delayed responses to medical requests, missed or delayed medications, barriers to as-needed medication, inadequate follow-up after injuries, limited menstrual-health resources, and operational practices that sometimes allowed routine health needs to escalate into grievances or behavioral incidents.

For many of the girls who spoke with OCO, the defining feature of medical care was not always whether help eventually arrived.

It was the waiting.

Waiting for a nurse to respond.

- Waiting for prescribed medication.
- Waiting for an inhaler.
- Waiting while injured.
- Waiting for menstrual pain relief.
- Waiting for permission to shower after exposure to bodily fluids.
- Waiting to determine whether staff believed that the pain was real.

These experiences raise an essential question: when a girl says she is hurting, how quickly and compassionately does the system respond?

Delayed Access to Medical Care

A recurring concern throughout OCO's review was the length of time some girls reportedly waited before receiving medical attention.

Incident 189346 illustrates this concern. At approximately 6:30 p.m. on July 6, 2026, a youth on C-Pod reported an injury to her finger. After the unit was secured, residential staff requested a rover to escort her to medical and were told to stand by. According to the incident report, no one arrived to complete the medical escort.

The youth's group was later moved to the gym. Medical staff eventually came to the gym to administer medications to other youth. Residential staff then reminded the injured youth to approach the nurse regarding her finger. The nurse briefly examined the injury and provided a topical cream that the youth described as smelling like a muscle-pain product. She was reportedly told that the cream would stop the pain and that she would be fine.

This event raises several questions. Why was the initial request for a medical escort not completed? Was the finger sufficiently examined to rule out a fracture, sprain, infection, or other injury? Was the assessment documented? Was follow-up care scheduled? The incident reflects how operational barriers can delay medical access even after staff appropriately identify and report an injury.

OCO received similar concerns during site visits and through grievances. On June 24, 2026, one youth reported that she was not evaluated by medical staff after a staff-assistance incident and was instead immediately confined to her room. OCO requested the associated incident report and video from the B-Pod response at approximately 7:02 p.m.

During another site visit, a youth reported that she had submitted a sick-call request regarding blurred vision but was not seen, even though a physician had reportedly been present at the facility. Other girls described medical staff as taking too long to respond, not answering calls, or failing to see them after sick-call requests were submitted.

These reports do not establish that every medical request was neglected. They do, however, demonstrate a persistent perception among girls that access to care was uncertain and often depended upon whether residential staff, a rover, or medical personnel were immediately available.

In a secure facility, youth cannot independently call a doctor, visit an urgent-care center, retrieve medication, or ask a parent to take them to an appointment. They are completely dependent upon the institution. Any breakdown between the youth's request, the residential staff response, transportation to medical, and the clinical evaluation can leave a girl waiting in pain with no alternative means of obtaining care.

Medication Administration and Access to Prescribed Treatment

Medication administration is one of the clearest areas in which institutional reliability directly affects health and safety.

OCO received information that staffing shortages and operational disruptions sometimes delayed medication administration or prevented youth from receiving medication as scheduled. On May 7, 2026, one girl reportedly did not receive her medication amid significant disruptions at WMCC. Youth also repeatedly reported delays in obtaining PRN medications.

During OCO's July 1, 2026 joint site visit to WMCC, a youth stated that she had been denied access to her asthma inhaler. OCO spoke with medical staff and confirmed that the youth had an active PRN order permitting access to the inhaler. Medical personnel stated that they did not know why access had reportedly been denied.

An asthma inhaler is not a privilege or an incentive. When medically authorized, it must be accessible based on clinical need. Delays created by communication failures between medical and residential staff can expose youth to preventable risk.

Another example involved a youth who took sleep medication and reported difficulty accessing showers before the medication caused drowsiness. A grievance filed April 20, 2026, resulted in an adjusted schedule allowing youth taking sleep medication to shower earlier. Related concerns continued to be reported involving shower schedules, pod separation, and the need to complete hygiene routines before bedtime.

This resolution demonstrates that relatively simple operational adjustments can accommodate medical needs. It also shows why treatment plans and medication-related accommodations must be clearly communicated across shifts.

OCO previously identified similar communication concerns involving a lactating youth who required access to pumping outside routine hours. Staff awareness of the applicable Health Service Alert was inconsistent. OCO recommended that health alerts be reviewed during muster and shift change, that staff acknowledge them through a documented sign-off process, and that supervisors audit whether required accommodations are actually provided.

A prescribed medication, PRN order, or Health Service Alert has little value if the staff responsible for implementing it are unaware of it or do not act upon it. DJS should ensure that medical instructions follow the youth across shifts, housing assignments, and staffing changes without requiring the youth to repeatedly prove or explain an established medical need.

Medical Care Following Restraints and Physical Incidents

Medical care is particularly important after a restraint, staff-assistance response, altercation, or other events involving physical force.

A youth alleged that during a restraint on May 19, 2026, staff placed pressure on her neck and back while she stated that she could not breathe. She also alleged that her arm was twisted during transport to her room. Medical personnel later came to her door and photographed her, but the youth reported that she did not receive a complete physical evaluation. She complained of back and arm pain but declined further attention at that time. The allegations were referred to the appropriate investigative agencies.

Regardless of the ultimate investigative findings, a youth's statement that she cannot breathe during a restraint should trigger immediate safety attention and a thorough post-incident medical assessment. Photographing a youth is not a substitute for evaluating breathing, circulation, range of motion, pain, swelling, neurological symptoms, and other possible injuries.

OCO documented other injuries associated with behavioral incidents. On May 18, 2026, a youth sustained a serious finger injury involving a C-Pod shower door and required emergency-room

treatment. During a May 14, 2026 site visit, OCO observed and photographed visible bruising and injury to another youth's hand after she reported that her fingers had been caught in a door. She requested a replacement splint and also requested an ankle brace, which she stated medical staff had declined to provide.

Another youth requested evaluation for continuing wrist discomfort related to a prior gunshot injury. These requests required more than immediate pain relief. They required assessment, documentation, appropriate medical equipment, and follow-up to determine whether symptoms were worsening or whether an outside specialist was needed.

OCO also reviewed incidents involving self-inflicted injuries. Incident 186736 involved self-harm during school following an alleged delay in medical response. Incident 186696 involved wrist cutting and further escalation after medical clearance. These incidents are addressed more fully in the Mental and Behavioral Health chapter, but they also raise medical questions about wound care, reassessment, and continuity of safety planning after a youth returns from medical.

Medical clearance should not become the end of institutional responsibility. Following an injury or self-harm event, the youth may require wound care, pain management, observation, equipment, follow-up assessment, and communication among medical, behavioral health, and residential staff. A brief evaluation that clears a youth to return to the unit does not necessarily resolve the underlying health concern.

Girls' Health Needs Require Gender-Responsive Care

Medical care in girls' facilities must account for reproductive health, menstruation, pregnancy, and postpartum and lactation needs.

Menstrual pain was a recurring concern for girls. During a March 18, 2026 visit, a girl requested a hot-water bag for menstrual cramps. Nursing personnel stated that the facility's hot-water bags were either already in use, broken, or otherwise unavailable. During a later visit, medical staff again reported that the available bags had ruptured and that none were available for the girls.

Girls also reported waiting extended periods for over-the-counter pain relief. One survey respondent stated that she was in severe pain from menstrual cramps and waited approximately three days for Motrin.

These concerns demonstrate that menstrual care cannot be reduced to merely supplying pads. Gender-responsive care requires timely access to appropriate pain management, heating devices or safe alternatives, and staff who treat menstrual discomfort as a legitimate health concern.

Medical Needs of Pregnant, Postpartum, and Lactating Youth

OCO also identified concerns involving lactation accommodations. In a prior case, a nursing youth reportedly experienced barriers to pumping outside routine hours. Delayed pumping can cause significant pain and may lead to engorgement, blocked ducts, infection, and reduced milk supply.

DJS should maintain clear protocols addressing:

- access to breast pumps;
- private and sanitary pumping areas;
- frequency and timing of pumping;
- safe storage and handling of expressed milk;
- nighttime and weekend access; and
- staff awareness of applicable Health Service Alerts.

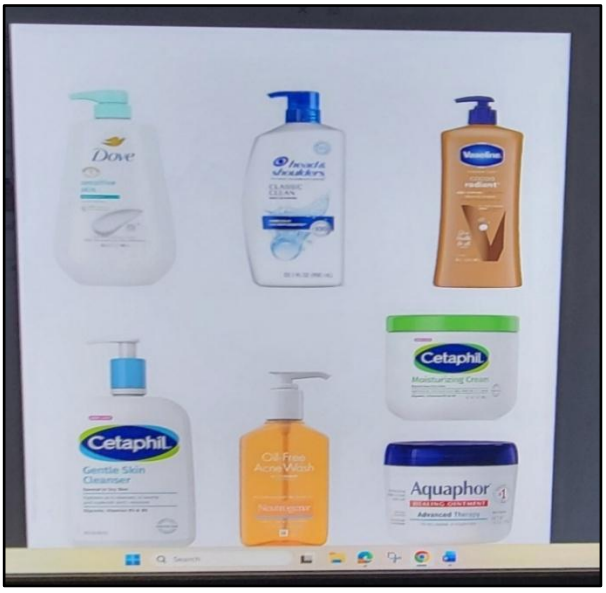
Girls should not have to repeatedly negotiate for medically necessary reproductive-health accommodations.

Medical Supplies, Sensitive-Skin Products, and Basic Relief

OCO also found that the availability of basic medical supplies was inconsistent.

During a site visit on March 18, 2026, two girls requested sensitive-skin soap. Nursing leadership confirmed that the facility's approved sensitive product was unavailable and that only regular soap remained in inventory. Although soap may also be addressed in the Hygiene and Grooming chapter, the absence of medically recommended products is a healthcare concern when youth have sensitive skin, allergies, dermatitis, or other documented conditions.

A secure facility should have reliable inventory controls for basic medical and supportive supplies, including:



- sensitive-skin soap;
- menstrual pain-relief options;
- hot-water bags or approved alternatives;
- braces and splints;
- wound-care supplies;
- inhalers and other PRN medications;
- sanitary products; and
- items required under medical orders.

Youth should not lose access to necessary treatment simply because an item is broken, out of stock, or unavailable on a particular shift.

The Absence of a Dedicated Infirmary at WMCC

OCO's review also raises concerns about the lack of a dedicated infirmary at WMCC.

Without an appropriate clinical housing area, the facility may have limited ability to separate a sick youth from the general population, provide extended medical observation, accommodate recovery after hospital treatment, manage contagious symptoms, or provide privacy during illness.

The absence of an infirmary also places greater responsibility on housing-unit staff, who may be expected to supervise medically vulnerable youth while simultaneously managing general unit operations. This can blur the line between clinical care and custodial supervision.

OCO recommends that DJS assess whether WMCC's existing medical space is sufficient for the size and acuity of the population. If a full infirmary is not immediately feasible, the Department should identify a safe and clinically appropriate alternative for temporary observation, isolation when medically necessary, and post-hospital recovery.

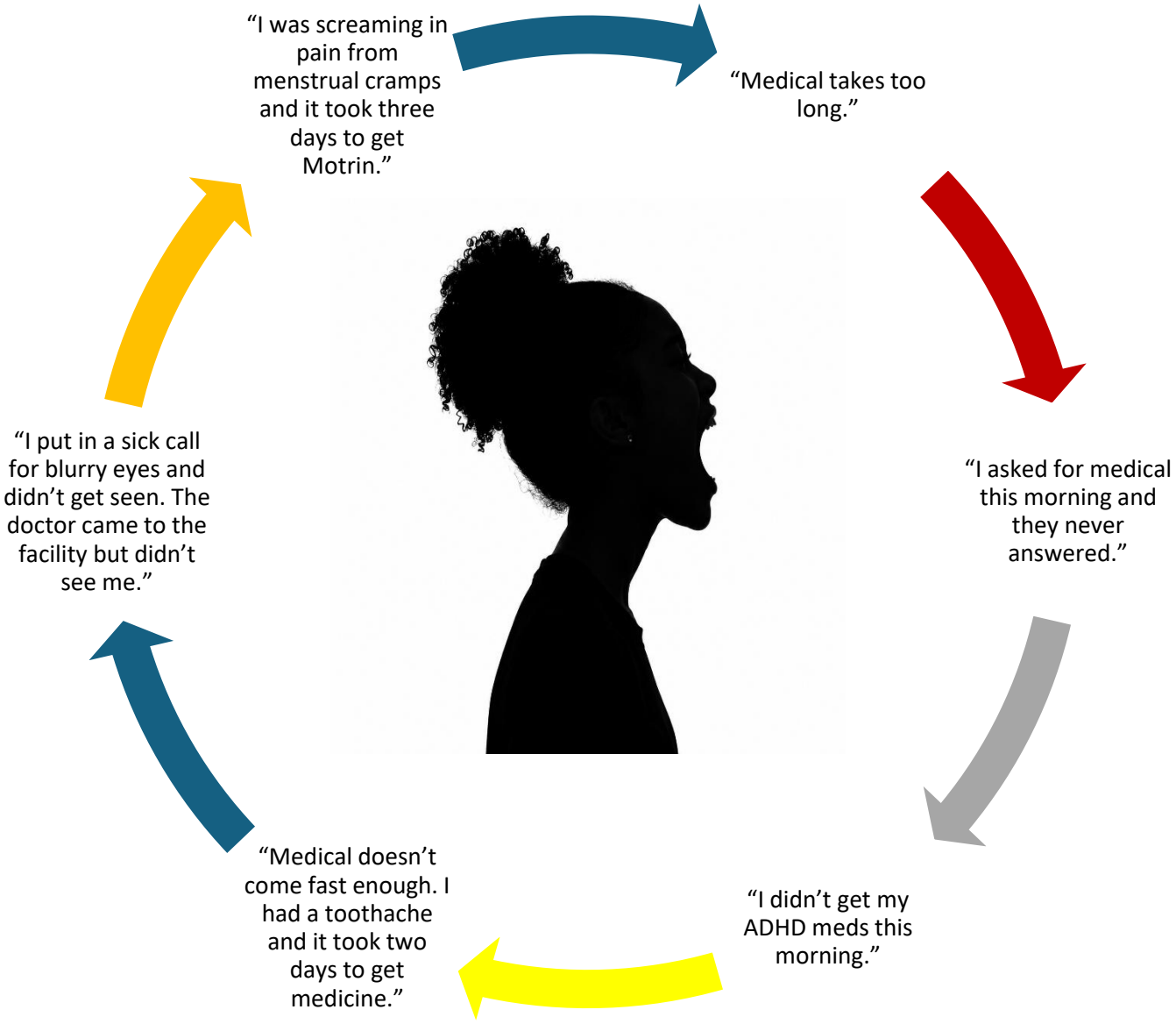
Medical Care at LESCC

The information reviewed by OCO reflected fewer complaints about physical medical services at LESCC than at WMCC. Available information included the previously discussed example of effective care. Medical staff reportedly identified hearing loss in a girl whose condition had previously gone unrecognized and helped facilitate access to hearing aids. This intervention likely affected not only her health but also her education, communication, safety, and ability to participate meaningfully in programming.

