

# Audit Report

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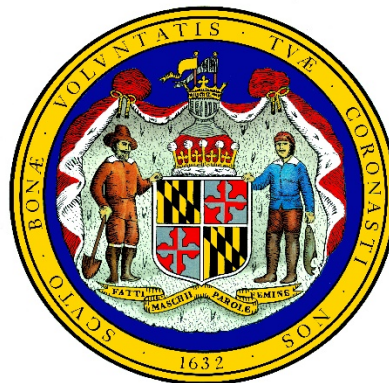
## Department of Juvenile Services

May 2025

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**In compliance with the requirements of the State Government Article Section 2-1224(i), of the Annotated Code of Maryland, the Office of Legislative Audits has redacted cybersecurity findings and related auditee responses from this public report.**



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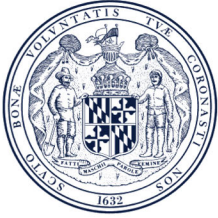
Office of Legislative Audits  
The Warehouse at Camden Yards  
351 West Camden Street, Suite 400  
Baltimore, Maryland 21201  
Phone: 410-946-5900  
Maryland Relay: 711  
TTY: 410-946-5401 · 301-970-5401  
E-mail: [webmaster@ola.state.md.us](mailto:webmaster@ola.state.md.us)  
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DEPARTMENT OF LEGISLATIVE SERVICES  
OFFICE OF LEGISLATIVE AUDITS  
MARYLAND GENERAL ASSEMBLY

Victoria L. Gruber  
Executive Director

Brian S. Tanen, CPA, CFE  
Legislative Auditor

May 1, 2025

Senator Shelly L. Hettleman, Senate Chair, Joint Audit and Evaluation Committee  
Delegate Jared Solomon, House Chair, Joint Audit and Evaluation Committee  
Members of Joint Audit and Evaluation Committee  
Annapolis, Maryland

Ladies and Gentlemen:

We have conducted a fiscal compliance audit of the Department of Juvenile Services (DJS) for the period beginning April 1, 2020 and ending December 31, 2023. DJS is the central administrative agency for juvenile intake, detention authorization, probation, protective supervision, and aftercare services. In addition, DJS provides residential care, diagnosis, training, education, and rehabilitation to juveniles in State facilities, and supervises community facilities operated under contractual agreements.

Our audit disclosed that DJS did not have a process to ensure that residential service facilities timely corrected deficiencies identified by its Office of the Inspector General (OIG) resulting in numerous deficiencies going uncorrected. Audits performed for fiscal years 2021 through 2023 by the OIG covering operations at eight residential services facilities collectively disclosed 330 audit findings, including 83 repeated findings.

Our audit also noted that DJS did not ensure background checks were properly completed for contractors providing youth care services, and contracts did not require ongoing updates on any subsequent criminal activity for employees. We noted one employee working for a contractor that provided youth care services who had a previous conviction in 2021 that may have made this individual ineligible to work on the contract. DJS advised that it was not aware of this conviction and as of January 3, 2025, this individual was still working for the contractor.

In addition, our audit disclosed several deficiencies with DJS procurement and disbursement practices. For example, DJS did not always maintain critical procurement documentation, such as technical evaluation support, for five contracts tested totaling \$27.6 million and could not justify a \$1.5 million payment to a vendor that was originally rejected. In addition, DJS did not have adequate controls over employee overtime and its materials and supplies inventory. Certain of these conditions were noted in our prior report but not corrected.

Furthermore, our audit disclosed cybersecurity-related findings. However, in accordance with the State Government Article, Section 2-1224(i) of the Annotated Code of Maryland, we have redacted the findings from this audit report. Specifically, State law requires the Office of Legislative Audits to redact cybersecurity findings in a manner consistent with auditing best practices before the report is made available to the public. The term “cybersecurity” is defined in the State Finance and Procurement Article, Section 3.5-301(b), and using our professional judgment we have determined that the redacted findings fall under the referenced definition. The specifics of the cybersecurity findings were previously communicated to those parties responsible for acting on our recommendations.

DJS’ response to this audit is included as an appendix to this report. Consistent with State law, we have redacted the elements of DJS’ response related to the cybersecurity audit findings. We reviewed the response and noted general agreement to our findings and related recommendations, and while there are other aspects of DJS’ response which will require further clarification, we do not anticipate that these will require the Joint Audit and Evaluation Committee’s attention to resolve.

We wish to acknowledge the cooperation extended to us during the course of this audit by DJS.

Respectfully submitted,

*Brian S. Tanen*

Brian S. Tanen, CPA, CFE  
Legislative Auditor

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\* Denotes item repeated in full or part from preceding audit report

## **Background Information**

### **Agency Responsibilities**

The Department of Juvenile Services (DJS) is the central administrative agency for juvenile intake, detention authorization, probation, protective supervision, and aftercare services. In addition, DJS provides residential care, diagnoses, training, education, and rehabilitation to juveniles in State facilities, and supervises community facilities operated under contractual agreements.

DJS has a headquarters office located in Baltimore City and 44 facilities and field offices located in 5 regions throughout the State. According to DJS' records, the number of intake cases (including detention programs, committed programs, and community supervision) during fiscal year 2024 totaled 14,184. In addition, the average daily population of youths under its supervision (in both State and contractual facilities) totaled 418 for the same period.

As noted in Figure 1, according to the State's records, during fiscal year 2024 DJS expenditures totaled approximately \$333.8 million. Personnel costs accounted for the majority of these expenditures. During the period December 31, 2019 through June 30, 2024, DJS had vacancy rates that ranged from 5.9 to 16.3 percent. As of June 30, 2024, approximately 11.8 percent of the total 2,162 positions were vacant. These vacancies may have contributed, at least in part, to the findings in this report.

**Figure 1**  
**DJS Positions, Expenditures, and Funding Sources**

<b>Full-Time Equivalent Positions as of June 30, 2024</b>	
	<b>Positions</b>
Filled	1,908
Vacant	254
<b>Total</b>	<b>2,162</b>
<b>Fiscal Year 2024 Expenditures</b>	
	<b>Expenditures</b>
Salaries, Wages, and Fringe Benefits	\$242,786,474
Technical and Special Fees	2,445,431
Operating Expenses	88,561,687
<b>Total</b>	<b>\$333,793,592</b>
<b>Fiscal Year 2024 Funding Sources</b>	
	<b>Funding</b>
General Fund	\$321,421,577
Special Fund	2,534,467
Federal Fund	9,392,914
Reimbursable Fund	444,634
<b>Total</b>	<b>\$333,793,592</b>

Source: State financial and personnel records

### **Organizational Change**

Chapter 147, Laws of Maryland 2021 effective July 1, 2022 transferred the Juvenile Services Education Program (JSEP) and Board from the Maryland State Department of Education to DJS. JSEP is responsible for overseeing and providing comprehensive educational services to all juveniles placed in a DJS-operated detention or residential facility. The activities of JSEP from July 1, 2022 through December 31, 2023 were included in the scope of this audit. The activities of JSEP from April 1, 2020 to June 30, 2022 were included in the scope of our Maryland State Department of Education audit.

