

Successful Youth • Strong Leaders • Safer Communities

### **POLICY**

**SUBJECT: Reporting and Investigating Child Abuse and Neglect** 

**NUMBER: OPS-913-15** 

**APPLICABLE TO: DJS Employees & Contracted Residential Service Providers** 

APPROVED:	/s/ signature on original
	Sam Abed, Secretar
DATE	3/11/15

#### I. POLICY

The Department of Juvenile Services (DJS) establishes this policy to ensure that youth under the custody and care of DJS are protected from abuse or neglect.

The guiding principles of this policy are as follows:

- To ensure that youth under the care of DJS are protected from abuse or neglect, every employee shall report any suspected abuse or neglect, both verbally and in writing, to the proper authorities. This includes suspected abuse or neglect committed in a DJS operated, non-DJS publicly operated, or purchase of care residential program, as well as a youth under any form of DJS supervision.
- There shall be a timely investigation by the appropriate authorities of each suspected incident of abuse or neglect.
- Action may not be taken against any employee for filing a good faith report of suspected abuse or neglect.
- DJS shall protect the identity of the reporter from disclosure to all persons except those having a need to know in order to participate in any investigation consistent with the conditions of this policy.

### II. AUTHORITY

- A. MD. CODE ANN., CRIM. LAW § 3-314.
- B. Md. Code Ann., Fam. Law §5-701 to §5-715.
- C. Md. Code Ann., Hum. Servs. §§ 9-203, -204, -227.
- D. Md. Code Regs. 07.02.07.
- E. 78 Op. Att'y Gen. 189 (Md. 1993).
- F. American Correctional Association (ACA) Standards, 4-JCF-3D-01 and 4-JCF-3D-04
- G. Prison Rape Elimination Act (PREA) juvenile facility standards
- H. American Correctional Association (ACA) Standards, 4-JCF-3D-01

### III. <u>DIRECTIVES/POLICIES RESCINDED</u>

A. Reporting and Investigating Child Abuse and Neglect Policy, MGMT-1-00

### IV. FAILURE TO COMPLY

Failure to comply with a Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

### V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed.

### VI. <u>REVISION HISTORY</u>

DESCRIPTION OF REVISION	DATE OF REVISION
Revised policy issued; sections added to comply with federal Prison Rape Elimination Act (PREA) and the COMAR requirement to report youth at substantial risk for sexual abuse; policy re-formatted.	March 2015
<ul> <li>Revised policy to include:</li> <li>Documentation of whether or not video surveillance is available in section #23 of the CPS Suspected Child Abuse/Neglect Report.</li> <li>If the incident involved an allegation that a youth was sexually abused while confined at another facility, the Superintendent at the facility that received the allegation is responsible for notifying the Superintendent or agency head where the alleged abuse/neglect occurred.</li> </ul>	April 13, 2018



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### **PROCEDURES**

**SUBJECT: Reporting and Investigating Child Abuse and Neglect** 

**NUMBER: OPS-913-15** 

**APPLICABLE TO: DJS Employees & Contracted Residential Service Providers** 

APPROVED: /s/ signature on original
Linda McWilliams, Deputy Secretary
REVISION DATE: 4/13/18

#### I. PURPOSE

To establish procedures to be followed by Department of Juvenile Services (DJS) employees and contracted residential service providers in reporting and investigating cases of suspected child abuse or neglect of youth under the supervision, custody, or care of the Department.

### II. <u>DEFINITIONS</u>

Child abuse means the physical or mental injury of a youth by any parent or other person who has permanent or temporary care, custody, or responsibility for supervision of a youth, or by any household or family member, under circumstances that indicate that the youth's health or welfare is harmed or at substantial risk of being harmed; or sexual abuse of a youth by an employee, contractor or volunteer, whether physical injuries are sustained or not.

*Employee* means any DJS, purchase of care/services, or non-DJS publicly operated program employee, contractual or agency worker, or volunteer in a program providing services to DJS youth.

*Human service worker* means any professional employee and includes counselors, social workers, educators and case managers.

*Mental injury* means the observable, identifiable, and substantial impairment of a youth's mental or psychological ability to function.

*Neglect* means leaving a youth unattended or other failure to give proper care and attention to a youth by any parent or other person who has permanent or temporary care, custody, or responsibility for supervision of the youth under circumstances that indicate that the youth's health or welfare is harmed or placed at substantial risk of harm or that there is mental injury or a substantial risk of mental injury to the youth.

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*Program Director* means the chief administrator of a purchase of care, purchase of services, or non-DJS publicly operated program, which provides services to DJS youth.

Reporter means that person making the report of alleged abuse or neglect.

Sexual abuse means any act that involves sexual molestation or exploitation of a youth by a parent or other person who has permanent or temporary care, custody, or responsibility for supervision of a youth, or by any household or family member. Sexual abuse includes:

- allowing or encouraging a youth to engage in obscene photography, films, poses, or similar activity; in pornographic photography, films, poses, or similar activity; or in prostitution;
- human trafficking;
- incest;
- attempted or actual rape;
- attempted or actual sexual offense in any degree;
- attempted or actual sodomy;
- voyeurism by an employee, contractor or volunteer; and
- unnatural or perverted sexual practices.

Substantial risk of sexual abuse (under COMAR) means a youth who resides with or who has been in the regular presence of an individual who is a registered child sexual offender, and based on additional information, the individual poses a substantial risk of sexual abuse to the youth.