OCO also reviewed Incident 187831, involving an allegation that a direct-care supervisor forcibly administered midday medication to a youth at the medical window on March 26, 2026. The youth denied that she was forced and stated that those involved had been playing. The incident reinforces the importance of adhering to policies relating to medication administration and maintaining clear professional boundaries so that routine interactions cannot reasonably be interpreted as coercive or unsafe.

What the Girls Told OCO

The girls' own words provide the clearest account of how medical access was experienced:



These statements do not mean that every medical interaction was inadequate. They do show that too many girls experienced care as delayed, inconsistent, or difficult to access.

For a young person in custody, waiting carries a different meaning. She cannot leave. She cannot call her parents to bring medication. She cannot schedule another provider. She cannot choose an urgent-care center.

She must wait for the system to believe her and respond.

OCO found that many medical concerns were connected to conditions outside the medical department itself. Staffing shortages delayed movement. Pod separation complicated shower schedules. Communication failures affected access to PRN medication. Missing equipment limited pain relief. Behavioral incidents interfered with medical evaluations. Youth were sometimes returned to their rooms before follow-up could occur.

Improving medical care therefore requires more than adding clinical staff. It requires a coordinated system in which residential staff, supervisors, nurses, physicians, and leadership share responsibility for ensuring that medical requests reach the appropriate provider without unnecessary delay.

- The medical department cannot provide timely care if a youth cannot get to the medical department.

- A prescription cannot protect a child if residential staff do not know it exists.

- A Health Service Alert cannot create an accommodation if it is not reviewed across shifts.

- A medical assessment cannot be complete if follow-up care is lost after the youth returns to her unit.

Conclusion

The girls' experiences demonstrate that medical care within a secure facility must be evaluated not only by whether treatment was eventually provided, but by whether it was timely, clinically appropriate, adequately documented, and delivered with dignity.

Many concerns identified during this review involved routine needs that should have been addressed before they became grievances or behavioral confrontations. A girl should not have to escalate her behavior to receive attention for an injury. She should not have to repeatedly ask for an inhaler already authorized by medical staff. She should not wait days for relief from menstrual pain. She should not remain exposed to bodily fluids because staffing limitations delay access to a shower. She should not lose access to prescribed accommodation because the next shift was unaware of it.

DJS has an opportunity to transform medical care in girls' facilities by strengthening response times, medication controls, communication systems, reproductive-health accommodations, post-restraint evaluations, medical inventory, and continuity of care.

When a girl says she is hurting, the system should not require her to become louder, more distressed, or more disruptive before someone responds.

Pain should not have to become a crisis in order to be believed.

Education in a juvenile facility should do more than occupy time. It should preserve opportunity, restore confidence, and help young people imagine a future beyond confinement.

For girls confined by DJS school may be their most consistent connection to the life they hope to return to. It is where credits are earned, graduation plans are developed, abilities are discovered, and young people are reminded that their present circumstances do not define the limits of their future.

OCO identified educators at WMCC and LESCC who continued to provide instruction under difficult conditions. OCO observed student work, individualized academic planning, creative projects, and efforts to recognize achievement. Girls participated in academic competitions, completed thoughtful personal projects, and celebrated educational milestones.

At the same time, OCO found that education for girls remains vulnerable to residential staffing shortages, delayed movement, peer conflict, classroom safety incidents, insufficient educational space, inconsistent professional boundaries, and disparities in resources when compared with boys' facilities.

The concern is not simply whether school appears on the daily schedule.

The question is whether girls consistently receive the protected instructional time, educational resources, safe learning environment, and meaningful opportunities they are entitled to receive while in state custody.

Academic Achievement Despite Confinement

Girls at WMCC have demonstrated that they are capable of meaningful academic achievement when provided with opportunity, structure, and support.

In March 2026, two WMCC students tied for first place at the Juvenile Services Education Program (JSEP) district-level National History Day competition. Their projects focused on "Military Morale" and "Educational Gag Orders," advanced to the Maryland History Day Contest. The competition was evaluated by a panel that reportedly included the Secretary of DJS, a federal judge, and education leaders.

Their success is significant. National History Day requires students to conduct research, examine primary and secondary sources, analyze historical evidence, develop an argument, and communicate their findings. Advancing demonstrates both the academic ability of the students and the value of educators who maintain high expectations.

Education at its best does more than transmit information. It helps young people make meaning from their experiences, discover their voices, and imagine different possibilities for their lives.

These accomplishments should not be treated as isolated exceptions. They should establish the standard for what girls can achieve when their learning is protected and supported.

Creating a School Community

OCO identified several strengths within the school program at WMCC.

School leadership has made visible efforts to display student work, recognize accomplishments, create engaging activities, and make the educational environment feel less institutional. The display of projects, photographs, artwork, and written work gives students an opportunity to see themselves represented as learners rather than only as residents of a secure facility.

Photographs provided to OCO from the Last Day of School Celebration showed students and staff participating in outdoor recreation, music, dancing, face painting, popcorn making, a dunking booth, and a bounce house with a slide and wading pool. The celebration followed a half-day of instruction and allowed the girls to mark the end of the school year in a way that resembled an ordinary school milestone.

Dunking Booth

Bounce House

Cotton Candy

These experiences matter.

Many girls entering DJS have histories of school disruption, chronic absenteeism, exclusionary discipline, academic failure, unstable placements, or unmet special-education needs. Celebrating completion and achievement can help rebuild a young person's relationship with school and communicate that her effort is worthy of recognition.

Individualized Graduation Planning

One of the strongest educational practices identified at WMCC involves individualized academic planning.

The school counselor reportedly meets with each student, reviews her educational records, and helps her understand:

- the courses she must still complete;
- the number of credits required for graduation;
- service-learning requirements;
- credit deficiencies;
- and the steps necessary to remain on track.

According to school leadership, girls who have been at WMCC for approximately two weeks can generally explain what courses and credits they still need to graduate.

This is a significant practice because girls often enter DJS with fragmented educational records, multiple school transfers, incomplete credits, and uncertainty about whether prior coursework will count toward graduation. Clear, individualized planning can replace confusion with a realistic pathway forward.

However, the school counselor no longer has a dedicated office. Her former workspace was reassigned because of competing facility space needs. She now shares space and must locate an available area when she needs to discuss confidential academic or personal matters with students.

At times, she must determine whether the gym, dining hall, visitation area, or another temporary space is available. Those spaces may already be occupied by behavioral-health personnel, family visits, youth needing time away from the unit, or other programming.

A counselor responsible for reviewing records, discussing graduation, addressing sensitive concerns, and helping students plan for their futures requires a private and reliable workspace. Confidential academic counseling should not depend upon whether an unrelated room happens to be vacant.

When Facility Operations Interrupt School

The greatest barriers to education at WMCC and LESCC are not always educational.

School is frequently affected by conditions elsewhere in the facility, including:

- residential staffing shortages;
- delayed movement from the housing units;
- peer separation;
- behavioral emergencies;
- staff-assistance calls;
- case-management activity;
- court-related discussions;
- medical and behavioral-health appointments;
- and the use of classrooms for noneducational purposes.

OCO observed at WMCC that classes begin late too often because there are insufficient residential staff available to move and supervise the girls. The problem was described as occurring in cycles. During some periods, movement is timely and school operates consistently. During other periods, staffing shortages cause repeated and prolonged delays.

On May 7, 2026, school was suspended for the day because of behavioral and safety concerns. OCO subsequently sought information about how students would remain academically engaged while confined to the housing units.

When school is suspended or delayed, DJS and JSEP must be able to demonstrate that girls still receive meaningful instruction. Providing a worksheet or packet does not necessarily constitute an adequate school day, particularly for students who require direct teaching, individualized assistance, special-education services, or support understanding the material.

A student can be physically present in a facility and still be educationally absent.

Separation and Unequal Access to Instruction

Peer conflict frequently results in girls being separated into different groups. At both WMCC and LESCC, separation has affected school attendance and access to in-person instruction.

At LESCC, OCO was informed that separation is commonly used to manage conflict because of limited conflict-resolution structures and inconsistent restorative practices. When girls cannot safely attend school together, one group may receive classroom instruction while another remains on the unit.

The same challenge exists at WMCC.

This creates the risk that a girl's access to education will depend upon her housing assignment or conflict status rather than her academic needs. Students may receive:

- shortened school days;
- alternating access to classrooms;
- independent packets instead of direct teaching;
- reduced opportunities to ask questions;
- less access to subject-area teachers;
- and inconsistent special-education services.

School leadership at WMCC described a thoughtful effort to maintain continuity when C-Pod students had to be separated. A schedule was created immediately, and assignments completed on the housing unit were deliberately connected to classroom instruction.

Teachers were expected to explain:

what students would complete on the unit;

- how the work connected to the previous lesson;
- how it would prepare them for the next lesson;
- how it would be graded;
- and the criteria for successful completion.

The principal also visited the pod, worked directly with students, monitored their progress, and arranged for subject-area teachers to provide assistance when needed.

This was a strong response to a difficult situation. It demonstrates that educational continuity is possible when there is planning, leadership, and accountability.

However, even a thoughtfully designed packet or rotating teacher visit is not equivalent to full classroom participation. Pod-based instruction should remain a temporary contingency, not the normal educational response to unresolved peer conflict.

DJS and JSEP should track the instructional hours received by each separated group and determine whether any students require compensatory instruction or additional educational support.

Special Education and Students Who Need Direct Support

Operational disruptions may have a disproportionate impact on girls with disabilities.

OCO received reports from girls who stated that unit separation shortened their school day and left them completing worksheets without direct assistance. One girl explained that she needed a teacher because she had an Individualized Education Program.

A packet does not implement an IEP.

When girls remain on the unit, JSEP must ensure continued access to:

- specially designed instruction;
- related services;
- accommodations;
- modifications;
- direct teacher support;
- behavioral supports;
- and required service minutes.

DJS and JSEP should document lost instructional time and missed special-education services during:

- staffing shortages;
- unit separation;
- room confinement;
- school suspension;
- facility lockdowns;
- and behavioral emergencies.

Where required services were not provided, students should be evaluated for compensatory education.

School Climate and Adult Conduct at LESCC

A safe learning environment depends not only upon student behavior but also upon the professionalism, judgment, and communication of the adults responsible for teaching and supervising them.

Incident 189204 involved a classroom confrontation at LESCC on June 24, 2026. According to the available account, the incident began when a teacher argued with a youth regarding her request to use the SMART Board.

During the exchange, the teacher reportedly referred to the student as an “ignorant ass girl” and referenced her prior placement in protective custody. Another youth intervened, and the teacher reportedly described her as “loud and childish.”

The second youth then stood and approached the teacher and struck him in the upper body before being restrained.

A teacher’s use of insulting, demeaning, or personally charged language can intensify conflict, undermine authority, and damage the educational environment. Referencing a youth’s protective-custody history during an argument is particularly concerning because it may expose sensitive personal information and use a young person’s trauma or vulnerability against her.

Nothing about inappropriate adult language excuses a youth assaulting a teacher. The youth’s reported physical conduct was serious. But accountability should not be one-directional. A trauma-informed school must examine how adult behavior contributed to escalation and whether the conflict could have been prevented through professional communication, disengagement, or supervisory intervention.

The incident illustrates a critical principle:

Adults set the emotional temperature of the classroom.

Educators and residential staff must be trained to maintain boundaries, avoid humiliating language, protect confidentiality, recognize escalation, and seek assistance before a verbal conflict becomes physical.

Conflict, Property Destruction, and Classroom Safety at WMCC

The learning environment at WMCC has also been affected by repeated property destruction, physical altercations, and assaults involving students and staff.

The incidents reviewed by OCO illustrate how quickly educational spaces can become unsafe.

Incident Report 188366 on April 30, 2026, a youth reportedly overturned a desk onto a staff member’s foot, causing injury. According to the incident report, the youth refused to apologize after the staff member expressed significant pain.

Incident 188772 on May 10, 2026, a youth requested to use the bathroom while in the visitation/classroom area. After returning, she became angry and broke a television located in the room.

Incident 188963 on June 10, 2026, a multidisciplinary meeting was held in the visitation area for a youth. Participants included facility leadership, education personnel, behavioral-health staff, case management, and residential staff.