### **Case Management System Replacement**

Since 1999, DJS has used the Automated Statewide System of Information Support Tools (ASSIST) as its client case management database for youth placed in its care. DJS planned to replace ASSIST with the Child, Juvenile and Adult



Management Systems (CJAMS) application hosted on the Department of Human Services' MD THINK cloud platform in calendar year 2021. However, the transition was delayed by problems with the development of MD THINK,<sup>1</sup> ultimately resulting in DJS deciding to withdraw from the CJAMS project in April 2024.

According to DJS management, it does not anticipate recovering any of the \$6.7 million paid towards the implementation of CJAMS as of June 30, 2024. DJS has engaged with the Department of Information Technology (DoIT) to determine the best course of action to replace ASSIST.

### **Certain Costs for Residential Rehabilitation Services Could Not be Submitted for Federal Reimbursement**

DJS has been unable to submit certain residential rehabilitation services expenditures for federal reimbursement since fiscal year 2015. As noted in our two preceding audit reports, an August 2011 audit by the U.S. Department of Health and Human Services (HHS) concluded that the State's use of a flat per diem rate for Medical Assistance Program (Medicaid) claims for all residential rehabilitation services from October 1, 2005 through September 30, 2007, regardless of the specific services received by each client, made it unclear whether such services were eligible for Medicaid reimbursement. DJS continued to use the old per diem rate through fiscal year 2015, at which point it stopped recovering funds until a new rate is developed in order to avoid potential federal penalties.

The issue was subsequently referred to the State's Rate Setting Reform Stakeholders Workgroup, of which DJS is a member.<sup>2</sup> In fiscal year 2015, the Workgroup determined that most of the services that were reimbursed and included in the per diem rates, such as residential rehabilitation room, board and recreation, were not Medicaid-covered services. The Workgroup concluded that the small portion of Medicaid-covered services (such as mental health counseling) should be recovered directly by the providers as fee-for-service claims and a reduced State per diem rate should be established for the non-Medicaid eligible service portion.

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<sup>1</sup> Significant deficiencies regarding MD THINK's development were commented upon in our March 29, 2024 fiscal compliance audit report of DoIT.

<sup>2</sup> The Workgroup was created under the State's Interagency Rates Committee and is comprised of the Departments of Health, Human Services, Juvenile Services, Budget and Management, Education, and the Governor's Office for Children.

Although the Workgroup has developed a new rate structure for residential rehabilitation services, these rates will not be effective until the Medicaid State Plan is formally amended by the Maryland Department of Health. As of September 2024, DJS expects this amendment to take effect on July 1, 2025. Since the end of fiscal year 2015, the costs associated with these services that could be eligible for reimbursement under Medicaid have been funded solely by the State's General Fund. DJS could not readily determine the amount of funds eligible for federal funding that have been paid for with State general funds.

## **Office of Program Evaluation and Government Accountability (OPEGA) Evaluation of DJS**

On December 16, 2024, the Department of Legislative Services' OPEGA issued a report on its evaluation of DJS. OPEGA's evaluation focused on long-term trends in juvenile justice, contractual community-based services, and Child in Need of Supervision referrals. This report contained several recommendations to DJS, including the following:

- consider expanding the capability of the ASSIST database to capture placements with contracted providers and referrals to non-contracted community-based providers;
- identify and replicate best-practices from local offices to ensure equitable treatment of DJS-involved youth throughout Maryland;
- support the Governor's Office for Children with the development of a public centralized database of all State, local, and private resources available for children, youth and families in the State as mandated by State law; and
- collect data that allows for provider-level assessment of effectiveness based on youth outcomes.

## **Status of Findings From Preceding Audit Report**

Our audit included a review to determine the current status of the six findings contained in our preceding audit report dated September 2, 2021. See Figure 2 for the results of our review.

<b>Figure 2 Status of Preceding Findings</b>		
<b>Preceding Finding</b>	<b>Finding Description</b>	<b>Implementation Status</b>
Finding 1	DJS did not consolidate procurements and publish contract awards to maximize State purchasing power and enhance transparency, oversight, and control; and could not support certain contract modifications.	Not repeated
Finding 2	DJS did not have a process in place to verify the propriety or reasonableness of certain services prior to payment, and could not justify the subsequent payment of certain invoices that were originally rejected for payment.	Not repeated
Finding 3	DJS did not use available automated controls to ensure the propriety of purchasing and disbursement transactions.	<b>Repeated</b> (Current Finding 4)
Finding 4	DJS' use of certain intergovernmental agreements circumvented State procurement regulations. In addition, DJS did not ensure services were provided and related charges were proper.	Not repeated
Finding 5	The youth case management application and database were not properly maintained and secured. In addition, related logging and monitoring controls and settings for application passwords and accounts were not adequate.	Status Redacted <sup>3</sup>
Finding 6	DJS did not maintain materials and supplies inventory records as required.	<b>Repeated</b> (Current Finding 9)

<sup>3</sup> Specific information on the current status of this cybersecurity-related finding has been redacted from this publicly available report in accordance with State Government Article, Section 2-1224(i) of the Annotated Code of Maryland.

# Findings and Recommendations

## Residential Service Facility Operations

### Finding 1

**Department of Juvenile Services (DJS) did not have a process to ensure that residential service facilities timely corrected deficiencies identified by its Office of the Inspector General (OIG) resulting in numerous deficiencies going uncorrected.**

### Analysis

DJS did not have a process to ensure that residential service facilities timely corrected deficiencies identified by its OIG resulting in numerous deficiencies going uncorrected. DJS relied primarily on audits conducted by the OIG to provide oversight of the residential service facilities' operations. Audits include a review of 111 performance measures developed by OIG and DJS across 6 major operational areas to evaluate critical operational standards set forth in State law, regulation, and policy (see Exhibit A of this report for a list of performance measures).