### III. PROCEDURES

#### A. General Procedures

- 1. All employees must immediately report any knowledge, suspicion, or information they receive regarding child abuse and neglect, to include any incident of sexual abuse or harassment of a youth under the supervision, custody or care of the Department in accordance with State law and the guidelines of this procedure.
  - a. Incidents shall be reported verbally and in writing to the
     Department of Social Services Child Protective Services
     (CPS) Unit for investigation to determine abuse or neglect.
  - b. Incidents shall be reported, verbally and in writing to the State Police or law enforcement to determine criminal charges.
  - c. Incidents shall be reported to the DJS Office of the Inspector General (OIG), who shall complete an administrative investigation.
  - d. All CPS Suspected Child Abuse/Neglect Reports shall be copied to the local State Attorney Office in accordance with State law.
- 2. DJS employees shall accept reports of alleged abuse or neglect verbally or in

- writing, made anonymously or by third parties. Third parties may include other youth, a youth's parent, legal guardian, family members, outside advocates, attorneys, hotline calls, and others.
- 3. Employees shall also immediately report incidents through their chain of supervision to ensure that appropriate measures are taken to protect youth.
- 4. Incidents of suspected retaliation against a youth or employees must also be reported to the OIG for investigation and corrective actions by DJS management.
- 5. All reports shall be documented in accordance with the Incident Reporting Policy and Procedures.
- 6. All allegations of abuse and neglect shall be reported to the Deputy Secretary for Operations via the appropriate supervisory chain, which includes the immediate supervisor/shift commander, Superintendent, Regional Director and Executive Director of Residential Services, as appropriate.

#### **B.** Facility Reporting

- 1. **Medical, behavioral health, educators, and human service workers** who have a reason to suspect that a youth has been abused or neglected shall adhere to the following reporting guidelines:
  - a. Take immediate steps to protect the alleged victim and ensure he or she does not take any actions that could destroy physical evidence.
  - b. Immediately notify the Shift Commander.
  - c. Verbally notify the local Department of Social Services CPS, and the State Police immediately.
  - d. Complete and submit to the Shift Commander a **DJS Incident Reporting Form (Appendix 1).**
  - e. Complete the CPS Suspected Child Abuse/Neglect Report (Appendix 2) and forward it to CPS, with a copy to the local State Attorney and the Shift Commander prior to the end of the shift/workday.
  - f. The initial verbal and written report made to the appropriate CPS office shall include, at a minimum:
    - 1) The date and time of suspected incident(s);
    - 2) The name, age, and if known, last known home address of the youth;
    - 3) The youth's current location and status;
    - 4) The name and home address of the youth's parent(s) or other family member/guardian/custodian responsible for the youth's care;
    - 5) The nature and extent of the abuse or neglect, including any evidence or information available to the reporter concerning possible previous instances of abuse or neglect;
    - 6) Any other information that would be helpful to determine:
      - a) The cause(s) of the suspected abuse or neglect; and
      - b) The identity of the suspected person(s) responsible for the alleged abuse or neglect; and

- 7) Indicate whether or not the alleged incident was captured on video recording. This shall be documented in section #23 of the CPS Suspected Child Abuse/Neglect Report (Appendix 2).
- g. Medical, behavioral health, educators and human service workers must inform youth at the initiation of services of their duty to report suspected abuse and limitations of their confidentiality.
- h. Medical and behavioral health staff shall obtain informed consent from youth before reporting information about prior sexual abuse and harassment that did not occur in an institutional setting, unless the youth was under the age of 18 at the time of the alleged incident.
- 2. **All other facility employees** (does not include medical, behavioral health, educators, and human service workers) who have reason to suspect that a youth has been abused or neglected shall adhere to the following action and reporting guidelines:
  - a. Take immediate action to protect and separate the victim from the alleged perpetrator.
  - b. Immediately notify the Shift Commander.
  - c. Preserve and protect the crime scene.
  - d. Request the victim not take any actions that would destroy physical evidence, such as washing, brushing teeth, eating, drinking, changing clothes or using the bathroom.
  - e. Ensure that the alleged perpetrator does not take any actions that would destroy physical evidence, such as washing, brushing teeth, eating, drinking, changing clothes or using the bathroom.
  - f. Complete and submit a **DJS Incident Reporting Form (Appendix 1)** prior to the end of the shift/work day.
  - g. The initial verbal and written report made to the Shift Commander shall include, at a minimum:
    - 1) The date and time of suspected incident(s);
    - 2) The name, age, and if known, last known home address of the youth;
    - 3) The youth's current location and status;
    - 4) The nature and extent of the abuse or neglect, including any evidence or information available to the reporter concerning possible previous instances of abuse or neglect; and
    - 5) Any other information that would be helpful to determine:
      - a) The causes of the suspected abuse or neglect; and
      - b) The identity of the suspected person(s) responsible for the alleged abuse or neglect.
- 3. **The Shift Commander or designee** upon receiving a report of suspected abuse or neglect shall:
  - a. Ensure that the alleged victim has been separated from the alleged perpetrator. If the alleged perpetrator is an employee, remove the employee from having contact with all youth.

- b. Notify the Superintendent.
- c. Verbally notify CPS and the State Police unless the incident has already been reported by a medical or behavioral health staff, educator, or human service worker. Advise the CPS worker and law enforcement agent whether or not the alleged incident was recorded on video surveillance.
- d. Notify the OIG.
- e. Complete the CPS Suspected Child Abuse/Neglect Report (Appendix 2), and forward it to CPS, with a copy to the local State Attorney prior to the end of the shift/work day. Document in section #23 on the report whether or not a recording of the alleged incident is available. If the incident was reported by a medical, behavioral health, educator, or human service worker, ensure receipt of the completed CPS Suspected Child Abuse/Neglect Report (Appendix 2), and/or notification to the State Police.
- f. Forward copies of the **DJS Incident Reporting Form (Appendix 1)** and the **CPS Suspected Child Abuse/Neglect Report (Appendix 2)** to State Police, the OIG, and the Superintendent.
- g. Upon receiving an allegation that a youth was sexually abused while confined at another facility, *immediately notify the Superintendent* (see 4d), and complete notifications to CPS and State Police in accordance with the guidelines of this procedure. An Incident Report shall be completed.

#### 4. The Superintendent shall:

- a. Review the reporting process to ensure that notifications have been made to CPS, State Police and the OIG.
- b. Ensure that the CPS Suspected Child Abuse/Neglect Report (Appendix 2) has been completed and sent to CPS, with a copy to the local State Attorney.
- c. Maintain a separate file of the original CPS Suspected Child Abuse/Neglect Report (Appendix 2) with a copy of the DJS Incident Reporting Form (Appendix 1).
- d. If the incident involved an allegation that a youth was sexually abused while confined at another facility, the Superintendent at the facility that received the allegation shall notify the Superintendent or agency head where the alleged abuse/neglect occurred, and document the notification on the Incident Report. The allegation shall be reported to CPS, and State Police by the facility that received the allegation.
- e. Ensure that copies of all pertinent documents, such as Incident Reports, **CPS Suspected Child Abuse/Neglect Reports**, log book entries, medical reports, etc. are available upon request by the investigating parties.