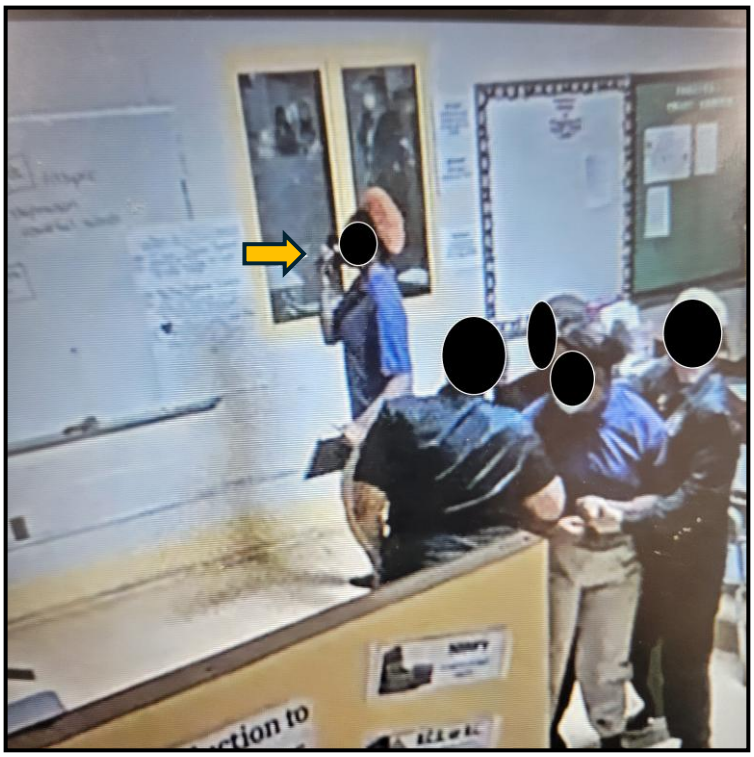
During the meeting, the youth reportedly became irate, flipped a desk, and attempted to charge toward the superintendent. Staff attempted an upper-torso restraint and considered applying mechanical restraints before releasing the youth after she appeared to calm.

This incident demonstrates one consequence of using educational and visitation spaces for high-stakes case meetings. A room intended for learning or family engagement can also become the setting for emotionally charged discussions, property destruction, and physical intervention.

Incident 189199 on June 28, 2026, a youth reportedly went behind a teacher's desk and aggressively opened and closed the drawers, damaging the middle drawer. She later approached a tablet-charging station, where a tablet fell during staff redirection.

Incident 189511 on July 7, 2026, two girls reportedly attempted to retrieve books from classroom cabinets. Despite redirection, they continued pulling on the cabinets until the doors broke. One youth subsequently assaulted the principal after the principal took possession of a bag the youth had obtained in the room.

187747 At approximately 3:36 p.m., a verbal altercation between two youth escalated when one youth became combative and aggressively charged toward the other despite repeated verbal directives from staff. Staff intervened using a multiple-team intervention and escorted the youth from the classroom. During OCO's video review, a youth was also observed speaking into a staff-issued two-way radio, raising concerns regarding youth access to staff communication equipment and adherence to facility security protocols.



Incident 187965 on April 8, 2026, a youth became upset after a verbal altercation in Classroom #3. She attempted to return toward the classroom and then reportedly tried to assault staff who blocked her movement. Staff used a two-person escort to return her to the unit.

Staff also reported additional incidents in which educators were struck, shoved, or kicked during classroom disruptions and large peer fights. In one incident, a kick reportedly aimed toward a teacher's face struck her shoulder after a residential staff member intervened. In another, a staff member was kicked in the back during a large fight.

These incidents affect more than immediate safety. They affect:

- instructional continuity;
- staff morale;
- teacher retention;
- classroom trust;

- student engagement;
- and the willingness of educators to remain in the environment.

Teachers should not be expected to accept physical injury as a routine condition of working with confined youth.

At the same time, a security response alone will not create a functioning school. DJS must address unresolved conflict, trauma, inconsistent adult practices, and environmental conditions that repeatedly allow educational spaces to become crisis settings.

From Punishment to Repair

Incidents involving broken desks, damaged cabinets, torn displays, assaults, and disrupted classrooms demonstrate the need for a stronger restorative framework.

Traditional discipline may remove a youth from class, place her on restriction, or issue a behavioral report. But exclusion alone does not repair the harm.

Restorative responses could require youth, when developmentally and clinically appropriate, to:

- help restore damaged displays;
- assist with reorganizing the classroom;
- acknowledge the effect of their conduct on teachers and classmates;
- participate in facilitated restorative circles;
- create a plan for handling future frustration;
- complete service connected to the school community;
- or participate in mediation before returning to class.

Accountability should not be confused with humiliation or retaliation. Meaningful accountability helps a young person understand:

- who was harmed;
- what was disrupted;
- what responsibility she holds;
- and how she can contribute to repair.

The same expectation should apply to adults. When an educator uses insulting language, discloses sensitive information, or escalates a conflict, administrative review should examine how the harm will be addressed and how professional practice will change.

Restorative justice cannot be credible if it applies only to youth.

Both WMCC and LESCC need structured, documented conflict-resolution and restorative-practice models that reduce reliance on separation, exclusion, and crisis response.

Professional Boundaries and Consistent Adult Support

Staff identified inconsistent professional boundaries among residential staff as another challenge while in class.

Some staff reportedly intervene early when they recognize that a student is becoming emotionally dysregulated. They may seek support from behavioral health, social work, or another professional rather than immediately treating the issue as willful misconduct.

Other staff were described as attempting to become too socially involved with students or functioning as friends rather than professional supports.

Girls need caring adults. They also need clear and consistent boundaries.

Staff can be warm, respectful, approachable, and encouraging without becoming peers. When some adults enforce expectations while others blur roles, young people receive inconsistent messages and may struggle to understand appropriate limits.

One staff person summarized the distinction clearly: staff can be friendly without becoming friends.

Training for educational and residential personnel should address:

- professional boundaries;
- confidentiality;
- trauma-informed communication;
- gender-responsive engagement;
- appropriate redirection;
- early recognition of escalation;
- classroom expectations;
- and consistent responses to misconduct.

Consistency does not require every adult to have the same personality. It requires every adult to communicate the same essential expectations regarding safety, dignity, learning, and respect.

Classrooms Used for Multiple Purposes

WMCC and LESCC lack adequate dedicated educational space.

Classrooms often serve multiple functions.

At WMCC, one classroom is used for life-skills instruction but also functions as a haircare and beauty-services area. After weekend use, school staff may return to find hair on the floor, equipment moved, beauty chairs in the room, or water that has not been fully shut off.

Haircare is important to girls' dignity, identity, and self-esteem. The concern is not that the service exists. The problem is that both the school and the beauty program are being asked to function in a space that cannot consistently support either purpose without disruption.

Another room traditionally used for visitation, crafts, family events, meetings, and other programming is converted to a classroom during the school day to add additional classroom space.

A classroom should be available as a classroom.

The need for multipurpose rooms is understandable within an older or space-constrained facility. However, recurring operational use should not routinely consume rooms required for instruction.

The Library Disparity

One of the clearest educational disparities identified by OCO is the absence of a full library at both WMCC and LESCC.

At WMCC, books are stored in a supply area and delivered to housing units on a rolling cart. Staff ask girls what types of books they enjoy including graphic novels, mysteries, and romance and bring selected materials to them.

This effort is commendable.

It is not a substitute for a library.

A library allows a student to:

- enter a space devoted to reading;
- browse titles independently;
- examine and compare books;
- discover unfamiliar authors and subjects;

- conduct research;
- participate in literacy programming;
- and experience the quiet and dignity associated with learning.

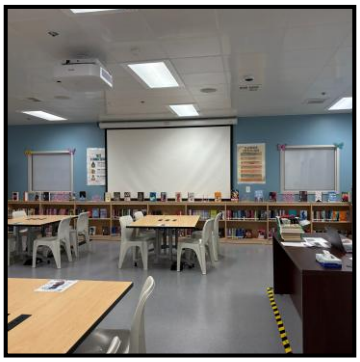
Girls at WMCC and LESCC do not have that opportunity.

By contrast, boys housed at facilities such as the Baltimore City Juvenile Justice Center (BCJJC) have access to a dedicated library. Photographs of the BCJJC library demonstrate the type of educational resource available to boys within the same juvenile justice system but unavailable to girls.

BCJJC Library 1

BCJJC Library 2

BCJJC Library 3



This disparity matters because girls should not receive fewer educational resources merely because their confined population is smaller or because their facilities were not designed with adequate educational space.

Equal educational opportunity does not always require identical buildings. It does require substantively comparable access to:

- books;
- research materials;
- quiet study space;

- technology;
- literacy programming;
- educational displays;
- college and career resources;
- and opportunities to browse and select materials independently.

The girls' smaller population should make individualized educational investment easier not less necessary.

Investing in Additional Educational Space

DJS has reportedly discussed adding a trailer or modular space at WMCC and LESCC, but school leadership indicated that the possibility has been discussed for an extended period without a clear timeline.

OCO recommends that DJS move beyond informal discussion and establish a funded, time-bound plan to expand educational space for girls.

A properly designed educational trailer or modular building at WMCC and LESCC could provide:

- a dedicated library and media center;
- an additional classroom;
- private space for the school counselor;
- small-group special-education instruction;
- tutoring space;
- college and career planning;
- testing and assessment rooms;
- computers and research resources;
- and space for displaying student work.

The additional space should be formally designated for education. It should not become another general-purpose room routinely reassigned to visitation, storage, facility meetings, or crisis management.

What Educational Equity Requires

Educational equity does not mean praising girls for doing more with less.

It means ensuring that they no longer have to.

Girls in detention should not receive rolling book carts while boys have full libraries. They should not lose classrooms because the same rooms must also function as salons, visitation areas, meeting spaces, and activity rooms. They should not receive shortened instruction because the facility lacks staff to move them. They should not spend alternating days on a housing unit because the system has not developed effective ways to resolve peer conflict.

Girls should also not be expected to learn in classrooms where adult behavior contributes to escalation, sensitive histories are used during arguments, or professional boundaries vary from one staff member to another.

Equity requires DJS to compare the actual educational experience of girls and boys.

Where a boys' facility has a library, media room, specialized classroom, or comparable resource unavailable to girls, DJS should provide the same resource or demonstrate how it is offering a substantively equivalent opportunity.

Too Much Time, Too Few Opportunities: The Need for Meaningful Programming

Providing girls with meaningful programming is essential to creating a safe, therapeutic environment that supports healing, personal growth, and healthy development. Structured educational, recreational, therapeutic, and enrichment activities help girls develop new skills, strengthen social and emotional competencies, and discover interests and passions they can continue to pursue after returning to their communities. Recreation also supports physical health, reduces stress, and provides healthy outlets for emotions. Just as importantly, consistent programming creates structure and purpose throughout the day, reducing the excessive idleness that can contribute to frustration, conflict, and behavioral incidents.

Providing these opportunities has been particularly challenging in Maryland's girls' facilities. Compared to boys' detention centers and placement programs, girls are housed in smaller facilities with fewer spaces dedicated to recreation and programming. Boys' facilities often include large gymnasiums, multiple programming rooms, athletic fields, and expansive outdoor areas. By comparison, girls have significantly fewer recreational options. LESCC has a small outdoor garden that girls consistently describe as one of their favorite spaces. WMCC, however, lacks green space altogether, further limiting opportunities for outdoor recreation and activities.

These physical limitations are compounded by staffing shortages and inconsistent implementation of programming. Throughout the quarter, girls at both facilities reported that recreation schedules and other structured activities were frequently canceled or simply did not occur. At LESCC, a recreation specialist position remained vacant until July 2026, reducing opportunities for organized physical activity. One athletic girl, who had only three other girls on her housing unit to recreate with, described the limited opportunities available to her:

> *"Other girls don't like to do rec. I asked if I could play basketball with the boys because the girls don't play sports."*

Although girls could attend the Department's annual inter-facility basketball tournament as spectators, they are not permitted to participate, leaving them without access to an athletic opportunity routinely available to boys.

Girls also described a lack of accountability for ensuring that scheduled recreation and programming actually occurred. At times, activities were canceled because facilities were managing behavioral incidents or staffing shortages. These operational challenges create a cycle that becomes increasingly difficult to break. Programming is canceled because of conflict, yet the loss of structure, recreation, and meaningful engagement contributes to the boredom, frustration, and idleness that can increase conflict in the first place.

The lack of consistent programming was particularly noticeable on weekends, when girls reported spending long periods confined to the housing units with few structured activities. Many described these periods of inactivity as contributing directly to tension among youth.

> *"[There is] never nothing to do."*

"We don't get activities on weekends. That is why everyone fights."

"We are stopped from going outside if one person acts up."

"Ain't no programs here."

"It is boring and too many fights."

"Nothing to do on the weekends. [We] need more programs and recreation time. We stay on the pod too much."

When asked what would help the facility run better, one girl offered a simple answer: "Having more fun activities."

Given the significant trauma histories and interpersonal challenges experienced by many girls in custody, consistent programming serves a purpose far beyond occupying time. Structured activities provide opportunities to practice communication, develop healthy relationships, build confidence, and learn constructive ways to manage conflict. Although the Department has secured grant funding to bring consultants into facilities to model gender-responsive programming and relationship-building interventions, these efforts have not been consistently implemented or integrated into daily facility operations. Without sustained commitment from facility leadership and staff, short-term initiatives have had little lasting impact on facility culture.

Meaningful programming should not be viewed as an optional activity offered when staffing and operations allow. It is essential to creating a safe, structured, and therapeutic environment. Without consistent opportunities for recreation, enrichment, and skill-building, girls lose important opportunities to heal, develop new skills, build healthy relationships, and engage in positive, meaningful activities.

Hygiene and Hair Care: Supporting Girls' Health, Dignity, and Identity

Adequate access to hygiene and hair care is fundamental to the health, dignity, and well-being of youth in custody. Beyond meeting basic physical needs, the ability to maintain personal hygiene and care for one's hair contributes to a young person's sense of identity, self-esteem, and emotional well-being. For many girls, hairstyles reflect cultural identity and personal expression. Providing consistent access to hygiene products, opportunities to bathe, and hair care services that accommodate the diversity of girls' hair types and styles is an important component of gender- and culturally responsive care. These everyday practices communicate to youth that they are valued, respected, and worthy of care.