As shown in Figure 3, the OIG audits identified 330 reportable conditions in all 6 areas, including 83 repeat findings (see Exhibit B of this report for a summary and Exhibit C for a detailed listing of findings by residential service facility and performance measure). While DJS required each facility to submit a corrective action plan to address the audit findings, DJS management did not formally monitor the implementation of these plans or take additional action to ensure findings were addressed.

**Figure 3**  
**OIG Residential Service Facility Audit Findings**  
**Fiscal Years 2021 through 2023**

Operational Area	Performance Measures	Total Findings	Total Repeats
Care	39	93	19
Security	26	155	45
Justice and Order	18	10	0
Programs and Services	11	17	3
Safety	11	32	6
Administration and Management	6	23	10
<b>Totals</b>	<b>111</b>	<b>330</b>	<b>83</b>

Source: OIG Audit Reports

Given that certain findings were repeated in multiple audits, we believe additional action by DJS management was warranted. For example, 14 findings related to 7 performance measures identified in the 2021 audits were also repeated in the 2022 and 2023 audits. DJS management concurred with our assessment that additional oversight of the residential service facilities was required and advised that it was revising its monitoring procedures to ensure that the OIG's audit findings were appropriately addressed.

### **Recommendation 1**

**We recommend that DJS establish a process to monitor the implementation of corrective action plans to address deficiencies identified by its OIG and take additional appropriate action when deficiencies are repeated.**

## **Criminal Background Checks**

### **Finding 2**

**DJS did not ensure criminal background checks were properly completed for contractors providing youth care services, resulting in at least one individual with a previous conviction working directly with children.**

### **Analysis**

DJS did not ensure criminal background checks were properly completed for contractors providing youth care services, resulting in at least one individual with a previous conviction interacting directly with children. State regulations require individuals who care for, or supervise, children at a juvenile detention, correction, or treatment facility to obtain a criminal background check and specify crimes that disqualify individuals from providing services. DJS' youth care service contracts<sup>4</sup> require the vendors to report these results to DJS. As of January 2024, DJS contracted with 78 youth care services vendors.

Our review of nine contracts<sup>5</sup> disclosed that DJS did not ensure that the required background checks were properly completed and reported by the contractor. Specifically, as of August 2024, DJS had not verified that the required background checks were obtained for 10 vendor employees on two contracts. For the other seven contracts, DJS did not document that the vendor employees assigned to the contracts at the time of award had passed the criminal background

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<sup>4</sup> Youth care services include nursing, behavioral health, reporting center, and sex offense treatment services.

<sup>5</sup> These contracts were selected for review based on significance of services being provided to youth, and were awarded between November 2020 and August 2023.

checks. Rather DJS only ensured that vendor employees added subsequent to the original contract award had background checks.

We further noted that DJS did not require or obtain ongoing updates (referred to as alerts) on any subsequent criminal activity for employees. Consequently, DJS would only be aware of individuals who subsequently committed a disqualifying crime if they were voluntarily reported by the individual or the vendor.

We obtained a list of vendor employees actively working on these 9 contracts (as of August 2024) and matched these individuals against Department of Public Safety and Correctional Services (DPSCS) conviction records<sup>6</sup> for the period from September 25, 2019 to May 16, 2024. Our match identified one vendor employee who worked directly with children who was convicted of second-degree assault and possession of a dangerous weapon with the intent to injure in 2021. DJS advised that it was not aware of this conviction and as of January 3, 2025, this individual is still working for the vendor.

## **Recommendation 2**

### **We recommend that DJS**

- a. ensure vendors comply with criminal background check requirements for all employees, and take appropriate action when disqualifying criminal activity is identified; and**
- b. require vendors to receive alerts of subsequent criminal activity by their employees and timely report such activity to DJS.**

## **Procurements and Disbursements**

### **Finding 3**

**DJS could not document critical components of five procurements to support the propriety of the award and did not publish six awards as required.**

### **Analysis**

DJS did not always comply with State procurement regulations. According to State records, DJS competitively procured approximately \$58.7 million between October 2020 and July 2023. Our test of nine competitively procured contracts totaling \$42.7 million<sup>7</sup> during this period disclosed the following conditions:

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<sup>6</sup> Our Data Analytics Unit independently obtained these records from DPSCS. We determined that the conviction records we received from DPSCS were sufficiently reliable for the purposes of our match.

<sup>7</sup> We generally selected procurements for testing based on dollar amount significance.

- DJS could not provide all required procurement documentation, including technical evaluation committee member names, scores and evaluations, and committee members' signed recommendations for five contracts totaling \$27.6 million. In addition, DJS could not provide the technical and/or financial proposals submitted by losing bidders for two of these contracts totaling \$6.3 million. As a result, we could not readily determine the propriety of any of these five awards.
- As of May 2024, DJS had not published three contract awards totaling \$7.7 million on *eMaryland Marketplace Advantage (eMMA)* that were awarded between 1.5 to 3.5 years prior to that date. In addition, three other awards totaling \$9.6 million were published between 35 and 82 days beyond the 30-day requirement. Publishing awards on *eMMA* provides improved transparency over State procurements including information about winning bidders and the amount of the related awards.

State procurement regulations require all critical procurement documentation, such as technical and price proposals and bid evaluations be maintained in the procurement file. State procurement laws and regulations also require awards to be published on *eMMA* within 30 days after approval of the contract.

### **Recommendation 3**

**We recommend that DJS comply with State procurement regulations.**

**Specifically, we recommend that DJS**

- ensure all required procurement documentation, such as technical and price proposals and bid evaluations, is maintained; and**
- publish contract awards on *eMMA* within 30 days after approval, as required.**

### **Finding 4**

**DJS paid vendors using a method that was not in accordance with State policies and which circumvented available system controls.**

### **Analysis**

DJS' use of direct voucher payments to vendors was not in accordance with State policies and circumvented available system controls. Direct vouchers are payments made without matching a correlating purchase order, invoice, or receiving report. According to the State's accounting records, during the period from April 1, 2020 through December 31, 2023, DJS processed approximately \$125.3 million (57 percent) of its \$219.9 million in disbursement transactions on

the State's Financial Management Information System (FMIS) using direct vouchers.

Our analysis of DJS expenditure transactions disclosed that \$75.3 million of the aforementioned direct voucher payments were not in accordance with the Department of Information Technology's (DoIT) *Internal Control and Security Policy and Procedures Manual*, of which \$72.3 million (96 percent) related to contractual services. The *Manual* restricts the use of direct vouchers to specific types of transactions, such as, utilities, tuition reimbursement, or travel. DJS management advised that direct vouchers are used if certain line items under a purchase order are exhausted (meaning costs associated with a specific part of the contract are fully paid), the related purchase order has not been created at the time of payment processing, or the direct voucher method was used in error.