#### C. Community Operations Reporting

- 1. Staff assigned to community operations who have reason to suspect that a youth has been abused or neglected shall adhere to the following guidelines:
  - a. Immediately notify CPS, law enforcement, and the DJS OIG.
  - b. If the alleged incident occurred in a DJS operated facility, notify the Superintendent immediately, or if in a private residential placement, immediately notify the facility/program director.
  - c. Complete and forward the CPS Suspected Child Abuse/Neglect Report (Appendix 2) to CPS, with a copy to the local State Attorney prior to the end of the shift/work day.
  - d. Complete and forward a copy of the DJS Incident Reporting Form (Appendix 1) and the CPS Suspected Child Abuse/Neglect Report (Appendix 2) to law enforcement, the DJS OIG and the Regional Director prior to the end of the shift/workday.
  - e. The initial verbal and written report made to CPS, law enforcement, and the Regional Director or designee shall include, at a minimum:
    - 1) The date and time of suspected incident(s);
    - 2) The name, age, and if known, last known home address of the youth;
    - 3) The youth's current location and status;
    - 4) The name and home address of the youth's parent(s) or other family member/guardian/custodian responsible for the youth's care;
    - 5) The nature and extent of the abuse or neglect, including any evidence or information available to the reporter concerning possible previous instances of abuse or neglect; and
    - 6) Any other information that would be helpful to determine:
      - a) The cause(s) of the suspected abuse or neglect; and
      - b) The identity of the suspected person(s) responsible for the alleged abuse or neglect.

#### 2. The Regional Director or designee shall:

- a. Notify the assigned Executive Director of Residential Services.
- b. Review the reporting process to ensure that notifications have been made to CPS, law enforcement, and the OIG.
- c. Ensure that the CPS Suspected Child Abuse/Neglect Report (Appendix 2) has been completed and sent to CPS, with a copy to the local State Attorney.
- d. If the alleged incident occurred in a DJS operated facility, notify the facility Superintendent immediately, or if in a private residential placement, notify the facility/program director.
- e. Maintain a file of the DJS Incident Reporting Form (Appendix 1) and the CPS Suspected Child Abuse/Neglect Report (Appendix 2).

#### D. Contracted Residential Service Providers

- 1. Contracted residential service provider staff who have reason to suspect that a youth under the care and custody of DJS has been abused or neglected shall:
  - a. Immediately notify the local Department of Social Services Child Protective Services Unit, law enforcement, and the OIG.
  - b. Complete and forward a **CPS Suspected Child Abuse/Neglect Report (Appendix 2) to CPS** not later than 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been subjected to abuse or neglect. Forward a copy of the report to the local State's Attorney.
  - c. Complete and submit an **Incident Reporting Form RCCP**(**Appendix 3**) to the OIG prior to the end of the employee's shift/work day in accordance with the *Incident Reporting Policy Private Residential Child Care Programs and Child Placement Agencies*.
  - d. The initial verbal and written report made to the appropriate law enforcement agency, CPS, and the DJS OIG shall include, at a minimum:
    - 1) The date and time of suspected incident(s);
    - 2) The name, age, and if known, last known home address of the youth;
    - 3) The youth's current location and status;
    - 4) The name and home address of the youth's parent(s) or other family member/guardian/custodian responsible for the youth's care;
    - 5) The nature and extent of the abuse or neglect, including any evidence or information available to the reporter concerning possible previous instances of abuse or neglect; and
    - 6) Any other information that would be helpful to determine:
      - a) The cause(s) of the suspected abuse or neglect; and
      - b) The identity of the suspected person(s) responsible for the alleged abuse or neglect.
- 2. The OIG shall maintain copies of all incident reports and shall follow up to determine the outcome of CPS and law enforcement investigations.

#### **E.** Immediate Protective Action

- 1. Upon being notified of suspected child abuse or neglect, the Shift Commander, facility/program director or designee shall:
  - a. Take action to ensure that no further abuse or neglect occurs by ensuring separation of the alleged victim from the alleged perpetrator.
  - b. If the accused individual is an employee, prohibit the employee from all contact with the victim and all other youth pending completion of the investigation.
  - c. Obtain a medical assessment of the youth. Ensure that pictures are taken of the reported injury/injuries.

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- d. Take appropriate steps to ensure the anonymity and safety of the person making the report.
- e. Confidentially maintain all reports and related incident information.

#### F. Immunity from Intimidation or Retaliation

- 1. No employee may be prevented from filing a report of suspected abuse or neglect. Detrimental action or retaliation may not be taken against anyone filing a good faith report of suspected abuse or neglect.
- 2. **Immunity from Prosecution**: Any person who in good faith makes or participates in making a report of abuse or neglect under Md. Code Ann., Family Law, § 5-704 or §5-705 or participates in an investigation or a resulting judicial proceeding is protected from civil liability or criminal penalty.

### G. Record Keeping

- 1. A copy of the incident report shall be placed in the youth's file; however, the *name*(*s*) *of all suspected employees shall be redacted from the report.*
- 2. The Superintendent, Regional Director or facility/program director shall maintain separate files of DJS and other agency reports and findings.
- 3. Reports, correspondence, and other investigative information shall be maintained by the OIG in a locked file for a period of 5 years from the completion of the DJS, Social Service, State's Attorney, or police investigation, whichever is completed last. After 5 years, the information shall be destroyed. Any data on sexual abuse incidents that is collected via investigative information shall be maintained for at least 10 years after the date of initial collection.

#### IV. RESPONSIBILITY

Superintendent and Regional Directors are responsible for implementation and compliance with this procedure.

### V. <u>INTERPRETATION</u>

The Deputy Secretary of Operations shall be responsible for interpreting and granting any exceptions to these procedures.