Concerns about hygiene and hair care remain among the most frequent complaints raised by girls in DJS custody. Throughout the quarter, girls consistently reported barriers to shower access, insufficient hygiene products, and significant gaps in hair care services. These concerns reflected recurring operational failures that affected girls' daily health, comfort, and dignity.

Shower Access

DJS Youth Hygiene in Residential Facilities Policy (RF-729-17), Section A.1, provides that, **at a minimum**, youth shall have an opportunity for morning hygiene (washing and brushing their teeth) and **one shower and hygiene period daily and after strenuous activity** (emphasis added).

Despite this requirement, girls at WMCC were repeatedly denied daily showers throughout the quarter. Facility staff cited an inability to safely conduct evening showers because of staffing and operational concerns. During portions of the quarter, the twelve girls housed on C Pod were divided into two groups due to youth conflict and rotated through shower periods. When one group exceeded its allotted time, girls in the second group often did not receive showers and were required to wait until the following morning.

Girls frequently reported that they had exercised during the day, were menstruating, or simply wanted to go to bed feeling clean. Many described being forced to sleep without showering as degrading, unhygienic, and inhumane.

Two girls filed formal grievances after repeatedly being denied showers despite being exposed to bodily fluids. In one grievance (Grievance 20047), a girl requested permission to shower, change her clothes, and clean her room after another youth threw bodily fluids under her cell door during evening shower time. Staff denied the request. In responding to the grievance, an assistant superintendent minimized the incident, writing, "the body fluids were just thrown under her floor. The youth did not get any on her clothes or anything."

In a second grievance (Grievance 20052), another girl reported being denied evening showers for two consecutive days after toilet water was thrown under her cell door.

OCO recommended extending evening shower periods to ensure all girls received the daily showers required by policy. Facility administration declined to implement the recommendation.

Meeting girls' hygiene needs requires more than adherence to the minimum daily shower requirement. Menstruating girls may require access to showers outside of regularly scheduled shower periods. In one grievance, a girl reported that she requested to shower after she began menstruating and did not have a sanitary pad. Staff denied her request because it was outside the scheduled shower period and issued her a behavior report for failing to follow program expectations. She was not permitted to shower until the regularly scheduled evening shower period approximately three hours later. In responding to the grievance, facility administrators stated that she would be permitted to shower outside the scheduled shower time in the future if needed (Grievance 20118).

Hygiene Supplies

In addition to inconsistent shower access, girls frequently reported that basic hygiene products were heavily rationed. Shampoo, conditioner, soap, lotion, and other personal care items were distributed in quantities that many girls reported were insufficient to meet their daily hygiene needs. Across DJS facilities, youth must also earn access to many name-brand hygiene products through the incentive program, limiting access to products that may better meet individual hair and skin care needs. Girls at LESCC also reported that the grooming tools provided did not adequately meet their needs. They reported that wave brushes issued were inappropriate for some girls' hair type and length and that combs provided were of poor quality and frequently snapped in half during use, making it difficult to maintain their hair between appointments.

Rationed hygiene products

Wave brush

Comb

Hair Care

DJS Youth Hygiene in Residential Facilities Policy (RF-729-17), Section D, provides that culturally appropriate hair care services shall be available to youth. OCO continued to identify significant gaps in both the availability and appropriateness of hair care services throughout the quarter. Girls of color, in particular, reported difficulties accessing services that met the needs of their hair types and hairstyles.

Lack of Consistent Hair Care Services

There continues to be significant gaps in access to hair care services. Although appointments are typically scheduled every other week, both LESCC and WMCC experienced periods during the quarter when the vendor contracted for hair care cancelled services, resulting in extended lapses in care. At WMCC, girls went more than six weeks without access to contracted hair care services. Staff at LESCC have informally attempted to bridge service gaps by assisting girls with their hair when possible; however, no comparable accommodation exists at WMCC.

Even when the contracted hair care stylist is on site, not every girl receives services. Appointments are often cut short because the stylist leaves before all youth can be seen, requiring some girls to wait until the next scheduled visit, which may be weeks later. As a result, girls can experience prolonged periods without routine hair care despite the stylist having been present at the facility.

Limited Scope and Quality of Hair Care Services

Even when hair care services are available, girls report that the quality and scope of services often fail to meet their needs. Girls at both WMCC and LESCC described poor-quality services. At LESCC, grievances documented allegations that a stylist rushed through appointments, cut hair unevenly, and burned a girl's scalp while styling her hair (Grievances 20098 and 20099).

Culturally appropriate hair care services are not consistently available to youth as required by policy. Girls with natural hairstyles, including locs, frequently reported that contracted stylists were unable to maintain or care for their hair. Boys in other DJS facilities benefit from an incentive program that recruits qualified staff volunteers to provide hair care services for youth with locs and twists. Comparable opportunities are not available to girls at WMCC.

Beyond Basic Hygiene: Why Everyday Care Matters

Most people take for granted that they can shower when they need to, use the hygiene products necessary to care for themselves, and maintain their hair in ways that reflect their individual hair type, texture, and style. For girls in custody, each of these everyday needs depends entirely on facility policies, staffing, and practices. Failures in hygiene and hair care affect girls' physical health, emotional well-being, dignity, and sense of self. When these basic needs are not consistently met, the message conveyed is that operational challenges and institutional rules take precedence over the care of the girls themselves. Facilities have a responsibility to ensure girls have reliable access to hygiene and hair care. Meeting these basic needs is fundamental to providing safe, humane, and gender-responsive care.

Clinical Care Cannot Be Built Around Staffing Gaps

Girls entering the custody of DJS frequently bring extensive histories of trauma, abuse, family disruption, exploitation, grief, community violence, substance use, self-harm, and unmet behavioral health needs. For many girls, confinement may be the first time those needs are formally assessed. It may also be the first time they have consistent contact with a licensed clinician.

Behavioral health services therefore play a central role in girls' safety, rehabilitation, and successful return to the community. Effective services should help youth understand their emotions, identify triggers, develop coping skills, process trauma, repair relationships, and prepare for life after release. Behavioral health professionals must also be positioned to advise facility and DJS leadership when a youth's clinical needs cannot safely or effectively be met within a particular program.

OCO identified serious structural barriers that repeatedly limited the delivery of behavioral health services for girls. These barriers extended beyond isolated staffing shortages and reflected broader systemic conditions affecting care at WMCC and LESCC. Clinicians frequently worked with insufficient staffing, inadequate treatment space, inconsistent contractor support, and limited access to specialized providers. OCO also found that admission and placement decisions did not always reflect clinical recommendations, behavioral health personnel were sometimes expected to compensate for deficiencies in case management and facility programming, crisis mediation did not consistently follow clinical guidance, and family engagement remained limited because girls were housed far from their home communities.

Additional concerns included insufficient gender-responsive preparation for residential staff, blurred professional boundaries among some employees, inconsistent documentation of contracted services, and uncertainty regarding the behavioral health structure planned for committed girls transitioning to Victor Cullen Center (VCC).

The information reviewed by OCO presented a consistent picture: clinicians were working to create safety and stability for girls within a system that too often required individual professionals to hold together services that had not been adequately staffed, structured, or supported.

Meaningful Relationships Are a Significant Strength

One of the clearest strengths identified during OCO's review was the relationship between girls and certain behavioral health clinicians.

OCO found that some youth visibly de-escalated when they encountered a clinician they trusted. A girl who appeared angry, guarded, or emotionally overwhelmed could become calmer and more willing to communicate when approached by someone with whom she had developed a long-term therapeutic relationship. In some instances, the youth's posture, tone, and behavior appeared to soften almost immediately.

This response was not accidental. It reflected consistent relationship building.

Girls often enter DJS custody with significant reasons to distrust adults. Some have experienced abuse, abandonment, exploitation, disrupted placements, family instability, or repeated involvement with systems that promised support but did not provide it. Trust may therefore develop slowly and may be easily damaged.

Clinicians who consistently appear, listen without judgment, maintain confidentiality, establish appropriate boundaries, and follow through on commitments can become an important source of emotional safety. For some girls, the clinician may be one of the few adults in the facility whom they believe will listen before reacting.

The value of these relationships extends well beyond formal therapy sessions. A trusted clinician may be able to identify emotional changes before a crisis develops, help a girl communicate concerns she cannot express to residential staff, or encourage her to use coping strategies instead of engaging in self-harm, aggression, or property destruction. The clinician may also help the youth understand the connection between trauma, relationships, and behavior in a way that ordinary disciplinary responses cannot.

OCO recognizes and commends the clinicians who have built these relationships despite staffing shortages, inadequate space, and significant operational barriers. Their work demonstrates the stabilizing effect of consistent, trauma-informed clinical engagement.

However, strong individual relationships cannot substitute for an adequately staffed and clinically supported system. A girl should not receive effective care only because one particular clinician is willing to work beyond the boundaries of the position or personally compensate for gaps elsewhere in the facility.

Behavioral Health Staffing at WMCC Is Insufficient

OCO found that behavioral health staffing at WMCC was inadequate for the number and complexity of responsibilities assigned to the department.

A very small number of clinical professionals were responsible for individual therapy, group services, crisis response, treatment planning, behavioral health assessments, post-incident debriefings, family engagement, documentation, staff consultation, admissions review, and clinical supervision.

The behavioral health department recently had to deal with the departure of a contracted clinician. Remaining behavioral health staff absorbed the transferred cases and conducted a more intensive review of records to determine whether youth had consistently received the services reflected in treatment expectations and documentation.

That review increased the burden on supervisory staff. A supervisor who should have been overseeing clinical quality was also required to provide direct therapy, review individual notes in detail, participate in admissions, assist with treatment plans, respond to crises, support other staff, and help address deficiencies in services outside the traditional scope of clinical supervision.

This structure is not sustainable.

When a supervisor must simultaneously provide therapy, supervise clinicians, review documentation, respond to crises, participate in placement decisions, and support case management, preventive clinical work inevitably gives way to immediate operational demands. Individual counseling may be delayed, family therapy becomes more difficult to arrange, documentation may become inconsistent, treatment planning can become compressed, and supervisors have less time to monitor the quality of care. Over time, the risk of clinician fatigue, burnout, and turnover increases.

OCO is also concerned that raw population numbers may understate the level of clinical staffing girls require. A facility housing only a few girls may appear to need fewer clinicians than a larger program. That conclusion does not account for acuity. Several girls with severe trauma histories, self-harm concerns, psychiatric instability, family-treatment needs, and frequent crises may require more clinical time than a much larger group of lower-acuity youth.

DJS should establish and maintain a minimum staffing model for girls' detention and placement services based not only on population size, but also on clinical acuity, treatment intensity, crisis frequency, family needs, and documentation requirements.

Clinical Work Was Complicated by Case Management Shortages

The staffing problem at WMCC extended beyond behavioral health.

Peace Academy youth require intensive case management. Their placement involves treatment service planning, court coordination, family team meetings, educational collaboration, family engagement, progress reporting, community referrals, and reentry preparation. Those responsibilities are central to the rehabilitative purpose of placement.

OCO found that case management capacity was insufficient for the demands of both detention and Peace Academy. At this time of this review only one case manager who was new to the position was responsible for detention and placement-related work. This individual required additional training and support in treatment meetings, treatment service plans, and other core responsibilities.

Behavioral health personnel therefore assumed responsibilities outside their primary clinical roles to ensure that essential tasks were completed. Clinicians assisted with treatment meetings, family coordination, and planning functions that would ordinarily be led or shared more fully by experienced case management staff.

Collaboration between behavioral health and case management is necessary. Substitution is different.

When clinicians begin carrying case management duties because adequate staffing or training is unavailable, time is taken away from therapy, clinical documentation, family treatment, and preventive work with youth. The arrangement also blurs accountability. A task may be completed because one concerned professional steps forward, but the underlying staffing deficiency remains unresolved.

This can create the appearance that the program is functioning adequately when it is actually being sustained through individual staff working beyond their assigned responsibilities.

A girl's treatment should not depend on whether a clinician is willing to perform several jobs at once.

Peace Academy Admissions Must Be Guided by Clinical Capacity

A central concern identified during OCO's review involved the relationship between clinical capacity and Peace Academy admission decisions.

OCO reviewed information reflecting that behavioral health leadership had recommended temporarily limiting new admissions because WMCC was operating with only one primary case manager and limited clinical staffing. The recommendation explained that Peace Academy youth require intensive case management, individualized treatment planning, family engagement, court coordination, educational collaboration, behavioral health services, and continuous multidisciplinary support.

Each of those responsibilities requires meaningful time and coordination. The recommendation warned that admitting additional youth under existing conditions could reduce program effectiveness and compromise the quality of services provided to both current and incoming girls.

The request was not approved.

DJS has a legitimate interest in moving committed girls out of detention without unnecessary delay. Remaining in detention while awaiting placement can itself be harmful. A girl who has already been committed should not remain indefinitely in a setting designed primarily for temporary custody.

However, transferring a girl into a placement program that cannot provide the treatment identified in her evaluation does not resolve the underlying harm. It may simply move her from one inadequate setting to another.

A placement decision is not complete when a bed is assigned. Placement becomes meaningful only when the program is prepared to deliver the treatment, case management, family work, educational support, and reentry planning that justified the transfer.

A bed is not a treatment plan.

Specialized Treatment Was Not Always Secured Before Admission

OCO identified at least one instance in which a girl was admitted after clinical review determined that she required specialized treatment that Peace Academy did not have an identified provider available to deliver.

The youth's records reflected a need for specialized therapy related to sexual trauma, including individual and family treatment. Behavioral health staff advised that the program did not have the capacity to provide the recommended service at that time.

The admission nevertheless proceeded.

After the girl arrived, she could participate in groups and receive supportive behavioral health contact, but the specialized individual and family treatment identified as necessary had not yet begun. Discussions with an outside provider remained ongoing after placement.