This practice is not consistent or authorized by the *Manual* and resulted in a lack of assurance that the payments were consistent with the purchase order and the related goods were received. A similar condition was commented upon in our preceding audit report. In its response to that report, DJS stated that by December 31, 2021 it would establish procedures to restrict the use of direct voucher payments to transactions authorized by the *Manual*. However, as detailed above, DJS continued to routinely use direct vouchers improperly.

#### **Recommendation 4**

**We recommend that DJS restrict the use of direct vouchers to transactions authorized by the DoIT *Manual* (repeat).**

#### **Finding 5**

**DJS could not justify a \$1.5 million payment that was originally rejected, and paid certain invoices without verifying that goods or services were received and the related charges were proper.**

#### **Analysis**

DJS could not justify a \$1.5 million payment that was originally rejected, and paid certain invoices without verifying that goods or services were received and the related charges were proper. Our test of 23 invoices totaling approximately \$10.9 million<sup>8</sup> during the period from June 2020 to January 2024, disclosed the following conditions:

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<sup>8</sup> We selected payments for testing based on dollar amount significance, the type of service being rendered, and risk identified during our analysis of expenditure activity.



- DJS management authorized a \$1.5 million payment for an invoice that was previously denied by the contract monitor because the services (installation of modular homes at a DJS facility) had not been provided at the time the vendor requested payment. The contract terms required services to be provided prior to payment. DJS management subsequently authorized that \$1.5 million of the \$1.7 million invoice be paid (accounting for ninety percent), with the remaining amount to be paid upon actual delivery and installation. However, justification for overriding the contract monitor’s decision and the decision not to follow the contract terms was not documented or supported. The vendor ultimately provided the required service four months after the payment.
- DJS did not always verify that services obtained through interagency agreements were received and the related charges were proper. Our test of 11 payments totaling approximately \$426,200<sup>9</sup> made to 4 vendors obtained via interagency agreement disclosed that DJS paid 3 invoices totaling \$54,800 to one vendor without obtaining documentation to support payroll charges as required by the related interagency agreement. As a result, we could not readily determine that amounts paid were proper.

### **Recommendation 5**

#### **We recommend that DJS**

- a. stop overriding contract monitor payment rejections unless there is a documented justification for the payment; and**
- b. adequately document that goods and services are received prior to payment, and obtain and review source documents to substantiate the charges, including those noted above.**

### **Information Systems Security**

We determined that the Information Systems Security section, including Findings 6 and 7, related to “cybersecurity,” as defined by the State Finance and Procurement Article, Section 3.5-301(b) of the Annotated Code of Maryland, and therefore are subject to redaction from the publicly available audit report in accordance with the State Government Article 2-1224(i). Consequently, the specifics of the following findings, including the analysis, related recommendations, along with DJS’ responses, have been redacted from this report copy.

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<sup>9</sup> We selected payments for testing based on dollar amount significance, and whether services were provided by a subcontractor. The payments selected occurred between September 2022 and January 2024.

**Finding 6**  
**Redacted cybersecurity-related finding.**

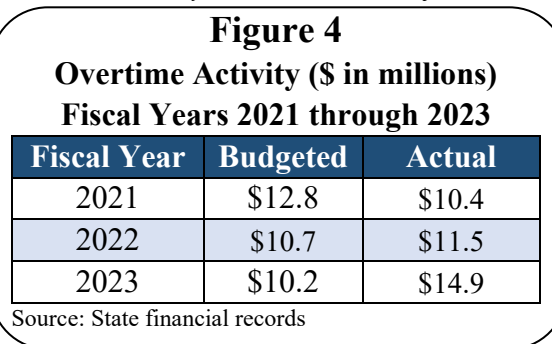
**Finding 7**  
**Redacted cybersecurity-related finding.**

## Payroll

**Finding 8**  
**DJS did not approve employees working double shifts on four or more consecutive days in accordance with its *Overtime Policy* and did not analyze overtime activity to identify and evaluate consistently high levels of overtime.**

### Analysis

DJS did not approve employees working double shifts on four or more consecutive days in accordance with its *Overtime Policy* and did not analyze overtime activity to evaluate the necessity of consistently high levels of overtime. According to State accounting records, DJS' annual overtime expenditures have been increasing resulting in DJS exceeding its overtime budget in fiscal years 2022 and 2023 (see Figure 4).



### DJS Did Not Approve Employees Who Worked Double Shifts

DJS did not ensure that employees who worked double shifts on four or more consecutive days received approval from the Director of Residential Services, as required by the DJS *Overtime Policy*. Our test of overtime earned by 10 employees<sup>10</sup> during 5 pay periods between March 2021 and December 2023 disclosed that 6 employees worked double shifts on four or more consecutive days in a pay period 23 times without obtaining prior approval from the Director of Residential Services. For example, one employee worked double shifts on 5 and 6 consecutive days in the same pay period, resulting in the employee working a total of 206 hours (including 124 hours of overtime) and being paid overtime totaling \$5,622. The remaining 4 employees did not work double shifts on four or more consecutive days.

<sup>10</sup> We selected these 10 employees for testing based on the high levels of overtime earned in total, and when compared to their regular earnings.

DJS' *Overtime Policy* requires employees to obtain approval from their immediate supervisor prior to working the overtime and to obtain approval from DJS' Director of Residential Services before working double shifts on four or more consecutive days. According to the *Overtime Policy*, a fair policy for the awarding and mandating of overtime is critical for just and healthy workplaces.

DJS Did Not Analyze Employee Overtime

DJS did not analyze overtime to identify employees who received significant overtime payments and possible steps to reduce the amount of overtime worked. We noted that in calendar year 2023, 10 employees received overtime payments that exceeded their regular earnings, including 5 employees who also received more overtime than regular earnings in calendar year 2022 (see Figure 5). Furthermore, we noted that the number of employees who received overtime payments that totaled more than 50 percent of their regular earnings has increased by 510 percent between calendar years 2021 (40 employees) and 2023 (244 employees).