### VI. LOCAL OPERATING PROCEDURES REQUIRED

No

#### VII. DIRECTIVES/POLICIES REFERENCED

- A. DJS Incident Reporting- Residential Facilities and Community Operations Policy and Procedure
- B. Incident Reporting- Private Residential Child Care Programs (RCCP) and Child Placement Agencies Policy and Procedure

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### VIII. APPENDICES

- 1.
- DJS Incident Reporting Form
  CPS Suspected Child Abuse/Neglect Report
  Incident Reporting Form RCCP 2.
- 3.



# DJS POLICY AND STANDARD OPERATING PROCEDURES

# Statement of Receipt and Acknowledgment of Review and Understanding

**SUBJECT: Reporting and Investigating Child Abuse and Neglect** 

**NUMBER: OPS-913-15** 

**APPLICABLE TO: DJS Employees & Contracted Residential Service Providers** 

**REVISION DATE: April 13, 2018** 

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE	PRINT FULL NAME
2161.111.6112	
DATE	WORK LOCATION

SEND THE ORIGINAL, SIGNED COPY TO DIRECTOR OF THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.



Facility:		Incident #
Date of Incident:		
Youth Involved:	Staff Involv	ved:
	<u> </u>	
Class I Incidents which are significant in nature but do not rise to the level of seriousness as Class II and Class III are considered Class I incidents. Class I incidents shall be reported verbally and entered into the Incident Reporting database no later than noon the next business day.	Class II Incidents which are serious in nature but do not present significant risk to the facility, public safety, or attract media attention shall be considered Class II incidents and shall be verbally reported within three (3) hours of the incident.	Class III Incidents which are severe in nature, present a risk to public safety, and/or may attract media attention shall be considered Class III. Class III incidents must be verbally reported through the appropriate chain of command IMMEDIATELY.
Alleged Abuse (Not in DJS custody/supervision)  Assault: Youth-on-Staff - Level 0	Arrest: Staff, Volunteer or Vistor  Arrest: Youth	Allegation Against Staff Referred (non-sexual) Assault: Youth-on-Staff - Level 3
Assault: Youth on STAFF - Level 1 Assault: Youth on Youth - Level 0	Assault: Youth-on-Staff - Level 2 Assault: Youth-on-Youth - Level 2	Assault: Youth-on-Youth - Level 3  AWOL
Assault: Youth on Youth - Level 1  Fight: Level 0	Attempted Escape/AWOL  AWOL/Escape Apprehension or Return	Dealth Escape
Fight: Level 1  Restraint	Fight - Level 2 Loss of Keys	Fight - Level 3 Fire
Suicide Ideation	Physical Plant Problem	Group Disturbance - Law Enforcement Required
Youth Injury/Illness - Level 1	Security Contraband - Level 2	Group Disturbance - No Law Enforcement
	Self-Injurious Behavior	Hostage Taking
	Sexual Abuse Allegation: Staff-on-Youth Sexual Harassment	Loss of Class "A" Tool
	Sexual Abuse Allegation: Staff on Youth Sexual Misconduct	Security Contraband - Level 3
	Sexual Abuse Allegation: Youth-on-Youth Sexual Harassment	Sexual Abuse Allegation: Staff-on-Youth Sexually Abusive Contact
	Staff Injury/Illness on the job - Level 2	Sexual Abuse Allegation: Staff-on-Youth Sexually Abusive Penetration
	Visual Body Search - Resonable Suspicion (Individual)	Sexual Abuse Allegation: Staff-on-Youth Indecent Exposure
	Youth Injury/Illness - Level 2	Sexual Abuse Allegation: Staff-on-Youth Voyeurism
		Sexual Abuse Allegation: Youth-on-Staff Sexual Misconduct
		Sexual Abuse Allegation Youth on Youth Sexual Contact
		Sexual Abuse Allegation Youth on Youth Sexual Penetration Sexual Abuse Allegation: Youth-on-Youth Indecent
		Exposure  Staff Injury/Illnoss on the job. Level 2
		Staff Injury/Illness on the job - Level 3
	<del>   </del>	State Vehicle Accident Suicide Attempt
		Visual Body Search - Resonable Suspicion (Multiple Youth)
		Youth Injury/Illness - Level 3 ***Other



Location within the facility:
Description\Comment regarding the location (optional):
Date and time of the incident:
Reported By:
Date Reported:
Staff Involved:
DESCRIPTION OF INCIDENT
What happened just before the incident? (If a visual body search was conducted, document
reasonable suspicion in detail.)
Who was there when the incident occurred? Number of youth present?



What happened during the incident? (Note length of restraint if applicable)  Begin with the day, date and time. Use full names of youth and staff.
Begin with the day, date and time. Use full names of youth and staff.
What occurred after the incident?



Primary Youth Involved:				
Role in Incident - circle one:	Youth Involved	Youth Witness	Aggressor	Victim
Physical Restraint Type Used  Guided Intervention - Directive To Guided Intervention - Pivot and F Restraint - Standing: Shoulder S Restraint - Standing: Cradle Standing: Cradle Wrand Restraint - Standing: Cradle Wrand Restraint - Standing: Passive Restraint - Standing: Therapeutic Restraint - Standing: Therapeutic Restraint - Standing: Passive Es Restraint - Standing: Multiple Te Restraint - Standing: Two-Man To Restraint - Take Down: Cradle S Restraint - Take Down: Side R	ouch Parry Support Inding Septraint C Restraint C Escort Scort Sam Intervention Cherapeutic Escort Seated Restraint Seated	Du	ration of Physica  01 - 15 Minutes  16 - 30 Minutes  31 - 45 Minutes  46 - 60 Minutes  Greater than 60 mi	
Reason for Physical Restraint:  Intervention  Mechanical Restraint Used:  Flex Cuffs Handcuffs AND Leg Irons  Duration of Mechanical Restraint  01 - 15 Minutes 16 - 30 Minutes 31 - 45 Minutes 46 - 60 Minutes  Reason for Mechanical Restraint	Leaving Supervision  Handcuffs  61 - 75 Minutes 76 - 90 Minutes 91 - 105 Minutes 106 - 120 Minutes		Prevention  Leg Irons  Greater than 120 n	ninutes. EXPLAIN:
Description\Comment regarding Staff involved in restraint:	the location (optional):			
De-escalation Efforts Made:	YES	NO		
Seen by Medical?	YES	NO NO		
Injury Severity Rating (from the body shee	·			
Injury resulting from restraint?	YES	NO		
Seclusion?  Duration of Seclusion  01 - 30 Minutes	YES [	NO Gang Involve	ement\ Name of Gan	n·
30 - 60 Minutes 1 - 2 Hours	4 - 6 Hours 6 - 8 Hours	Gang involve	oment Name of Gall	<u>1·</u>
Contraband Found	Weapons		Other:	