The concern is not whether the youth deserved access to placement. She did.

The concern is whether the placement was clinically prepared to provide the care she required when she arrived.

Treatment should not be developed only after a youth has entered the program. When a referral identifies a need for specialized trauma therapy, psychiatric care, sexual-abuse treatment, substance-use services, developmental support, or another specialized intervention, DJS should determine in advance who will provide the service, how often it will occur, when it will begin, and whether family work is available.

When those questions remain unanswered, the youth may enter a program that cannot implement the very treatment plan supporting the placement decision.

Clinical Recommendations Did Not Always Control Placement Decisions

OCO found that clinical recommendations regarding admission and level of care did not always determine the final placement decision.

Behavioral health review identified some girls as requiring services beyond Peace Academy's available capacity. Concerns included psychiatric instability, significant trauma-treatment needs, developmental considerations, and the need for a different therapeutic setting.

In some cases, operational decisions moved forward despite those concerns.

This created a recurring tension between moving girls from detention and ensuring that the receiving program could provide appropriate treatment. Both goals are important. Neither should be considered in isolation.

Operational leaders must consider court expectations, detention length, bed availability, safety, and system capacity. Clinicians must evaluate psychiatric stability, trauma, self-harm risk, developmental needs, and level of care. A responsible admission process requires both perspectives.

OCO is particularly concerned when a documented clinical objection may be overridden without review by another qualified behavioral health professional or without a written explanation of how the identified needs will be met.

Non-clinical officials may hold final administrative authority. That does not make clinical judgment optional.

When a program advises that it lacks the staffing, specialization, or treatment capacity to serve a particular youth, DJS should require an independent clinical review. If the admission still

proceeds, the record should explain the reason, identify the risks, designate the provider who will deliver the required services, and establish when treatment will begin.

Without such a process, the girl bears the consequences of the disagreement. She may enter a program that cannot address the issues driving her behavior, experience repeated crises, accumulate disciplinary incidents, be placed in restraint or seclusion, or appear to fail a placement that was never adequately prepared to meet her needs.

The Planned Transition to Victor Cullen Requires Greater Preparation

At the time of OCO's review, DJS was planning to relocate committed girls from Peace Academy to VCC, with the transition anticipated as early as September 2026.

OCO found that planning had continued despite substantial uncertainty about the behavioral health structure that would support the girls after the move.

Recruitment had only recently begun, and a dedicated clinician for the girls had not yet been secured. Existing Victor Cullen clinicians primarily served boys. Although some clinicians reportedly expressed willingness to assist, they had not agreed to assume full responsibility for

the girls' treatment. Questions also remained concerning after-hours and on-call coverage, particularly because contracted clinicians may not be available to perform on-call functions.

The role anticipated for current girls' behavioral health leadership was primarily to provide curriculum training, consultation, and clinical oversight. That role is important. It does not replace dedicated direct service staff

Girls need clinicians who are consistently assigned to them, understand their histories, participate in treatment planning, communicate with families, respond to crises, and build long-term therapeutic relationships. They should not be added informally to the caseloads of clinicians already carrying substantial responsibilities for boys.

The transition should not occur until DJS has identified and trained dedicated residential staff, hired or assigned dedicated clinicians, established clinical supervision and reliable on-call coverage, designated private treatment space, assigned experienced case managers, confirmed educational and programming plans, and developed continuity-of-care plans for every girl.

The Department should also determine how clinical information will be transferred, how existing therapeutic relationships will be preserved when possible, and how disruptions in treatment will be avoided during the move.

Transferring girls into a cottage without a complete clinical team risks relocating existing deficiencies rather than correcting them.

A new building alone will not create a therapeutic program.

Girls Need a Dedicated and Clinically Appropriate Placement Model

OCO's review supports further consideration of a placement model dedicated specifically to committed girls rather than continuing to operate girls' placement within a detention setting or as a small unit attached to a primarily boys' facility.

Under a dedicated model, committed girls could be housed in one treatment-focused facility while being assigned to separate units based on security level and clinical acuity. One unit might serve girls requiring hardware-secure placement, while another could serve youth appropriate for staff-secure programming. Additional specialized capacity could be developed for girls with significant psychiatric needs, recurrent self-harm, complex trauma, behavioral modification needs, or substantial substance-use concerns.

Such a model would allow DJS to recruit clinicians, case managers, educators, and residential staff who specifically want to work with girls and are trained in their needs. It could support greater treatment consistency, more meaningful specialization, improved family engagement, stronger reentry planning, and a more rehabilitative physical environment.

OCO recognizes that creating a separate facility would require funding, planning, and population analysis. However, the current practice of operating placement inside a detention setting has repeatedly contributed to girls' perception that commitment feels little different from pre-adjudication confinement.

Behavioral health treatment is difficult to deliver when the physical environment, staffing model, movement restrictions, and daily routine continue to function primarily like detention.

Crisis Mediation Must Be Clinically Informed

OCO identified serious concerns regarding the use of mediation following peer conflict.

On July 16, 2026, two girls at WMCC became involved in an escalating dispute on the Peace Academy. Staff intervened before the altercation became a physical fight, restrained both youth, escorted them to their rooms, and placed them in seclusion. The incident was documented as Incident 189538.

Behavioral health separately assessed each girl.

The assessments indicated that the disagreement did not arise solely from the immediate verbal exchange. It reflected unresolved conflict involving an earlier incident, ongoing tension between youth on different pods, and concerns about safety. Both girls remained emotionally elevated, and one expressed feeling unsafe.

Behavioral health specifically advised that mediation was not recommended at that time. The clinical recommendation was to continue monitoring the girls, allow them to process their emotions separately, reinforce coping and conflict-resolution skills, and delay face-to-face mediation until they were emotionally prepared.

Despite that recommendation, the girls were brought together for mediation later that evening.

At approximately 6:13 p.m., they again became verbally confrontational and attempted to assault one another. Both were restrained a second time and returned to seclusion.

The sequence illustrates why mediation cannot be treated as a procedural step required simply to end separation or restore the normal schedule.

Effective mediation requires readiness. Each participant should be emotionally regulated, understand the purpose of the process, willingly participate, and be able to communicate without immediately resorting to threats or retaliation. Each girl should also have an opportunity to explain her perspective separately and identify what she needs before being brought into a room with the other youth.

Body language, verbal refusal, unresolved fear, continuing threats, or fixation on retaliation may all demonstrate that a youth is not ready.

When these conditions are absent, mediation may intensify conflict rather than resolve it.

The July 16 incident also demonstrates the foreseeable consequences of disregarding clinical guidance. Both girls were subjected to a second restraint and additional seclusion after behavioral health had already advised that they were not ready to mediate.

DJS should require that behavioral health recommendations regarding mediation readiness be followed unless another qualified clinician conducts and documents a different assessment.

Residential or administrative staff should not initiate crisis mediation over a clinical objection merely because operational pressure exists to reunify a pod, end room separation, or return to the regular schedule.

Behavioral Health Services in Detention Show Some Structure

OCO found that behavioral health services for detained girls at WMCC had a more defined basic structure.

Detained girls were generally offered psychoeducational groups, substance-use programming, weekly supportive counseling contacts, psychiatric services based on need, crisis assessments, post-incident debriefings, and behavioral health follow-up after restraint or seclusion.

A clinical intern and contracted staff assisted with some group services, while clinicians were assigned girls for weekly supportive contact. These services provide an important foundation.

Participation in groups in detention is voluntary under DJS policy. For that reason, the quality of engagement matters. Interactive exercises, emotion-identification activities, therapeutic games, and developmentally appropriate approaches may encourage girls to participate more fully than traditional lecture-based groups.

However, services should not be considered adequate merely because they appear on a schedule. DJS should determine how often groups actually occur, how frequently they are cancelled, whether girls attend, why they decline, how services are documented, and whether girls with greater needs receive additional individual care.

DJS should also examine whether post-incident behavioral health contacts lead to meaningful follow-up or function primarily as procedural requirements after restraint and seclusion.

Treatment Space at WMCC Is Inadequate

Sufficient private space for behavioral health treatment is severe limited at both WMCC and LESCC.

Areas previously considered for clinical use were repurposed or remained unavailable. Visitation space was converted into classroom space, and school and program areas served multiple functions. At LESCC, clinicians share offices and at WMCC, clinicians could not consistently use their own offices because residential staff were not always available to supervise youth outside the door.

Even when a girl could be brought to a clinician’s office, privacy remained a concern if staff were positioned close enough to hear the conversation.

Confidentiality is essential to effective therapy.

Girls are less likely to discuss abuse, exploitation, self-harm, suicidal thoughts, family conflict, sexual trauma, or concerns about staff when they believe their conversations may be overheard.

DJS should create dedicated behavioral health space that supports private individual therapy, group treatment, family sessions, sensory regulation, secure record storage, and appropriate safety monitoring without sacrificing confidentiality.

The physical environment communicates whether treatment is central to the program or something that must occur wherever temporary space can be found.

Girls Must Be Allowed to Seek Help Before a Crisis

OCO found that girls sometimes asked to speak with behavioral health staff before escalating but were not granted timely access.

This is deeply concerning.

A girl who recognizes that she is becoming overwhelmed and asks to speak with a clinician is demonstrating insight and using an appropriate coping strategy. That behavior should be reinforced, not discouraged.

Unless an immediate emergency prevents access, staff should facilitate contact with behavioral health as soon as possible. When a clinician cannot respond immediately, residential staff should notify behavioral health, explain the expected response time, offer a safe calming space, provide approved coping tools, and maintain supportive observation.

The request and the facility's response should also be documented.

Denying a reasonable request for help may allow a preventable crisis to become a restraint, assault, property-destruction incident, or episode of self-harm.

DJS should establish a clear protocol for youth-initiated behavioral health requests.

Family Therapy Is Undermined by Distance

WMCC's location creates a major barrier to family therapy.

Many girls come from Baltimore City, Prince George's County, Montgomery County, and other jurisdictions located several hours from the facility. Families may lack transportation, work inflexible schedules, care for other children, or be unable to afford repeated travel.

OCO found that meaningful family therapy did not occur as consistently as the girls' needs required.

Virtual sessions can help, but they do not always replace in-person work, particularly when treatment requires rebuilding trust, practicing communication, preparing for reunification, or observing family dynamics.

DJS should evaluate whether long-term treatment services for girls can be located closer to the jurisdictions from which most youth originate. Until then, the Department should expand transportation assistance, virtual family therapy, evening and weekend scheduling, provider travel support, hybrid meetings, and community-based partnerships.

Family engagement should be treated as a treatment requirement, not an optional enhancement.

Cultural Responsiveness Is Limited by Geography

The distance between WMCC and the communities where many girls live also affects cultural representation and access to trusted community resources.

Culturally responsive care does not require that every provider share a youth's identity. It does require understanding community context, recognizing the effects of racism and gender bias, respecting faith, hair, language, family structure, and cultural identity, avoiding stereotypes, and developing partnerships with organizations youth trust.

OCO found that the location of WMCC made it more difficult to recruit and retain culturally responsive providers and mentors who could work consistently with the girls.

DJS should fund travel and service agreements that allow qualified providers from central Maryland and other regions to maintain regular involvement with girls housed at WMCC.

Conclusion

Behavioral health services are among the most important protections available to girls in custody.

OCO found clinicians whose relationships with girls provide calm, safety, consistency, and hope. Their work demonstrates what becomes possible when youth encounter adults who listen, maintain appropriate boundaries, understand trauma, and remain present over time.

However, the system surrounding those clinicians remains under significant strain.

Too few clinicians are being asked to meet too many needs. Treatment space is inadequate. Family therapy is undermined by distance. Specialized services are sometimes arranged only after admission. Contract services are inconsistent. Clinical recommendations may be overridden by operational decisions. Mediation may be attempted before youth are emotionally ready.

These are not isolated administrative concerns.

Each gap affects whether a girl will stabilize, engage in treatment, avoid restraint, repair relationships, and return home successfully.

Girls should not be admitted to a program that cannot provide the treatment identified in their evaluations. They should not have to enter crisis before being allowed to speak with a clinician. They should not be brought into mediation after behavioral health has determined that they are not ready. They should not receive less consistent services because treatment is delivered by a contractor. They should not lose individual therapy because clinicians are used to fill gaps. And they should not be placed hours from home without a meaningful plan for family participation.

Behavioral health care must be more than a service listed in policy or a group recorded on a schedule.

It must be clinically appropriate, consistently delivered, properly staffed, confidential, gender-responsive, culturally informed, and connected to the girl's family and community.

The girls described in this report do not simply need more programming.

They need the right treatment, delivered by the right professionals, in the right setting, at the right time.

That is the difference between containing behavior and promoting healing

Behind the Walls and Miles Apart: Family Engagement for Girls in Custody

Many families of justice-involved youth express a desire to remain involved in their child's treatment during incarceration.[41] Research consistently demonstrates that increased family contact is associated with better youth outcomes, including improved behavior, stronger academic performance, and greater emotional well-being while in custody.[42] Girls' experiences reinforce these findings. Girls frequently report that talking with their parents and siblings helps them cope with depression, loneliness, and the stress of incarceration while motivating them to stay focused on their goals. Maintaining strong family relationships is also a critical factor in successful reintegration following release.

Incarceration inherently creates barriers to family involvement by separating young people from their families and communities and limiting opportunities for contact. For girls in Maryland, however, these barriers are compounded by the location of the state's girls' facilities and institutional practices that unnecessarily restrict family contact.

"My family can't visit because I am so far away."

The majority of girls in the deep end of Maryland's juvenile justice system come from the Baltimore and Washington, D.C. metropolitan areas. Unlike boys, who have access to detention centers located closer to their communities, girls are housed in facilities located at opposite ends of the state in Western Maryland and on the Eastern Shore.