**Figure 5**  
**Employees With Overtime Exceeding Regular Earnings**

Employee	Calendar Year 2023 Regular Gross Earnings	Overtime Payments	Percent of Overtime to Regular
Employee 1*	\$56,750	\$86,903	153.1%
Employee 2*	62,536	93,079	148.8%
Employee 3	57,807	75,492	130.6%
Employee 4	61,773	70,887	114.8%
Employee 5*	59,095	62,904	106.4%
Employee 6*	62,308	66,162	106.2%
Employee 7	59,558	61,620	103.5%
Employee 8*	65,852	67,937	103.2%
Employee 9	58,471	59,352	101.5%
Employee 10	49,190	49,520	100.7%
<b>Total</b>	<b>\$593,340</b>	<b>\$693,856</b>	

Source: Central Payroll Bureau Payroll Records

\*These employees received overtime that exceeded their regular earnings in calendar year 2022

DJS management advised that overtime is necessary to comply with certain staffing level requirements at its facilities, and attributed the aforementioned increase to vacancies,<sup>11</sup> turnover, leave usage, and medical leave (related to injuries on the job). However, without a comprehensive analysis of the overtime

<sup>11</sup> As noted in the Background Information of this report, between December 31, 2019 and June 30, 2024, DJS had vacancy rates that ranged from 5.9 to 16.3 percent.

activity, DJS could not readily determine if overtime was worked in accordance with its *Overtime Policy*, effectively used, and accurately budgeted.

### **Recommendation 8**

**We recommend that DJS**

- a. develop comprehensive procedures to routinely monitor overtime activity to identify employees with consistently high levels of overtime;**
- b. investigate the necessity and propriety of high levels of overtime, including the 10 employees noted above, and take appropriate action; and**
- c. ensure overtime is worked and approved in accordance with the *Overtime Policy*.**

## **Materials and Supplies**

### **Finding 9**

**DJS did not have adequate procedures and controls over its materials and supplies.**

### **Analysis**

DJS did not control and account for its materials and supplies inventory in accordance with the Department of General Services' *Inventory Control Manual*. Materials and supplies at DJS were mostly comprised of clothes, medicines, food, recreational supplies, and office supplies. According to State records for fiscal years 2021 through 2023, DJS' average annual expenditures for materials and supplies totaled approximately \$5.8 million.

- Our review of two residential service facilities<sup>12</sup> with significant materials and supplies expenditures during our audit period disclosed that the facilities had not segregated duties for purchasing, receiving, storing, disbursing, and inventorying items. We also noted that required physical inventories were not always performed and disposals were not documented, approved, or accounted for. For example, at both facilities DJS did not periodically conduct physical inventories or maintain a record of food on hand as required, which would allow for DJS to avoid over-purchasing and waste, and to detect theft. In addition, our survey of the other six residential service facilities disclosed similar deficiencies.

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<sup>12</sup> We focused our reviews on the inventory procedures over food, medicines, facility maintenance, and youth consumption items (such as clothing, hygiene products, and games).

- DJS did not maintain perpetual inventory records of materials and supplies and did not accurately report the value of its materials and supplies to DGS on the *Annual Report of State Property Materials and Supplies* as required. Specifically, our review of the aforementioned two facilities disclosed that DJS maintained materials and supplies, but DJS filed reports for fiscal years 2020 through 2023 indicating that its three-year average annual materials and supplies expenditures was below the \$250,000 threshold established in the *Manual*.

The *Manual* requires agencies to segregate duties related to inventory record keeping, custody and physical inventory taking. It further requires agencies to maintain perpetual inventory records that accurately reflect the materials and supplies on hand and to periodically conduct physical inventories.

Similar conditions regarding the lack of materials and supplies perpetual inventory, physical inventory, and annual reporting were commented upon in our preceding audit report. In its response to that report, DJS stated that by July 1, 2022 it would comply with the *Manual* requirements for physical inventory and annual reporting. DJS also indicated that it would pursue an exemption from DGS for maintaining perpetual inventory records. DJS advised that it believed it was exempt from the perpetual inventory requirements because its three-year average annual materials and supplies expenditures was below the \$250,000 threshold established in the *Manual*. However, DJS calculated this average independently for each facility and each type of material and supplies, which is not prescribed by the *Manual*.

During our current audit, DJS requested an exemption from the perpetual inventory record keeping requirements in May 2021, but the exemption was denied because DJS had not properly reported its materials and supplies balances annually. In August 2024, DGS advised DJS that it was required to comply with the *Manual* because the amount of materials and supplies expenditures had far exceeded the threshold.

### **Recommendation 9**

**We recommend that DJS**

- a. implement internal controls over materials and supplies at each facility as required by the *Manual*,**
- b. perform required physical inventories and submit accurate valuation information to DGS on the *Annual Report of State Property Materials and Supplies* (repeat), and**

- c. ensure perpetual inventory records are established and maintained for materials and supplies in accordance with the *Manual* requirements (repeat).**

## **Audit Scope, Objectives, and Methodology**

We have conducted a fiscal compliance audit of the Department of Juvenile Services (DJS) for the period beginning April 1, 2020 and ending December 31, 2023. The audit was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

As prescribed by the State Government Article, Section 2-1221 of the Annotated Code of Maryland, the objectives of this audit were to examine DJS' financial transactions, records, and internal control, and to evaluate its compliance with applicable State laws, rules, and regulations.

In planning and conducting our audit, we focused on the major financial-related areas of operations based on assessments of significance and risk. The areas addressed by the audit included audits of facility operations and education programs, background checks, disbursements, budgetary and year-end closing, corporate purchasing cards, payroll, purchase of care, information systems security and control, materials and supplies, and equipment. We also determined the status of the findings contained in our preceding audit report.

Our audit did not include an evaluation of internal controls over compliance with federal laws and regulations for federal financial assistance and programs and an assessment of DJS compliance with those laws and regulations because the State of Maryland engages an independent accounting firm to annually audit such programs administered by State agencies, including DJS.

Our assessment of internal controls was based on agency procedures and controls in place at the time of our fieldwork. Our tests of transactions and other auditing procedures were generally focused on the transactions occurring during our audit period of April 1, 2020 and ending December 31, 2023, but may include transactions before or after this period as we considered necessary to achieve our audit objectives.

To accomplish our audit objectives, our audit procedures included inquiries of appropriate personnel, inspection of documents and records, tests of transactions, and to the extent practicable, observations of DJS' operations. Generally, transactions were selected for testing based on auditor judgment, which primarily considers risk, the timing or dollar amount of the transaction, or the significance

of the transaction to the area of operation reviewed. As a matter of course, we do not normally use sampling in our tests, so unless otherwise specifically indicated, neither statistical nor non-statistical audit sampling was used to select the transactions tested. Therefore, unless sampling is specifically indicated in a finding, the results from any tests conducted or disclosed by us cannot be used to project those results to the entire population from which the test items were selected.