Additional Youth Involved:				
Role in Incident - circle one:	Youth Involved	Youth Witness	Aggressor	Victim
Physical Restraint Type Used Guided Intervention - Directive Guided Intervention - Pivot and Restraint - Standing: Shoulder Restraint - Standing: Cradle Standing: Cradle Win Restraint - Standing: Passive Restraint - Standing: Therapeu Restraint - Standing: Therapeu Restraint - Standing: Passive E Restraint - Standing: Multiple T Restraint - Standing: Two-Man Restraint - Take Down: Cradle Restraint - Take Down: Passive Restraint - Take Down: Side	Fouch Parry Support anding restraint tic Restraint tic Escort scort eam Intervention Therapeutic Escort Seated e Restraint Seated	Du	ration of Physica  01 - 15 Minutes  16 - 30 Minutes  31 - 45 Minutes  46 - 60 Minutes  Greater than 60 minutes	
Reason for Physical Restraint Intervention  Mechanical Restraint Used: Flex Cuffs Handcuffs AND Leg Irons	: Leaving Supervision  Handcuffs		Prevention  Leg Irons	
Duration of Mechanical Restraint  01 - 15 Minutes  16 - 30 Minutes  31 - 45 Minutes  46 - 60 Minutes	61 - 75 Minutes 76 - 90 Minutes 91 - 105 Minutes 106 - 120 Minutes		Greater than 120 m	ninutes. EXPLAIN:
Reason for Mechanical Restraint  Description\Comment regarding  Staff involved in restraint:	the location (optional):			
Otan involved in restraint.				
De-escalation Efforts Made: Seen by Medical? Injury Severity Rating (from the body she	YES [ YES [	NO NO		
Injury resulting from restraint?  Seclusion?  Duration of Seclusion  01 - 30 Minutes	YES YES  2 - 4 Hours	NO NO Gang Involve	ement\ Name of Gang	ļ:
30 - 60 Minutes 1 - 2 Hours	4 - 6 Hours 6 - 8 Hours			
Contraband Found Drugs	Weapons		Other:	



Primary Staff Involved Name:			
Staff Assaulted?	YES	NO	
Injury Sustained?	YES	NO	
Injury Severity Rating:	Level 1	Level 2	Level 3
Additional Staff Involved Name:			
Staff Assaulted?	YES	NO	
Injury Sustained?	YES	NO	
Injury Severity Rating:	Level 1	Level 2	Level 3
Additional Staff Involved Name:			
Staff Assaulted?	YES	NO	
Injury Sustained?	YES	NO	
Injury Severity Rating:	Level 1	Level 2	Level 3
Additional Staff Involved Name:			
Staff Assaulted?	YES	NO	
Injury Sustained?	YES	NO	
Injury Severity Rating:	Level 1	Level 2	Level 3
Additional Staff Involved Name:			
	Detail Tab		
Gang Related - Explain:			
			_
Was the incident videotaped?	YES	NO	
Supporting Evidence:			
Supporting Evidence.			
Description/Comment regarding the lea	cation (ontional)		
Description\Comment regarding the lo	υαιίοι (υμιίοιιαι)	•	



### **Physical Restraint Notification**

Name:		
Title:		
Contact Information:		
Date:	Time:	
Notes:		
Mechanical Restraint Notificat Name:		
Title:		
Contact Information:		
Date:	Time:	
Notes:		
Seclusion Authorization Name:		
Title:		
Contact Information:		
Date:	Time:	
Notes:		



Parent/Guardian:	
Date:	Time:
Notes:	
Executive Director:	
	Time:
Notes:	
Regional Director:	
	Time:
Superintendent:	
	Time:
Notes:	
On-Call Administrato	r:
Date:	Time:
Notes:	
OIG Investigator:	
Date:	Time:
DJS Youth Advocate:	
Date:	Time:
Legal Representative	
Date:	Time:
Local/Supervising DS	SS
Date:	Time:
Child Protective Serv	ices (CPS):
Date:	Time:
Law Enforcement:	
Date:	Time:
Community Case Mai	
Date:	Time:
Facility Case Manage	r:
Date:	Time:
Director of General S	ervices:
Date:	Time:



Statements		
Statements of ALL youth and ALL staff involved or witness this report. Attached? Yes No If no	_	
This incident report is true and accur	rate to the b	est of my knowledge.
Staff Member Completing Report		Date
SHIFT COMMANDER\ SUPERVISOR COMMENT Must include critique of how staff handled the incident including, whethe did an exceptionally good job. These comments will be used to as a to	er decisions\actio	•
Shift Commander\Supervisor		Date
Checklist		
Incident Report Number	Yes	No (If no, attach an explanation.)
All sections filled out completely?	Yes	No (If no, attach an explanation.)
3. Shift Commander Comments filled out?	Yes	No (If no, attach an explanation.)
4. All youth\witness statements are attached?	Yes	No (If no, attach an explanation.)
5. Notifications made?	Yes	No (If no, attach an explanation.)
6. Nurses Report of Injury attached? (Including any photos.)	Yes	No (If no, attach an explanation.)
7. Signed and dated?	Yes	No (If no, attach an explanation.)
8. Checked for spelling, grammar and adequate details?	Yes	No (If no, attach an explanation.)
9. Description\Comment regarding the location (optional):	Yes	No (If no, attach an explanation.)
10. Additional supporting documentation attached, if applicable?		The time, and an explanation,
Copies of seclusion sheets, suicide watch forms, etc.	Yes	No (If no, attach an explanation.)
11. Incident report submitted to Child Protective Services?		No. (16 no. 11)
If applicable.	Yes	No (If no, attach an explanation.)

Administrative Review Completed within 72 hours by (sign & date above).