Girls consistently report that their families would visit more often if travel were not so difficult. Long travel distances, transportation challenges, limited visitation hours, and competing work and family responsibilities frequently prevent regular visits. Despite these well-known and long-standing barriers, little effort has been made to provide transportation assistance, expand visitation opportunities, or otherwise accommodate girls who are placed far from home.

"We must earn video calls even if our family is far away."

"We need more phone calls."

Neither LESCC nor WMCC systematically provides additional opportunities for family contact for youth who are placed hundreds of miles from home. Other DJS facilities have adopted more flexible practices. For example, Charles H. Hickey, Jr. School routinely facilitates regular virtual visits for youth housed outside their home jurisdictions through case management staff. Similar accommodations are not consistently available to girls, despite the greater distances many families must travel.

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[41] Vera Institute of Justice. 2014. Family Engagement in the Juvenile Justice System. Juvenile Justice Factsheet New York, N.Y.: Vera Institute of Justice, available at: https://vera-institute.files.svdcdn.com/production/downloads/publications/family-engagement-juvenile-justice.pdf?dm=1647369450

[42] VERA Institute of Justice, The Impact of Family Visitation on Incarcerated Youth's Behavior and School Performance (April 2013).

"We must earn family days."-Girl at WMCC

In addition to the challenges created by geography, WMCC imposes barriers to family engagement that are not practiced elsewhere in the Department. DJS regularly hosts family engagement events at each facility to strengthen family relationships. At other facilities, these events are open to all youth and their families regardless of disciplinary status, recognizing that maintaining family connections can promote positive behavior and strengthen rehabilitation. At WMCC, however, girls must earn the privilege of attending family engagement events through the facility's incentive system. Coupled with the significant travel required for many families, this practice further limits participation and likely contributes to poor attendance. OCO has consistently recommended that these events be available to all girls and their families, but facility administration has declined to adopt this recommendation.

"There is only 1 GTL phone and too many people to use it. I have a hard time talking to my parents."

"The phone is always broken."

For many girls, phone calls are the primary means of maintaining contact with their families. The Department currently allows approximately 105 minutes of phone time each week through GTL[43] phones located on the residential units. Because phone use is limited to designated times outside of school hours and other facility activities, girls already have a relatively narrow window in which to contact their families. The GTL phones experience frequent wear and tear from constant use in a correctional setting and are periodically taken out of service for repairs. When one of the phones is unavailable, girls must share the remaining phone, resulting in longer wait times, increased competition for access, and fewer opportunities to speak with their families during the designated calling periods.

Strengthening Family Engagement

Family engagement is not simply a privilege or incentive. It is one of the strongest protective factors for youth during incarceration and an important contributor to successful reentry. Incarceration inevitably limits contact between girls and their families, and the location of Maryland's girls' facilities presents additional challenges for many families. Those challenges should not be compounded by operational decisions and institutional practices that further restrict opportunities for girls to maintain family connections. The Department should recognize the unique challenges created by the location of girls' facilities and ensure that its policies and practices strengthen, rather than further restrict, opportunities for family contact. Fostering these relationships is essential to girls' emotional well-being and healing, both during incarceration and after they return home.

[43] GTL (Global Tel*Link) is a telecommunications provider that supplies phone equipment and telephone services for correctional facilities.

Equality and Equity: Ensuring Fair Access to Care and Opportunity

DJS has made meaningful efforts to improve services for girls in custody. Throughout OCO's review, staff demonstrated compassion, creativity, and dedication while working with a relatively small but highly vulnerable population. OCO also recognizes that DJS leadership responded positively to several concerns, including expanding access to sweat clothing, MP3 players, and participation in the Reflections Program. These actions demonstrate that the Department is capable of addressing disparities once they are identified.

Nevertheless, OCO found persistent inequities between the experiences of girls and boys that cannot be explained solely by differences in population size or facility design.

Equity within a juvenile justice system requires more than housing girls and boys under the same agency. It requires ensuring that youth receive opportunities for individual success regardless of gender. Those opportunities include education, recreation, technology, family engagement, faith services, clothing, grooming, community activities, programming, and rehabilitative experiences.

Throughout this review, OCO observed that girls frequently receive fewer opportunities than boys in comparable detention and placement settings. In many instances, girls receive resources only after concerns were raised by youth or after OCO advocated directly with DJS leadership.

These disparities rarely appeared to result from an express policy intentionally treating girls differently. Rather, they reflected a system historically designed around boys, where girls' needs were often addressed later, inconsistently, or only after someone recognized the inequity.

Viewed individually, many of these differences may appear administrative.

Viewed collectively, they reveal a broader pattern.

Girls repeatedly described feeling like an afterthought.

The cumulative effect of these disparities extends beyond fairness. When girls receive fewer opportunities for recreation, programming, family engagement, education, and community involvement, facilities often experience increased boredom, frustration, conflict, and behavioral incidents. These conditions affect not only the girls but also the staff responsible for supervising them.

A rehabilitative system cannot fully succeed if one population must continually advocate for opportunities another population already receives.

Equality Should Not Require Advocacy

Throughout this reporting period, OCO repeatedly found itself advocating for girls to receive opportunities that boys already routinely enjoyed.

For example, girls assigned to the Peace Academy placement program at WMCC initially did not receive sweat clothing comparable to what boys routinely received in placement programs.

Following several discussions with OCO, DJS leadership approved comparable sweat clothing for the girls.

Similarly, OCO advocated for girls to receive MP3 players comparable to those already available to boys in placement. Initially, access for girls had been treated as something that would be earned through behavior rather than a standard resource available within placement.

OCO also advocated for girls to receive tablet devices sooner after learning that boys housed in placement had already begun receiving them.

While DJS ultimately addressed many of these concerns, the larger issue remains.

Girls should not require intervention from an oversight agency before receiving opportunities already available to boys.

Equity should be built into planning from the outset rather than achieved only after concerns are raised.

Every new resource, privilege, or program should be evaluated before implementation to ensure that girls receive substantially equivalent opportunities under comparable conditions.

Technology Should Be Distributed Equitably

Technology is increasingly recognized as both an educational resource and a behavioral management tool within juvenile facilities.

OCO identified significant disparities regarding how technology and other personal items were distributed to girls.

Girls housed at WMCC reported that standard de-escalation tools including MP3 players and watches had been removed from routine use and instead became behavioral incentives that had to be earned.

Conversely, boys housed in comparable all-male facilities routinely received standardized MP3 players and were permitted to possess watches without those items being conditioned upon behavior.

Girls also expressed frustration that boys had already transitioned to newer technology while they continued waiting for older equipment.

During discussions with executive leadership, OCO learned that older MP3 players could potentially be collected from Backbone Mountain Youth Center (BMYC) and Green Ridge Youth Center (GRYC) facilities that had already transitioned to tablets and redistributed to the girls.

Although this proposal ultimately expanded access for girls, it reinforced a troubling perception among youth that girls often receive resources only after boys no longer need them.

Technology should not move from boys to girls simply because boys have already received something better.

Girls deserve to be included in implementation planning from the beginning rather than becoming the second phase of technology distribution.

Likewise, de-escalation tools should be implemented consistently across comparable facilities. If MP3 players and watches are recognized as effective behavioral supports for boys, girls should have access to those same supports unless there is a documented, individualized reason for restriction.

Placement Should Feel Different Than Detention

Perhaps the most significant disparity identified by OCO involves the Peace Academy.

The Peace Academy is currently the only girls' placement program housed inside a secure detention facility.

Girls assigned to the program repeatedly told OCO that placement feels no different than detention.

That perception is understandable.

Placement is intended to provide increased rehabilitation, education, treatment, recreation, family engagement, community preparation, and progressively greater independence than detention.

Yet girls assigned to Peace Academy remain subject to the same physical environment, staffing shortages, operational restrictions, movement limitations, and daily routines that govern detention.

Although they technically have placement status, their lived experience often remains defined by detention conditions.

By comparison, boys placed throughout Maryland generally experience environments physically and operationally distinct from detention. Placement programs for boys more frequently provide expanded privileges, increased community engagement, recreational opportunities, and programming designed to prepare youth for successful reintegration.

Girls should not receive a placement experience that differs from detention only in name.

Placement should represent measurable progress toward reintegration rather than continued confinement under detention conditions.

Recreation Should Not Depend Upon Gender

One of the clearest disparities identified by OCO involves recreation and structured leisure.

OCO observed that several boys' detention and placement facilities routinely provide youth with access to:

- Video game systems;
- Dedicated gaming rooms;
- Ping-pong tables;
- Outdoor recreation;
- Sporting events;
- Movies;
- Community outings;
- Organized leisure activities;
- Streaming services, including Disney+;
- Structured recreational programming; and
- Expanded off-campus experiences.

For example, youth housed at Victor Cullen Center (VCC) have access to video games on their housing units, and at least one housing unit includes a ping-pong table.

Similarly, boys participating in placement programs in Western Maryland regularly participate in off-campus church services, sporting events, movies, community outings, and other recreational experiences that support healthy development and community reintegration.

OCO has observed that girls have not consistently received comparable opportunities.

Girls at WMCC and LESCC repeatedly reported extended periods of boredom despite having outdoor leisure areas immediately adjacent to their housing units. OCO also received repeated complaints that the posted recreation and programming calendars were frequently not followed.

As a result, girls often remained confined to their housing units during periods when recreation had been scheduled.

The consequences of these missed opportunities are reflected in facility incident reports.

For example, Incident Report #185291 documented an event on August 31, 2025, in which A-Pod residents had been cleared for indoor recreation. During movement, a youth attempted to access outdoor recreation instead. After being redirected away from the unauthorized area, the youth became increasingly upset, threatened staff, pushed a staff member, and was ultimately

restrained, placed in mechanical restraints, and escorted to her room. Mental health and medical staff were requested, and the youth continued making threats and spitting after the restraint.

OCO does not suggest that assaultive behavior toward staff was justified. Staff have a responsibility to maintain safety, and physical aggression requires an appropriate response.

However, the incident illustrates how unmet recreational expectations can contribute to emotional escalation within an environment where girls have repeatedly reported frustration over limited access to outdoor recreation and structured activities.

Similarly, OCO reviewed additional incidents in which girls became increasingly frustrated after repeatedly requesting outdoor recreation only to be told that there were insufficient staff available.

Too often, recreation became something girls anticipated but did not receive.

A rehabilitative system should not respond to unmet recreational needs primarily through behavioral intervention.

Girls should be provided meaningful opportunities for movement, recreation, exercise, fresh air, and structured leisure before boredom and frustration evolve into behavioral crises.

Research consistently demonstrates that recreation is not merely a privilege. Regular physical activity improves emotional regulation, reduces institutional misconduct, strengthens peer relationships, and promotes healthy adolescent development.

The goal should not simply be responding safely after girls become dysregulated.

The goal should be creating an environment where they are less likely to become dysregulated in the first place.

Community Exposure Matters

Community exposure is a critical component of rehabilitation. It allows young people to practice appropriate social interactions, experience positive recreational activities, strengthen family and community ties, and begin preparing for successful reintegration into society.

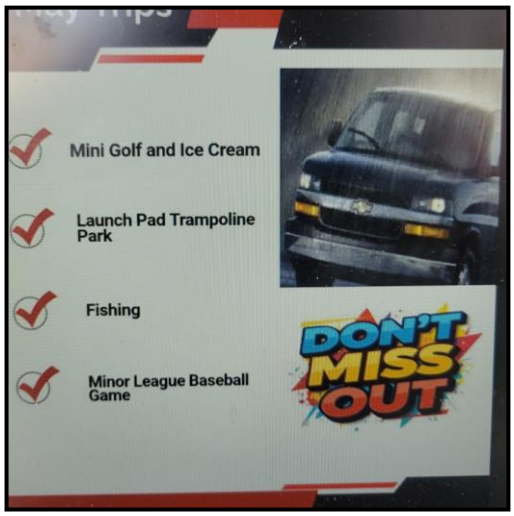
Girls housed at WMCC reported that they rarely leave the facility. When off-campus movement does occur, the destination is often another DJS facility rather than a meaningful community-based activity.

OCO also observed that girls only recently began participating in the DJS Reflections Program, and even then, participation has not occurred consistently.

Examples of outings provided to boys in DJS:

Off Grounds Trips

Don't Miss Out



Ski or Snowboard Trip

The disparity extends beyond entertainment.

Community exposure is an evidence-based rehabilitative practice that allows youth to reconnect with the communities they will eventually return to. It reinforces positive behavior, builds confidence, and demonstrates trust while providing structured opportunities to practice skills learned in treatment and education.

Girls should have regular access to community experiences comparable in frequency, quality, and variety to those available to boys.

The opportunity to participate in healthy community activities should not depend upon gender.

Family Contact Should Never Be Earned

Family engagement is one of the strongest protective factors associated with successful rehabilitation and reduced recidivism. Maintaining healthy family relationships supports emotional stability, improves institutional adjustment, and strengthens successful community reintegration.

For many girls housed at WMCC and LESCC, however, maintaining family contact is particularly difficult.

Because the girls' placement programs serve youth from across Maryland, many girls are housed several hours away from their families. Transportation costs, employment obligations, childcare responsibilities, and travel distance often prevent regular in-person visitation.

While boys may also experience placement outside their home jurisdictions, OCO found that virtual visitation appears to be used differently.

Several girls reported that virtual visitation was treated as something that had to be earned through good behavior rather than being routinely available because of the significant distance separating them from their families.

OCO is concerned that using virtual family contact as a behavioral incentive may unintentionally undermine one of the most important protective factors available to youth in custody.

Family relationships should be strengthened not conditioned upon behavior whenever possible.

While temporary restrictions may occasionally be necessary for legitimate safety or security reasons, routine communication with supportive family members should generally be encouraged rather than withheld.

Girls placed far from home should receive regular access to virtual visitation without having to earn opportunities to maintain healthy family relationships.

Girls Receive Less Programming

Throughout the reporting period, OCO received repeated complaints from girls regarding inconsistent programming.