We also performed various data extracts of pertinent information from the State's Financial Management Information System (such as revenue and expenditure data) and the State's Central Payroll Bureau (payroll data), as well as from the contractor administering the State's Corporate Purchasing Card Program (credit card activity). The extracts are performed as part of ongoing internal processes established by the Office of Legislative Audits and were subject to various tests to determine data reliability. We determined that the data extracted from these sources were sufficiently reliable for the purposes the data were used during this audit.

We also extracted data from various key DJS internal systems, such as the case management, timekeeping, and equipment systems. We performed various tests of the relevant data and determined that the data were sufficiently reliable for the purposes the data were used during the audit. Finally, we performed other auditing procedures that we considered necessary to achieve our audit objectives. The reliability of data used in this report for background or informational purposes was not assessed.

DJS' management is responsible for establishing and maintaining effective internal control. Internal control is a process designed to provide reasonable assurance that objectives pertaining to the reliability of financial records; effectiveness and efficiency of operations, including safeguarding of assets; and compliance with applicable laws, rules, and regulations are achieved. As provided in *Government Auditing Standards*, there are five components of internal control: control environment, risk assessment, control activities, information and communication, and monitoring. Each of the five components, when significant to the audit objectives, and as applicable to DJS, were considered by us during the course of this audit.

Because of inherent limitations in internal control, errors or fraud may nevertheless occur and not be detected. Also, projections of any evaluation of internal control to future periods are subject to the risk that conditions may change or compliance with policies and procedures may deteriorate.



Our reports are designed to assist the Maryland General Assembly in exercising its legislative oversight function and to provide constructive recommendations for improving State operations. As a result, our reports generally do not address activities we reviewed that are functioning properly.

This report includes findings relating to conditions that we consider to be significant deficiencies in the design or operation of internal control that could adversely affect DJS' ability to maintain reliable financial records, operate effectively and efficiently, and/or comply with applicable laws, rules, and regulations. Our report also includes a finding regarding a significant instance of noncompliance with applicable laws, rules, or regulations. Other less significant findings were communicated to DJS that did not warrant inclusion in this report.

State Government Article Section 2-1224(i) requires that we redact in a manner consistent with auditing best practices any cybersecurity findings before a report is made available to the public. This results in the issuance of two different versions of an audit report that contains cybersecurity findings – a redacted version for the public and an unredacted version for government officials responsible for acting on our audit recommendations.

The State Finance and Procurement Article, Section 3.5-301(b), states that cybersecurity is defined as “processes or capabilities wherein systems, communications, and information are protected and defended against damage, unauthorized use or modification, and exploitation.” Based on that definition, and in our professional judgment, we concluded that certain findings in this report fall under that definition. Consequently, for the publicly available audit report all specifics as to the nature of cybersecurity findings and required corrective actions have been redacted. We have determined that such aforementioned practices, and government auditing standards, support the redaction of this information from the public audit report. The specifics of these cybersecurity findings have been communicated to DJS and those parties responsible for acting on our recommendations in an unredacted audit report.

DJS' response our findings and recommendations, is included as an appendix to this report. Depending on the version of the audit report, responses to any cybersecurity findings may be redacted in accordance with State law. As prescribed in State Government Article, Section 2-1224 of the Annotated Code of Maryland, we will advise DJS regarding the results of our review of its response.

**Exhibit A**  
**Performance Measures Audited by the Office of Inspector General**  
**Excerpt of the Quality Assurance Facility Audit Tool (as of December 2024)**

<b>SAFETY</b>			
<b>1A. Physical Environment</b>			<b>DJS Authority</b>
<b>1.</b>	<b>FM-1A-01</b> <b>Mandatory</b>	<p><b>Sanitary and Safe Facility (Mandatory)</b></p> <ol style="list-style-type: none"> <li>1. The Superintendent shall coordinate with the Food Service Supervisor to ensure that sanitation inspections of the food service department are completed in accordance with federal, state and local regulations.</li> <li>2. Liquid and solid waste shall be collected, stored, and disposed of in a manner that will avoid nuisance and hazards and protect the health and safety of youth and staff.</li> <li>3. The facility’s potable water source and supply, whether owned and operated by the public water department or the institution, is approved by an independent outside source to be in compliance with jurisdictional laws and regulations.</li> </ol>	Facility Environment, MGT-633-18 Inspections- Sanitation, Safety and Security, RF-730-18
<b>2.</b>	<b>FM-1A-02</b>	<p><b>Facility Maintenance Program</b></p> <ol style="list-style-type: none"> <li>1. The facility shall have a proactive, written, preventive-maintenance plan.</li> <li>2. The facilities are equipped with an active email work order request and response system to document and track needed repairs.</li> </ol>	Facility Environment, MGT-633-18.
<b>3.</b>	<b>FM-1A-03</b>	<p><b>Janitorial Services</b></p> <p>Janitorial staff must complete the Facility Daily Janitorial Checklist to document the cleaning of the facility.</p>	Inspections- Sanitation, Safety and Security, RF-730-18
<b>1B. Fire Safety and Emergencies</b>			<b>DJS Authority</b>
<b>4.</b>	<b>FM-1B-01</b> <b>Mandatory</b>	<p><b>Fire Safety Codes and Inspections (Mandatory)</b></p> <ol style="list-style-type: none"> <li>1. A State Fire Marshall conducts an annual inspection of the facility.</li> <li>2. A qualified Fire and Safety Officer conducts monthly inspections.</li> <li>3. A trained departmental staff conducts weekly inspections.</li> </ol>	Facility Environment, MGT-633-18