		WITNESS STATEMENT	
Name:			
☐ Youth	Staff		
			_
-			
			_
			_
,			
Signature:		Date:	

### State of Maryland – Child Protective Services REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

(See Instructions on reverse side)

1.	NAME OF LOCAL DEPARTMENT BEING NOTIFIED		ADDRESS			ZIP CODE
2.	PERSON MAKING REPORT (Name)		3. POSITION/TITLE			
4.	NAME OF DEPARTMENT/ORGANIZATION	ADDRES	SS		ZIP CODE	5. TELEPHONE NUMBER
_	TYPE OF DEFENDAL					
	TYPE OF REFERRAL  PHYSICAL ABUSE  SEXUAL ABUSE		☐ NEGLECT	MENTAL INJURY-ABUSE	_	TAL INJURY-NEGLECT
7.	NAME OF CHILD		8. SEX	9. BIRTH DATE 10. RA	CE	
11.	ADDRESS (Where Child Can Be Seen)		ZIP COD	DE 12. GRADE 13. SCHOOL		
14.	NAME OF PERSON RESPONSIBLE FOR CHILD'S CARE		14A. AGE/DOB 14B.	ADDRESS		14C. TELEPHONE NUMBER
	PARENTS/GUARDIAN		AGE/DOB	ADDRESS		TELEPHONE NUMBER
	MOTHER:		AGL/DOB	ADDILESS		TELEFTIONE NOWBER
	FATHER:					
	GUARDIAN (Specify Relation):					
15.	NAME OF ALLEGED ABUSER/NEGLECTOR	16. RELA	ATION 17. AGE/[	DOB 18. ADDRESS		19. TELEPHONE NUMBER
20.	STATE NATURE/EXTENT OF THE CURRENT ABUSE/NEGLECT T ABUSE/NEGLECT VICTIM. DESCRIBE ANY INJURY OR RISK. DE				NG TO THE SI	USPICION THE CHILD IS AN
	ABOSE/NEGLECT VICTIM. DESCRIBE ANY INJURY OR RISK. DE	SCRIBE HC	DW THE REPORTER KIN	OWS INFORMATION.		
21	LIST INFORMATION CONCERNING PREVIOUS ABUSE/NEGLEC	T TO THE (	CHILD/OTHER CHILDRE	IN IN THE EAMILY INCLUDING DR	EVIOUS ACTI	ON TAKEN DESCRIBE HOW THE
21.	REPORTER KNOWS INFORMATION.	I TO THE C	CHILD/OTHER CHILDRE	IN IN THE FAMILY, INCLUDING PR	EVIOUS ACTI	ON TAKEN. DESCRIBE HOW THE
22.	DESCRIBE INFORMATION KNOWN ABOUT FAMILY FUNCTION	ING, RELA	ATIONSHIP BETWEEN P	ARENT, CARETAKER, OTHER ADU	LTS IN HOME	AND CHILDREN AND LIKELY
	RESPONSE BY FAMILY TO DISCLOSURE. DESCRIBE HOW THE	REPORTER	R KNOWS INFORMATIO	N.		
23.	STATE ANY OTHER AVAILABLE INFORMATION THAT WOULD A	AID IN EST.	ABLISHING THE CAUSE	OF THE ALLEGED ABUSE/NEGLE	CT.	
24.	ARE WEAPONS IN THE HOME OR KNOWN TO BE CARRIED	25. IS TH	HERE A HISTORY OF VI	OLENCE, DRUGS, MENTAL	26. IF YES	TO EITHER, DESCRIBE IN
	BY THE FAMILY OR ALLEGED MALTREATOR?		NESS OR RETALIATION			IL ON SEPARATE SHEET OF
	☐ Yes ☐ No ☐ Unknown	L	Yes No Un	known	PAPE	к.
27.	SIGNATURE OF PERSON REPORTING		DATE	28. DATE/HOUR OF ORAL	CONTACT W	ITH THE LOCAL DEPARTMENT
	1				4	
29.	waiver of confidentiality: I agree to waive my	right t	to confidentialit	y as a mandated repo	τer.	Yes No
30.		TAFF PERS	SON TO WHOM ORAL	REPORT WAS MADE		
	Yes No Unknown					
	L					

#### INSTRUCTIONS

(The 180 form can either be hand-written or filled out on line. If filling out the form on line, please save the form to your computer prior to filling out the form.)

#### **MANDATED REPORTING:**

Every health practitioner, educator, human services worker, or law enforcement officer who, in a professional capacity, has reason to believe that a child has been abused or neglected is required to make an oral *AND* written report to either a local department of social services or to the police.

A reporter does not need to have observed outward signs of injury. It is also not necessary for the reporter to have proof that abuse or neglect occurred. Protection of the child is paramount. If a reporter suspects abuse or neglect, a report must be submitted.

Please note that, effective October 1, 2016, if a local department has reason to believe that a mandated reporter knowingly failed to make a report of suspected child abuse or neglect, the local department must file a complaint with the appropriate licensing board or employer of the mandated reporter.

#### **TIMELINES:**

A mandated reporter must make an oral report of suspected child abuse or neglect immediately and submit a written report within 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been abused or neglected.

#### **DEFINITIONS OF CHILD ABUSE AND CHILD NEGLECT:**

#### "Child abuse" means: (Fam. Law § 5-701(b); COMAR 07.02.07.02)

Physical injury, not necessarily visible, or mental injury of a child by a parent, other individual who has permanent or temporary care or custody or responsibility for supervision of a child, or by a household or family member under circumstances that indicate that the child's health or welfare was harmed or placed at substantial risk of harm;

Any sexual abuse, meaning an act or acts involving sexual molestation or exploitation, to include sex trafficking, whether physical injuries are sustained or not by a parent, other individual who has permanent or temporary care or custody or responsibility for supervision of a child, or by a household or family member; or

Mental injury to a child, meaning the observable, identifiable and substantial impairment of a child's mental or psychological ability to function, that is caused by the act of a parent or other individual who has permanent or temporary care, or custody or responsibility for supervision of a child, or by a household or family member.