Girls frequently reported that scheduled activities were canceled because of staffing shortages or operational concerns.

Recreation schedules were not consistently followed.

Group programming was postponed.

Educational enrichment opportunities were interrupted.

Therapeutic programming was delayed.

Youth repeatedly described spending long periods sitting on their housing units with little meaningful activity.

The consequence of these cancellations extends beyond disappointment.

Idle time contributes directly to:

- Increased frustration;
- Peer conflict;
- Emotional dysregulation;
- Property destruction;
- Institutional misconduct;
- Staff interventions; and
- Physical restraints.

Girls consistently described boredom as one of the greatest challenges associated with confinement.

OCO recognizes that staffing shortages significantly contribute to these interruptions.

However, when programming is routinely canceled, facilities inadvertently create conditions that increase behavioral incidents, which then require additional staff resources to manage.

This creates a self-perpetuating cycle.

Programming is canceled because of staffing shortages.

Youth become frustrated because meaningful activities are unavailable.

Behavioral incidents increase.

Staff are diverted to respond to those incidents.

Additional programming is canceled.

Breaking this cycle requires greater investment in structured activities rather than fewer.

Facilities that provide meaningful daily programming generally experience fewer behavioral incidents than facilities where youth spend significant portions of the day idle.

Programming should be viewed as an essential component of safety rather than an optional activity that occurs only when staffing allows.

Case Management and Continuity of Services

OCO also identified concerns regarding consistency in case management services provided to girls.

It was reported to OCO that there were periods during which case management services appeared inconsistent because of staff out on leave, competing responsibilities, or case management PIN being reallocated to another department within DJS.

These disruptions affected important aspects of rehabilitation, including:

- Family communication;
- Service coordination;
- Community referrals; and
- Preparation for successful reentry.

The girls' smaller population should make individualized case planning more achievable.

Instead, girls often reported uncertainty regarding who their assigned case manager was or when they would next meet with them.

Every youth should have consistent contact with a clearly identified case manager responsible for coordinating services and helping prepare for successful transition back into the community.

Haircare Is About More Than Appearance

Haircare emerged repeatedly during OCO interviews as an issue affecting dignity, identity, and fairness.

Girls consistently emphasized that access to quality haircare was important not simply because of appearance, but because it affected how they felt about themselves.

For many Black girls, hair represents identity, culture, confidence, cleanliness, and self-esteem.

OCO observed notable differences between girls' and boys' facilities.

Staff working within several boys' facilities are able to braid, twist, or otherwise assist with boys' hair.

OCO is unaware of comparable opportunities for staff working with girls to receive training or authorization to assist with basic grooming needs.

The solution is not necessarily for every residential employee to become a licensed cosmetologist.

Rather, DJS should ensure that girls have consistent access to qualified hairstylists, culturally appropriate hair products, and grooming services that recognize the unique needs of the girls they serve.

Haircare is not merely cosmetic.

It is closely connected to dignity, confidence, cultural identity, and preparation for school, court appearances, family visits, and successful reintegration.

When girls feel that even basic grooming opportunities are distributed inequitably, it reinforces the broader perception that they receive fewer opportunities than boys.

Conclusion

The girls committed to the care and custody of DJS represent one of the smallest populations within Maryland's juvenile justice system.

Yet they often present some of the most significant histories of trauma, abuse, neglect, family instability, exploitation, behavioral health needs, and educational disruption.

Their smaller numbers should not result in fewer opportunities.

Rather, their smaller population should allow DJS to provide more individualized care, more innovative programming, and more intentional rehabilitation.

Throughout this review, OCO observed extraordinary resilience among the girls interviewed.

Many spoke openly about their goals for the future.

They described aspirations to graduate from high school, attend college, reunite with their families, become business owners, enter the military, pursue careers in healthcare, and become positive role models for younger siblings.

The disparities identified throughout this chapter are not the result of one policy, one administrator, or one facility.

They represent the cumulative effect of years of decisions made within a juvenile justice system historically designed around a much larger male population.

Many of those decisions were understandable.

Some were driven by population size.

Others resulted from operational necessity.

Nevertheless, their cumulative impact has been significant.

- When girls repeatedly receive fewer recreational opportunities...
- When educational resources are limited...
- When community experiences occur less frequently...
- When technology arrives later...
- When family contact becomes more difficult...
- When programming is interrupted...
- When placement feels no different than detention...

The message received by youth is not one of equal investment.

It is one of unequal opportunity.

DJS has an opportunity to change that narrative.

The Department has already demonstrated that it is willing to address disparities once they are identified.

The next step is ensuring that equity is considered before disparities develop.

Girls should never have to rely upon oversight intervention to receive substantially equivalent opportunities.

They should receive those opportunities because equity has become part of how decisions are made.

Ultimately, gender-responsive juvenile justice is not about providing girls with more than boys.

It is about recognizing that every young person regardless of gender deserves an equal opportunity to heal, to learn, to grow, and to successfully return to their community.

That is the promise of rehabilitation.

That is the purpose of juvenile justice.

And that should remain the standard toward which DJS continues to strive.

When Systems Intended to Heal Instead Re-Traumatize

Girls entering the custody of DJS rarely arrive as blank slates. Most have already survived significant adversity before ever entering a detention center or committed placement. By the time many girls arrive in DJS custody, they have already learned to survive through mistrust, hypervigilance, emotional withdrawal, aggression, self-harm, or unhealthy relationships.

Trauma is therefore not the exception among girls in custody it is often the starting point.

A juvenile justice system cannot erase those experiences. It can, however, determine whether confinement becomes an opportunity for healing or another chapter in a young person's trauma history.

Throughout this review, OCO found numerous examples demonstrating that girls' unmet needs were not simply administrative shortcomings. They frequently produced consequences that mirrored the very experiences many girls had to endure before entering custody. Rather than reducing trauma, aspects of the system risked reinforcing it.

Re-traumatization does not always occur through intentional misconduct. More often, it occurs when systems fail to recognize how routine operational decisions affect youth who have already experienced significant adversity.

A girl who has experienced abandonment may experience repeated staff turnover as another broken relationship.

A girl who has experienced abuse may experience unnecessary restraint as another loss of control over her own body.

A girl whose voice has historically been ignored may experience decisions being made about her treatment without meaningful consideration of her needs.

A girl who has survived unstable relationships may experience frequent movement between facilities, changing clinicians, inconsistent staff, and interrupted services as confirmation that adults cannot be relied upon.

These experiences may appear operational from an administrative perspective. To the youth experiencing them, they are often deeply personal.

OCO observed that girls frequently demonstrated remarkable insight into their own emotional needs. Some requested to speak with behavioral health before becoming overwhelmed. Others expressed when they were not emotionally prepared for mediation. Some asked for greater family involvement, additional therapeutic services, or opportunities to participate in meaningful programming.

These requests often reflected healthy attempts to regulate emotions before reaching a crisis.

When those requests were delayed, denied, or overridden, opportunities for prevention were lost. Girls who sought help before escalating sometimes experienced restraint only after their earlier

requests had gone unanswered. In these situations, the behavior prompting intervention may have been preventable had support been provided earlier.

The consequences extend beyond individual incidents.

Repeated experiences in which youth communicate distress but receive assistance only after a crisis can unintentionally teach girls that calm communication is ineffective while crisis behavior receives immediate attention. Over time, this dynamic may undermine treatment engagement and reinforce unhealthy coping strategies.

OCO also found that many girls described relationships as central to both their trauma and their recovery. This finding is consistent with research demonstrating that girls frequently experience trauma within the context of interpersonal relationships and likewise recover through safe, healthy relationships with trusted adults.

OCO also observed that girls were often expected to adapt to systems that had not fully adapted to them.

Throughout this review, girls described programming, environments, staffing models, and behavior management practices originally designed around predominantly male populations. Staff from boys' facilities were regularly reassigned to work with girls despite limited preparation regarding female adolescent development, relational aggression, complex trauma, or exploitation.

The result was not necessarily intentional mistreatment. Rather, it reflected a system asking girls to fit within structures that were never specifically designed around their developmental and behavioral health needs.

The effects of this mismatch became visible in multiple areas.

Behavior that may have represented trauma, fear, shame, or emotional dysregulation was sometimes interpreted primarily as defiance.

Peer conflict rooted in complex interpersonal relationships was sometimes approached as a disciplinary issue before addressing the underlying emotional dynamics.

Behavioral health recommendations intended to delay mediation until youth were emotionally prepared were not consistently followed, resulting in renewed conflict, additional restraints, and further seclusion.

These patterns illustrate how operational responses can unintentionally reproduce the very instability many girls have previously experienced.

Distance from family created another significant source of re-traumatization.

Many girls housed at WMCC and LESCC came from Baltimore City, Prince George's County, Montgomery County, and other communities located hours away. Family therapy, in-person visitation, community engagement, and participation by trusted adults became substantially more difficult because of geography.

For girls whose treatment depends upon rebuilding family relationships, physical separation from parents, siblings, caregivers, and community supports may prolong emotional isolation during confinement.

While virtual communication provides meaningful assistance, it cannot fully replace face-to-face family therapy, shared experiences, or consistent parental involvement in treatment planning.

OCO also found that girls requiring specialized behavioral health services sometimes entered placement before those services were available.

In these situations, youth participated in general programming while DJS continued seeking outside providers capable of delivering the treatment identified in their clinical evaluations.

This approach places the burden of system limitations on the youth herself. Rather than entering a program prepared to meet her documented needs, the girl enters a setting still attempting to develop the services she requires.

The message received by the youth may be subtle but significant: her treatment can wait.

For adolescents whose histories frequently include delayed intervention, unmet promises, or inconsistent care, additional delays may reinforce existing beliefs that their needs are secondary to operational priorities.

OCO similarly found that the physical environment itself sometimes undermined therapeutic goals.

Limited confidential treatment space restricted opportunities for meaningful counseling. Girls were not always able to meet privately with clinicians without concerns regarding supervision or confidentiality. Outdoor recreation remained inconsistent despite available space. Specialized sensory environments designed to assist youth experiencing emotional dysregulation remained limited.

Healing requires more than licensed professionals. It also requires environments intentionally designed to reduce stress, encourage reflection, and support emotional regulation.

Perhaps most importantly, OCO found that many dedicated staff members recognized these concerns and attempted to compensate for them. These individual efforts undoubtedly benefited many girls.

However, healing should not depend upon extraordinary employees continually compensating for ordinary systemic deficiencies.

Systems should be designed so that consistent, high-quality care remains available regardless of individual staffing changes or vacancies.

The cumulative effect of these disparities should not be underestimated.

Re-traumatization rarely occurs because of a single incident. More often, it develops through repeated experiences that reinforce earlier beliefs about safety, trust, relationships, and self-worth.

The purpose of juvenile justice is not merely to provide custody.

Its purpose is rehabilitation.

For girls with extensive trauma histories, rehabilitation cannot occur unless treatment systems recognize that every interaction, every policy decision, every placement decision, and every response to behavior either contributes to healing or contributes to further harm.

The findings contained in this report should therefore not be understood as criticism of staff who continue to serve girls under difficult circumstances. Rather, they reflect a broader conclusion that Maryland's girls require a system intentionally designed around their developmental, behavioral health, and gender-specific needs.

Recommendations: Leadership, Staffing, Culture

Facility-Based Recommendations

Strengthen Leadership Presence and Accountability

- Leadership assignments to girls' facilities should reflect demonstrated experience or specialized preparation in gender-responsive and trauma-informed care. Administrators and supervisors should not be assigned to oversee girls' facilities without training and demonstrated competency in the unique developmental, behavioral health, and relational needs of girls.
- Facility leadership should maintain a consistent presence in living units and regularly engage with girls and direct-care staff to identify concerns, reinforce expectations, and foster a positive facility culture.

Increase Specialized Training for Staff Working with Girls

- All staff assigned to girls' facilities, including supervisors and temporarily reassigned staff, should receive comprehensive training on gender-responsive care, adolescent development, trauma-informed practices, de-escalation, and maintaining professional boundaries before independently supervising girls.

Develop Staff Through Coaching and Supervision

- Facilities should establish regular coaching and supervisory observations to reinforce effective communication, relationship-building, and conflict de-escalation skills. Supervisors should promptly address staff conduct that undermines safety or therapeutic goals.

Strengthen Incident Review Processes

- Supervisory reviews of incidents should evaluate not only youth behavior but also staff actions, adherence to policy, and opportunities for earlier de-escalation. Reviews should identify training needs and hold staff accountable when conduct contributes to unnecessary conflict or use of force.

Reduce Reliance on Temporary Staffing Assignments

- When staff from other facilities are assigned to girls' facilities, they should receive orientation to facility operations and the unique developmental and treatment needs of girls before assuming direct-care responsibilities.

Agency (DJS) Recommendations

Develop a Comprehensive Workforce Strategy for Girls' Facilities

- DJS should develop and implement a staffing strategy that prioritizes recruitment, retention, and professional development for staff working with girls, recognizing the specialized knowledge and skills required to provide gender-responsive care.

Establish Specialized Training Standards

- DJS should require standardized pre-service and ongoing in-service training for all employees assigned to girls' facilities, including supervisors, administrators, relief staff, and staff temporarily reassigned from other facilities.

Strengthen Leadership Development

- Superintendents, assistant superintendents, and shift commanders assigned to girls' facilities should receive specialized leadership training focused on trauma-informed supervision, organizational culture, staff coaching, and accountability.

Address Chronic Staffing Shortages

- DJS should develop a comprehensive staffing plan to reduce excessive overtime and burnout, improve employee wellness and retention, and minimize reliance on mandated overtime and temporary staff re-assignments in response to staffing issues.

Monitor Facility Climate

- DJS should regularly assess facility culture through staff and youth surveys, focus groups, and leadership reviews to identify concerns related to safety, staff-youth relationships, morale, and organizational culture before problems become systemic.