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5.	<b>FM-1B-02</b> <b>Mandatory</b>	<p><b>Fire Alarm and Fire Detection Systems (Mandatory)</b></p> <ol style="list-style-type: none"> <li>1. A Certified Fire/Testing Protection company inspects: <ol style="list-style-type: none"> <li>a. Smoke/ duct detectors and fire alarms boxes annually;</li> <li>b. Inspects sprinkler systems quarterly; and</li> <li>c. The food service hood suppression system semiannually.</li> </ol> </li> <li>2. Fire extinguishers, exit signs, emergency lighting, sprinkler system, and food service hoods are inspected monthly.</li> <li>3. Power generators are inspected weekly and load tested quarterly.</li> </ol>	Facility Environment, MGT-633-18
6.	<b>FM-1B-03</b> <b>Mandatory</b>	<p><b>Fire and Emergency Evacuation Drills (Mandatory)</b></p> <ol style="list-style-type: none"> <li>1. Fire and emergency evacuation drills of all occupied areas are conducted monthly on each shift; document staff and youth response times, significant events of the exercise, and the effectiveness of alerts and communication on the Fire and Emergency Evacuation Drills Report.</li> <li>2. Occupied buildings have evacuation maps posted indicating primary and secondary routes for egress.</li> </ol>	Emergency Management, RF-743-18
7.	<b>FM-1B-04</b> <b>Mandatory</b>	<p><b>Fire Prevention - Flammable and Combustible Substances (Mandatory)</b></p> <p>Flammable and combustible substances such as gasoline, flammable/combustible paints, cleaning solvents, kerosene, or motor oil shall be stored outside of the secure perimeter.</p>	Control and Use of Flammable, Toxic, and Caustic Materials, RF-802-20
8.	<b>FM-1B-05</b> <b>Mandatory</b>	<p><b>Toxic and Caustic Materials (Mandatory)</b></p> <ol style="list-style-type: none"> <li>1. Personal protective equipment, emergency spill kits and eyewash stations are available as required by law.</li> <li>2. Material Safety Data Sheets (MSDS)/Safety Data Sheets (SDS) for each cleaning supply stored and used on the unit are retained in a binder on the unit.</li> <li>3. Staff and youth are trained in the proper use and safe handling of toxic and caustic materials.</li> </ol>	Control and Use of Flammable, Caustic, & Toxic Materials, RF-802-20. Inspections-Sanitation, Safety and Security, RF-730-18
<b>1C. Housing and Adequate Space</b>			<b>DJS Authority</b>

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<b>9.</b>	<b>FM-1C-01</b>	<p><b>Janitorial Closets</b>  The closets are tidy, free of debris and odor, equipped with a sink, cleaning equipment, and vented.</p>	Ref. ACA 4JCF-1C-10
<b>10.</b>	<b>FM-1C-02</b>	<p><b>Youth Property Storage</b>  A completed Personal Property Inventory Form, clothing and shoes are placed in a chain of custody bag and maintained in a secure area designated for safe storage of personal property.</p>	Personal Property and Disposition, RF-709-13
<b>11.</b>	<b>FM-1C-03</b>	<p><b>Facility State Vehicles</b></p> <ol style="list-style-type: none"> <li>1. All drivers must have a valid government-issued driver's license.</li> <li>2. The Pool Vehicle Coordinators of the DJS unit or the employee to which the vehicle is assigned shall: <ol style="list-style-type: none"> <li>a. Ensure that all preventative maintenance is performed on schedule and State vehicles are to be properly maintained in accordance with state laws and manufacturer's specifications.</li> <li>b. Submit a completed, signed Vehicle Inspection Report by the 5th of each month</li> </ol> </li> </ol>	State Vehicles – Driver's Guidelines, MGT-616-13
<b>SECURITY</b>			
<b>2A. Security Practices</b>			<b>DJS Authority</b>

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12.	FM-2A-01	<p><b>Emergency Response Manual</b>  The facility Emergency Response Manual includes emergency plans for procedural responses the following situations:</p> <ul style="list-style-type: none"> <li>a. Fire and Emergency Evacuation– Plan A;</li> <li>b. Relocation- Plan B;</li> <li>c. Severe Weather, Flooding, Weather Emergency- Plan C;</li> <li>d. Group Disturbance- Plan D;</li> <li>e. Hostage Situations- Plan E;</li> <li>f. Loss of Power, Water, Communications, or Other Utilities- Plan F;</li> <li>g. Active Shooter – Plan G;</li> <li>h. Hunger Strikes- Plan H; and</li> <li>i. Escape and Apprehension – Plan I.</li> </ul>	Emergency Management, RF-743-18
13.	FM-2A-02	<p><b>Face Sheets</b>  The facility maintains a manual of up-to-date face sheets with a photo for each youth in the facility.</p>	Emergency Management, RF-743-18
14.	FM-2A-03	<p><b>Perimeter Security</b>  At a minimum, two-perimeter security checks are conducted each shift and documented on the DJS Perimeter Checklist form.</p>	Perimeter Security, RF-734-17

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15.	FM-2A-04	<p><b>Youth Counts</b></p> <ol style="list-style-type: none"> <li>1. The facility daily report indicates the number of juveniles in the facility to include name, date of entry, date of birth, age, race, ASSIST number, unit assignment, jurisdiction, length of stay, court date, legal status and alerts. All youth admission and release information shall be documented on the facility daily report.</li> <li>2. Facility population counts shall account for all youth assigned to the facility, to include youth who may be off-grounds for educational purposes, medical appointments, and other off grounds activities at the time of the physical count of youth.</li> <li>3. Official counts must be taken at the change of each shift and are documented in the facility logbook.</li> <li>4. A master count of all youth assigned to the facility is completed daily at 2:00 AM and documented in the facility logbook.</li> </ol>	Physical Counts of Youth, RF-702-14
16.	FM-2A-05	<p><b>Safety/Security Checks of Youth During Sleeping Hours</b></p> <p>During sleeping hours, staff will make visual safety and security checks of youth at least every 30 minutes unless otherwise directed.</p> <ol style="list-style-type: none"> <li>a. Visual safety and security checks shall be electronically documented using the Guard Tour system.</li> <li>b. If the Guard Tour system is not available, staff shall document the visual safety and security checks on an “<i>Observation Sheet – Room</i>” posted by each youth’s door, or on the “<i>Observation Sheet – Dorm</i>”, as appropriate.</li> </ol>	Supervision and Movement of Youth, RF-740-17
17.	FM-2A-06	<p><b>Direct Supervision</b></p> <p>Staff shall be posted in youth living quarters to facilitate personal contact, to observe, to hear, and to respond promptly</p>	Supervision and Movement of Youth, RF-740-17
18.	FM-2A-07	<p><b>Post Orders</b></p> <p>Each facility shall establish post orders that detail specific and general instructions and responsibilities for the operation of identified posts within the facility.</p>	Post Orders Policy, RF-708-13