#### "Child Neglect" means: (Fam. Law § 5-701(s); COMAR 07.02.07.02)

The failure to give proper care and attention to a child, including leaving a child unattended, by the child's parent or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child, under circumstances that indicate that the child's health or welfare was harmed or placed at substantial risk of harm; or

Mental injury to a child, meaning the observable, identifiable and substantial impairment of a child's mental or psychological ability to function, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child by the child's parent, or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child.

#### COMPLETING THE REPORT OF SUSPECTED CHILD ABUSE/NEGLECT (180 form):

Respond to each item even if the reply is "unknown" or "none." Use additional paper if necessary to complete any given section.

- 1. **Name of Local Department Being Notified:** Oral and written reports of suspected child abuse or neglect must be made to the local Child Protective Services unit in the jurisdiction where the incident allegedly took place.
- 2. **Person Making Report (Name):** Regardless of who is completing the form, the reporter should be the person who witnessed or has first-hand knowledge of the incident. Any person, including a health practitioner, educator, human services worker, or law enforcement officer, involved in making a good faith report, or participating in an investigation or resulting judicial or administrative proceeding is immune from any civil liability or criminal penalty that might otherwise be incurred or imposed as a result.
- 6. Type of Referral: Please check all that apply.
- 7. Name of Child: Identify only one child per report.
- 11. Address (Where Child Can Be Seen): Please provide the location where the child can be located both during the day and after normal school or working hours.
- 29. **WAIVER OF CONFIDENTIALITY:** Without written permission, the local department will not share the identity of the reporter unless ordered to by the court. However, the reporter may be contacted by a local department during an investigation and may be called to participate in an administrative hearing.
- 30. Report Assigned: The person taking your report may not be able to tell you whether the report will be accepted either for an investigation or an alternative response. Some types of referrals are not appropriate or are "legally insufficient" for a CPS response. If your concerns do not meet the criteria for a CPS response, you will be referred, when possible, to alternative resources. Even if you know that the oral report of abuse or neglect is not being accepted for a CPS response, you are still required to submit the written report. Please keep a copy for your records
- 31. **NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE:** Please record the name of the person at the local department to whom you made the report.



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Date of Incident:		
Organization Name:		
Program Name:	Program	Type:
Program Address:		
Staff Filing Report:		
Youth Involved/Date of Birth:	-	Staff or Foster Parent Involved:
	_	
	<del>-</del>	
	-	
Class I Significant in nature, however, do not rise to the level of seriousness as Class III and Class II. Class I incidents shall be reported to OIG by the next business day.	Class II  Incidents which are serious in nature but do not p a significant risk to the facility, public safety, or a media attention shall be considered Class II incid and shall be reported to OIG by the next business	tract public safety, and/or may attract media attention. A written notification shall be provided to OIG for Class
Alleged Abuse (Not in DJS custody/supervision)	Arrest: Staff, Volunteer, or Visitor	Allegation Against Staff Referred (non-sexual)
Assault: Youth on STAFF - Level 0	Arrest: Youth	Alleged Abuse (In DJS custody/supervision)
Assault: Youth on STAFF - Level 1	Assault: Youth on STAFF - Level 2	Alleged Neglect
Assault: Youth on Youth – Level 0	Assault: Youth on Youth - Level 2	Assault: Youth on STAFF - Level 3
Assault: Youth on Youth - Level 1	AWOL/ Apprehension or Return	Assault: Youth on Youth - Level 3
Fight: Level 0	Fight: Level 2	AWOL
Fight: Level 1	Loss of Staff Keys	Death
RESTRAINT Guided Intervention	Physical Plant Problem	Emergency Petition
RESTRAINT Standing	Security Contraband - Level 2	Fight: Level 3
RESTRAINT Take Down	Self-Injurious Behavior	Fire
Violation of Youth Rights	Sexual Abuse Allegation - STAFF on Youth Sexual Misconduct	Group Disturbance –Law Enforcement Required
Suicidal Ideation	Sexual Abuse Allegation - STAFF on Youth Sexual Harassment	Group Disturbance – No Law Enforcement Required
Youth Injury or Illness - Level 1	Sexual Abuse Allegation Youth on Youth Sexual Harassment	Hostage Taking
	STAFF Injury or Illness (OTJ)-Level 2	Loss of a Class "A" Tool
	Youth Injury or Illness - Level 2	Physical Plant Problem
		Security Contraband - Level 3 Sexual Abuse Allegation STAFF on Youth Sexually Abusive Contact Sexual Abuse Allegation STAFF on Youth Sexually Abusive
		Penetration Sexual Abuse Allegation STAFF on Youth Indecent Exposure
		Sexual Abuse Allegation STAFF on Youth Voyeurism
		Sexual Abuse Allegation Youth on STAFF Sexual Misconduct
		Sexual Abuse Allegation
		Youth on Youth Sexual Contact Sexual Abuse Allegation
		Youth on Youth Sexual Penetration Sexual Abuse Allegation
		Youth on Youth Indecent Exposure
		STAFF Injury or Illness (OTJ): Level 3 Vehicle Accident
		Suicide Attempt
		Youth Injury or Illness - Level 3



Location within the program:
Description\Comment regarding the location (optional):
Date and time of the incident:
Reported By:
Date Reported:
Staff Involved:
DESCRIPTION OF INCIDENT
What happened just before the incident?
Who was there when the incident occurred? Number of youth present?



What happened during the incident? (Note length of restraint if applicable)

Begin with the day, date and time. Use full names of youth and staff.	_
What occurred after the incident?	