Systemic Recommendations (Statewide Priorities)

Expand Community-Based Options

- Maryland should prioritize investments in prevention, diversion, and community-based treatment that address the underlying causes of girls' justice system involvement and reduce the need for secure detention and commitment.

Support Sustainable Workforce Development

- The State should ensure that DJS has sufficient funding and resources to recruit, retain, and train a stable and experienced workforce capable of meeting the specialized needs of girls in custody.

Recommendations: Restraints and Seclusion

Strengthen Supervisory Review of Uses of Force

- Facility leadership should review every restraint and seclusion involving a girl to assess staff conduct, adherence to approved techniques, opportunities for earlier de-escalation, and whether the intervention could have been avoided.

Require Trauma-Informed Alternatives

- Staff should use individualized de-escalation strategies, behavioral health support, calming spaces, and other less restrictive interventions before restraint or seclusion whenever safely possible.

Monitor Patterns and Disparities

- DJS should regularly review restraint and seclusion data by facility, youth, race, disability, incident type, staff member, duration, and injury to identify repeated use, disparities, and areas requiring corrective action.

Recommendations: Recognizing and Responding to the Risks of Sexual Exploitation

Facility-Based Recommendations

Strengthen Professional Boundary Practices

- Facilities should reinforce expectations regarding professional boundaries through regular training, supervisory coaching, and ongoing discussion of appropriate staff-youth interactions, with particular attention to the dynamics of grooming and the unique vulnerabilities of girls with extensive trauma histories.

Ensure Compliance with PREA and Reporting Requirements

- All allegations or indicators of inappropriate staff conduct should be reported immediately in accordance with PREA and departmental policy. Facility leadership should routinely review compliance with mandatory reporting requirements and investigate any failures to report.

Limit Cross-Gender Privacy Intrusions

- Facilities should ensure that girls' privacy is protected during showers, changing, and other sensitive activities by strictly adhering to policies governing cross-gender supervision and conducting regular supervisory reviews to ensure compliance.

Promote Youth Reporting and Trust

- Girls should receive regular education about professional boundaries, grooming behaviors, and multiple confidential avenues for reporting concerns. Staff should reinforce that reports will be taken seriously and investigated promptly without retaliation.

Agency (DJS) Recommendations

Strengthen Training on Grooming and Professional Boundaries for Individuals Working with Girls

- DJS should strengthen and reinforce initial and ongoing training for facility staff, supervisors, and administrators on grooming behaviors, professional boundaries, trauma-informed interactions, and recognizing early warning signs of exploitation, with particular emphasis on the heightened vulnerabilities of girls in custody. Training should include practical, scenario-based instruction that prepares staff to recognize and appropriately respond to concerning behaviors before they escalate into more serious boundary violations.

Reinforce Professional Boundaries Through Ongoing Supervision and Accountability

- DJS should ensure that training on professional boundaries, grooming behaviors, and PREA reporting requirements is reinforced through regular supervision, coaching, and

accountability measures so that administrators and staff consistently apply these principles in practice.

Systemic Recommendations (Statewide Priorities)

Recognize the Unique Risks Girls Face in Secure Confinement

- State leaders should recognize that girls frequently enter the juvenile justice system with extensive histories of sexual abuse, exploitation, and interpersonal trauma. Decisions regarding detention and placement should carefully consider these vulnerabilities and prioritize community-based alternatives whenever they can safely meet public safety and treatment needs.

Increase Education for Juvenile Justice Stakeholders

- Judges, prosecutors, defense attorneys, and other juvenile justice stakeholders should receive ongoing education regarding girls' pathways into the juvenile justice system, including the prevalence of trauma, sexual victimization, exploitation, and mental health needs, as well as the potential risks associated with secure confinement. This education should encourage informed decision-making regarding detention and placement and reinforce the importance of using secure confinement only when necessary.

Expand Community-Based Gender-Responsive Services

- Maryland should continue expanding trauma-responsive, gender-responsive community treatment options that address the underlying needs of girls and reduce reliance on secure detention and placement for girls whose behaviors are rooted in trauma, exploitation, behavioral health needs, and family instability.

Recommendations: Medical Services

Ensure Timely Access to Medical Care

- Facilities should promptly respond to girls' requests for medical attention and ensure timely assessment following injuries, restraint, self-harm, illness, or other health concerns.

Strengthen Continuity and Documentation

- DJS should ensure medical records accurately document assessments, treatment, follow-up instructions, outside appointments, medications, and whether recommended care was completed.

Provide Gender-Responsive Health Services

- DJS should ensure girls have confidential access to menstrual care, reproductive and sexual health services, pregnancy-related care, health education, and appropriate hygiene and pain-management supplies.

Recommendations: Education

Protect Consistent Instructional Time

- Facilities should ensure staffing shortages, incidents, housing assignments, and operational disruptions do not routinely prevent girls from attending school or receiving the required hours of instruction.

Provide Individualized Educational Services

- Educational programming should reflect each girl's academic level, disability-related needs, credits, graduation pathway, vocational interests, and plans for returning to her community school.

Strengthen Oversight of Educational Outcomes

- DJS and JSEP should monitor attendance, instructional hours, credit completion, special education services, GED progress, suspensions from class, and transitions back to community schools.

Recommendations: Meaningful Programming

Facility-Based Recommendations

Ensure Consistent Implementation of Scheduled Programming

- Facility leadership should monitor and hold staff accountable for implementing scheduled recreational, structured leisure, and enrichment activities.

Expand Structured Programming During Evenings and Weekends

- Expand opportunities for physical activity, creative arts, vocational exploration, and life skills programming especially during evenings and weekends to reduce prolonged periods of idleness and provide girls with consistent opportunities for positive engagement.

Increase Individualized Recreation Opportunities

- Recreation staff should develop activities that accommodate the interests and abilities of girls, including individualized fitness plans and sports instruction.

Maximize Access to Outdoor Recreation

- Facilities should ensure girls receive consistent opportunities for outdoor recreation and creatively utilize available outdoor spaces to promote physical activity, stress reduction, and emotional well-being.

Agency (DJS) Recommendations

Prioritize Meaningful Programming as a Core Component of Care

- DJS should recognize consistent access to recreational, therapeutic, and enrichment programming as an essential component of safe, humane, and gender-responsive care. Staffing and operational decisions should seek to preserve programming whenever

possible, recognizing its important role in reducing idleness, supporting healthy development, and fostering a safe and therapeutic facility culture.

Prioritize Gender-Responsive Recreation and Programming

- DJS should ensure recreation and programming offered to girls reflect their interests, developmental needs, and trauma histories.

Ensure Equitable Access to Activities

- Girls should have opportunities to participate in recreational events, athletic competitions, leadership activities, and enrichment programs comparable to those available to boys, regardless of facility size.

Strengthen Oversight of Programming Delivery

- DJS should monitor whether required programming is consistently delivered, identify patterns of cancellations, and provide technical assistance to facilities experiencing persistent gaps in programming.

Sustain Evidence-Based Programming

- When introducing grant-funded or consultant-led initiatives, DJS should develop implementation plans that include staff training, coaching, and ongoing oversight to ensure successful integration into routine facility operations after external support ends.

System-Level Recommendations (Statewide Priorities)

Establish a Regional Task Force to Expand Programming for Girls

- Convene a task force of community organizations, educational institutions, recreation providers, behavioral health partners, and advocates to expand meaningful programming opportunities for girls in custody. The task force should focus on developing sustainable partnerships that become integrated into facility operations rather than relying primarily on short-term grant-funded initiatives.

Invest in Programming Infrastructure for Girls

- Capital planning and funding decisions should prioritize the creation and improvement of indoor and outdoor recreational spaces that support meaningful programming for girls, including access to green space, fitness areas, and dedicated programming rooms.

Recommendations: Hygiene and Hair Care

Facility-Based Recommendations

Ensure Daily Shower Access

- Facilities should provide every girl the opportunity to shower daily, consistent with DJS policy, regardless of staffing challenges or housing assignments. Shower schedules should be adjusted as necessary to ensure all youth receive daily access.

Maintain Adequate Hygiene Supplies

- Facilities should provide sufficient quantities of hygiene products to meet girls' daily needs and regularly assess whether products are adequate for different skin and hair care needs.

Develop Contingency Plans for Hair Care Services

- Facilities should establish alternative plans when contracted hair care services are unavailable, including identifying qualified staff or community volunteers who can provide basic hair care services until the vendor returns.

Monitor Access to Hair Care Services

- Facilities should ensure that all girls scheduled for hair care services are seen during each visit and establish procedures to reschedule any youth who cannot be accommodated before the vendor leaves.

Agency (DJS) Recommendations

Prioritize Hygiene and Hair Care for Girls

- Prioritize access to hygiene and culturally appropriate hair care as essential components of safe, humane, and gender-responsive care.

Strengthen Oversight of Contracted Hair Care Services

- DJS should establish performance expectations for contracted hair care vendors, including minimum service frequency, the ability to serve all scheduled youth during each visit, and demonstrated competency in caring for a variety of hair types and styles.

Review Hygiene Product Distribution Practices

- DJS should evaluate current hygiene product allotments to ensure they adequately meet girls' needs and eliminate unnecessary barriers to accessing appropriate hygiene products.

Expand Culturally Appropriate Hair Care Services

- DJS should develop additional options for girls with textured and natural hairstyles, including locs, twists, and protective styles, through expanded vendor services, qualified staff, or community partnerships.

System-Based Recommendations (Statewide Priorities)

Invest in Hair Care Services and Hygiene Products

- Provide sufficient funding to ensure reliable access to hygiene products and culturally appropriate hair care services for girls in custody, including services for youth with textured and natural hair.

Recommendations: Behavioral Health Services

Establish Adequate Clinical Staffing

- DJS should maintain dedicated behavioral health clinicians for girls based on population, clinical acuity, crisis frequency, family-treatment needs, and the intensity of required services.

Require Clinical Capacity Before Placement

- Girls should not be admitted or transferred to a program until DJS confirms that the program can provide the behavioral health services identified in their evaluations, including any specialized treatment.

Give Appropriate Weight to Clinical Recommendations

- Decisions involving placement, mediation, crisis response, and level of care should reflect documented clinical guidance. Any decision to proceed contrary to a clinical recommendation should receive qualified clinical review and written justification.

Protect Access and Confidentiality

- Facilities should provide private treatment space and establish a clear process allowing girls to seek behavioral health assistance before distress escalates into a crisis.

Recommendations: Family Engagement

Facility-Based Recommendations

Expand Opportunities for Family Contact

- Facilities housing girls should provide additional opportunities for phone calls and regularly scheduled virtual visits for youth whose families face significant travel barriers because they are housed far from home.

Eliminate Incentive-Based Restrictions on Family Engagement

- Family engagement events should be available to all girls and their families regardless of disciplinary status.

Increase Flexibility in Visitation

- Facilities should expand visitation periods beyond the current two-hour limit, when feasible, to better accommodate families traveling long distances or balancing work and childcare responsibilities.

Reinforce the Importance of Family Engagement

- Facility staff should recognize family engagement as an essential component of treatment and adolescent development. Training should reinforce the role family relationships play in trauma recovery and successful reintegration.

Agency (DJS) Recommendations

Develop Individualized Family Engagement Plans

- Upon admission, DJS should require that facilities assess each girl's family circumstances, including travel distance, transportation barriers, caregiver availability, adult support systems, and communication needs, and develop an individualized family engagement plan that maximizes opportunities for meaningful contact with family

members and other supportive adults throughout the girl's incarceration. The plan should be reviewed periodically and updated as family circumstances change.

Develop a Statewide Family Engagement Strategy for Girls

- DJS should develop a comprehensive family engagement strategy that recognizes the unique barriers faced by girls placed far from home and establishes minimum expectations for supporting family contact across all girls' facilities.

Standardize Family Contact for Out of Jurisdiction Youth

- DJS should establish consistent standards for virtual visitation and additional phone contact for girls whose families are unable to visit regularly because of distance.

Replicate Successful Family Engagement Practices

- DJS should identify family engagement practices that have proven successful at individual facilities, such as Charles H. Hickey, Jr. School's routine facilitation of virtual visits for youth housed outside their home jurisdictions and implement those practices consistently across all girls' facilities.

Expand Transportation Assistance

- DJS should explore transportation assistance, travel vouchers, partnerships with community organizations, or other strategies to reduce travel barriers for families visiting girls housed far from home.

Monitor Family Engagement

- DJS should regularly collect and review data on visitation, phone calls, virtual visits, and participation in family engagement events to identify barriers and ensure equitable access across facilities.

Incorporate Family Engagement into Facility Performance Reviews

- Family engagement measures, including visitation, phone and virtual communication, and participation in family engagement activities, should be incorporated into DJS facility performance evaluations.

Systemic Recommendations (Statewide Priorities)

Reduce Geographic Barriers

- DJS and State policymakers should evaluate opportunities to house girls closer to their home communities.

Support Family Engagement Through Dedicated Funding

- The State of Maryland should provide funding for transportation assistance, expanded virtual communication technology, and other initiatives that reduce barriers to family involvement for youth placed far from home.

Recommendations: Equity and Gender Disparities

Conduct Gender-Equity Reviews

- DJS should regularly compare the services, programming, recreation, education, vocational opportunities, incentives, facilities, and resources available to girls with those provided to boys.

Correct Disparities in Access and Opportunity

- Girls should receive opportunities comparable in quality and frequency to those available to boys, even when the number of girls in custody is smaller.

Incorporate Girls' Voices into Decision-Making

- DJS should create consistent opportunities for girls to provide confidential feedback regarding treatment, safety, programming, living conditions, and unmet needs and should document how identified concerns are addressed.

Evaluate Policies and Practices for Disparate Impact

- DJS should review placement, discipline, staffing, transportation, funding, and facility-design decisions to determine whether they unintentionally disadvantage girls or reinforce existing racial, geographic, disability-related, or gender disparities.