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Youth Involved:		
Role in Incident - check one:	Youth Witness	Aggressor Victim
Physical Restraint Type Used ( Guided Intervention - Directive To Guided Intervention - Pivot and F Restraint - Standing: Shoulder S Restraint - Standing: Cradle Stan Restraint - Standing: Cradle Wra Restraint - Standing: Passive Re Restraint - Standing: Therapeution Restraint - Standing: Therapeution Restraint - Standing: Passive Es Restraint - Standing: Multiple Te Restraint - Standing: Two-Man T Restraint - Take Down: Cradle S Restraint - Take Down: Passive Restraint - Take Down: Side Restraint - S	ouch Parry upport upport nding up estraint c Restraint c Escort cort am Intervention Therapeutic Escort eated Restraint Seated	Duration of Physical Restraint  01 – 15 Minutes  16 – 30 Minutes  31 – 45 Minutes  46 – 60 Minutes  Greater than 60 minutes, EXPLAIN:
Reason for Physical Restraint: Intervention  Mechanical Restraint Used: Flex Cuffs Handcuffs AND Leg Irons	Leaving Supervision  Handcuffs	Prevention  Leg Irons
Duration of Mechanical Restraint  01 – 15 Minutes  16 – 30 Minutes  31 – 45 Minutes  46 – 60 Minutes	61 – 75 Minutes 76 – 90 Minutes 91 – 105 Minutes 106 – 120 Minutes	Greater than 120 minutes, EXPLAIN:
Staff involved in restraint:  De-escalation Efforts Made: Seen by Medical? Injury Sustained Injury Severity Rating Injury resulting from restraint?	YES YES YES Level 1 YES	NO NO NO Level 2 NO
Seclusion:  YES NO  Duration of Seclusion:  01 - 30 Minutes 30 - 60 Minutes 1 - 2 Hours	2 – 4 Hours 4 – 6 Hours 6 – 8 Hours	Gang Involvement\ Name of Gang:
Contraband Found:	Drugs	Weapons Other



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Additional Youth Involved:			
Role in Incident - check one:	Youth Witness	Aggressor	Victim
Physical Restraint Type Used (see Guided Intervention - Directive To Guided Intervention - Pivot and Park Restraint - Standing: Shoulder Surestraint - Standing: Cradle Standard Restraint - Standing: Cradle Wrap Restraint - Standing: Passive Restraint - Standing: Therapeutic Restraint - Standing: Therapeutic Restraint - Standing: Passive Esc Restraint - Standing: Multiple Tear Restraint - Standing: Two-Man Therapeutic Restraint - Standing: Two-Man Therapeutic Restraint - Take Down: Cradle See Restraint - Take Down: Side Restraint	uch earry apport ding o straint Restraint Escort ort m Intervention herapeutic Escort eated Restraint Seated	01 – 15 Mii 16 – 30 Mii 31 – 45 Mii 46 – 60 Mii	nutes nutes
Reason for Physical Restraint: Intervention  Mechanical Restraint Used: Flex Cuffs Handcuff AND Leg Irons	Leaving Supervision  Handcuffs		vention g Irons
Duration of Mechanical Restraint  01 – 15 Minutes  16 – 30 Minutes  31 – 45 Minutes  46 – 60 Minutes	61 – 75 Minutes 76 – 90 Minutes 91 – 105 Minutes 106 – 120 Minutes	Gre	eater than 120 minutes, EXPLAIN:
Staff involved in restraint::  De-escalation Efforts Made: Seen by Medical? Injury Sustained Injury Severity Rating Injury resulting from restraint?	YES YES YES Level 1 YES	NO NO NO Level 2 NO	Level 3
Seclusion:  YES NO  Duration of Seclusion:  01 - 30 Minutes 30 - 60 Minutes 1 - 2 Hours	2 – 4 Hours 4 – 6 Hours 6 – 8 Hours	Gang Involvemer	nt\ Name of Gang:
Contraband Found:	Drugs	Weapons	Other



Primary Staff Involved Name: Staff Assaulted? YES NO Injury Sustained? YES NO Injury Severity Rating: Level 3 Level 1 Level 2 Additional Staff Involved Name: Staff Assaulted? YES NO YES Injury Sustained? NO Injury Severity Rating: Level 1 Level 2 Level 3 Additional Staff Involved Name: Staff Assaulted? YES NO Injury Sustained? YES NO Injury Severity Rating: Level 2 Level 3 Level 1 Additional Staff Involved Name: Staff Assaulted? YES NO YES NO Injury Sustained? Injury Severity Rating: Level 1 Level 2 Level 3 **Detail Tab** Gang Related - Explain: Was the incident videotaped? NO Supporting Evidence



### **Physical Restraint Notification**

Name:		 
Title:		 
Contact Information:		
Date:		
Notes:		
Mechanical Restraint Notification		
Name:		
Title:		
Contact Information:		
Date:		
Notes:		
	<del></del>	 
Seclusion Authorization		
Name:		
Title:		 
Contact Information:		 
Date:	Time:	 
Notes:		 
	<del></del>	 



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Parent/Guardian:		
Date:	Time:	
Executive Director:		
Date:	Time:	
Program Administrator:		
Date:		
On-Call Administrator:		
Date:	Time:	
Licensing Agency:		
Date: _	Time:	
DJS Case Management Specialist:		
Date:	Time:	
Legal Representative:		
Date:		
OIG Investigator:		
Date:	Time:	
Law Enforcement:		
Date:	Time:	
Child Protective Services:		
Date:	Time:	
Other:		
Date:	Time:	



**Statements** Statements of ALL youth and ALL staff involved or witnessing the incident should be attached separately to this report. Attached? Yes No If not, please explain below. This incident report is true and accurate to the best of my knowledge. Staff Member Completing Report Date SUPERVISOR COMMENTS Must include critique of how staff handled the incident including, whether decisions\actions could have been improved or whether staff did an exceptionally good job. These comments will be used to as a tool for staff to learn from this incident. Supervisor Date Checklist All sections filled out completely? No (If no, attach an explanation.) Yes Supervisor Comments filled out? Yes No (If no, attach an explanation.) All youth\witness statements are attached? No (If no, attach an explanation.) 3. Yes Notifications made? Yes No (If no, attach an explanation.) 4. Nurses Report of Injury attached? (Including any photos.) No (If no, attach an explanation.) 5. Yes 6. Signed and dated? Yes No (If no, attach an explanation.) Checked for spelling, grammar and adequate details? No (If no, attach an explanation.) 7. Yes Description\Comment regarding the location (optional): No (If no, attach an explanation.) 8. Yes Additional Supporting documentation attached, if applicable? Yes No (If no, attach an explanation.) Copies of seclusion sheets, suicide watch forms, etc. Incident report submitted to Child Protective Services? No (If no, attach an explanation.) Yes If applicable. Administrative Review Completed by (sign & date) Level Category –Incident Revised January 2015 Page 9 of 10



	WITNESS STATEMENT	
Name:		
Youth	Staff	
Signature:	Date:	