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19.	FM-2A-08	<p><b>Logbooks</b></p> <ol style="list-style-type: none"> <li>1. If a designee such as a control center staff is maintaining the Facility Log, the Shift Commander shall review the log at least once during the shift and at the end of the shift to ensure that required information is accurately documented. Reviews shall be documented in the log using red ink.</li> <li>2. The Shift Commander or designee shall complete unannounced tours of each living unit at least once during their shift. The Shift Commander or designee shall log completion of the tour in the Unit Log Book. The entry shall be made in red ink.</li> </ol>	Log Books, RF-733-17
20.	FM-2A-09	<p><b>Unit Rounds &amp; Inspections</b></p> <ol style="list-style-type: none"> <li>1. Supervisory staff conducts daily sanitation, safety and security inspections of the living units occupied by youth. Inspections are documented on Supervisor Daily Sanitation and Security Inspection Report form.</li> <li>2. Supervisory staff conducts weekly inspections of <u>areas unoccupied by youth</u>. Inspections are documented on the Weekly Sanitation and Security Inspection Report form.</li> </ol>	Inspections-Sanitation, Safety and Security, RF-730-18
21.	FM-2A-10	<p><b>Administrative Inspections</b></p> <p>The Superintendent, Assistant Superintendent and designated department heads will conduct weekly visits to the facility's living units and activity areas. The visits should be documented in the unit log book in red ink.</p>	Inspections-Sanitation, Safety and Security, RF-730-18 Log Books, RF-733-17
22.	FM-2A-11	<p><b>Security-Equipment Storage</b></p> <p>An inventory of all security equipment shall be established.</p>	Inspections-Sanitation, Safety and Security, RF-730-18
23.	FM-2A-12	<p><b>Security-Device Inspections</b></p> <p>Inspections of security devices are documented in the Weekly Sanitation and Security Inspection Report - Security Equipment Inspections.</p>	Inspections-Sanitation, Safety and Security, RF-730-18

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24.	FM-2A-13	<p><b>Incident Reporting &amp; Administrative Review</b></p> <ol style="list-style-type: none"> <li>1. Completed DJS Incident Reporting Forms shall be dated, and signed by the staff person reporting the incident.</li> <li>2. The Superintendent or designee shall complete an administrative review of <b>all Incident Reports within three (3) working days</b> of the incident’s occurrence, with the <b>exception of incidents of physical altercations and physical restraints.</b></li> <li>3. The Superintendent or designee shall complete an administrative review of all Incident Reports and a video review of all recorded incidents involving <b>physical altercations and physical restraints within 24 hours</b> of the incident’s occurrence or the next business day after the incident.</li> </ol>	Incident Reporting – Residential Facilities and Community Operations, CSRS-900-19
25.	FM-2A-14	<p><b>Incident Reporting - Parental Notification</b></p> <p>The parent, legal guardian, or custodian of the youth involved in an incident (e.g. illness or injury) is notified within two (2) hours of the incident’s occurrence.</p>	Incident Reporting – Residential Facilities and Community Operations, CSRS-900-19
26.	FM-2A-15	<p><b>Contraband Control</b></p> <ol style="list-style-type: none"> <li>1. A notice shall be posted at the entrance of all DJS residential facilities informing individuals that they are subject to a search at any time.</li> <li>2. A sign shall be posted at the point of entry listing items prohibited from being brought into the facility.</li> </ol>	Searches of Youth, Employees, and Visitors, RF-712-18 Perimeter Security, RF-734-17
27.	FM-2A-16	<p><b>Preservation of Evidence</b></p> <p>The facility has a secure area for storing contraband.</p>	Searches of Youth, Employees, and Visitors, RF-712-18



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28.	<b>FM-2A-17</b> <b>Mandatory</b>	<b>Key Control (Mandatory)</b> <ol style="list-style-type: none"> <li>1. Emergency key sets shall be checked at least quarterly to make sure that the keys function properly to open locks.</li> <li>2. The staff assigned to distribute facility keys shall maintain a log book with bounded pages to record the following at the time of issuance and return as appropriate: <ol style="list-style-type: none"> <li>a. The date of issuance, date of return;</li> <li>b. To whom the keys are issued and by whom issued;</li> <li>c. By whom the keys are returned and by whom received;</li> <li>d. Key ring inventory number;</li> <li>e. Time of issuance; and</li> <li>f. Time of return.</li> </ol> </li> </ol>	DJS Key Control, RF-739-17
29.	<b>FM-2A-18</b> <b>Mandatory</b>	<b>Tool Control (Mandatory)</b> <ol style="list-style-type: none"> <li>1. Each facility shall ensure a system is established that governs the control and use of tools, including culinary and medical equipment that can cause death or serious injury.</li> <li>2. Provisions are made for checking tools and utensils in and out.</li> </ol>	Tool Control, RF-719-17
30.	<b>FM-2A-19</b> <b>Mandatory</b>	<b>Use of Physical Force (Mandatory)</b> <ol style="list-style-type: none"> <li>1. Only direct care staff who completed DJS approved entry level CPM training, and semi-annual refresher training may physically restrain youth.</li> <li>2. Staff shall document the use of physical and mechanical restraints in an Incident Report.</li> </ol>	Restraints - Use of Physical and Mechanical Restraints, RF-718-18
31.	<b>FM-2A-20</b>	<b>Use of Physical Force – Notifications</b> <ol style="list-style-type: none"> <li>1. Upon release from a restraint, staff shall immediately request assistance from the nurse.</li> <li>2. The Shift Commander or designee shall immediately inform a QBHP of a restraint of a youth.</li> </ol>	Restraints - Use of Physical and Mechanical Restraints, RF-718-18

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32.	FM-2A-21	<p><b>Use of Physical Force –Medical Assessments</b></p> <ol style="list-style-type: none"> <li>1. Nursing staff shall complete an assessment of youth involved in a physical restraint as soon as possible and no later than 15 minutes after notification, except in emergency situations.</li> <li>2. If nursing staff are not on grounds to evaluate a youth following a restraint, the Shift Commander or designee shall contact the on-call medical staff, advise them of the restraint and any observed or youth reported injury.</li> </ol>	<p>Restraints - Use of Physical and Mechanical Restraints, RF-718-18</p>
33.	FM-2A-22	<p><b>Use of Physical Force –Behavioral Health Assessments</b></p> <ol style="list-style-type: none"> <li>1. A Qualified Behavioral Health Professional (QBHP) shall assess a youth who has been restrained as soon as possible and no later than 30 minutes after notification.</li> <li>2. If a QBHP is not on-site, the Shift Commander/designee shall notify the on-call QBHP: <ol style="list-style-type: none"> <li>a. The on-call QBHP shall complete an assessment by phone with the Shift Commander or designee as soon as possible and <u>within one hour of notification</u>;</li> <li>b. The Shift Commander/designee shall document the instructions given by the QBHP on the Behavioral Health On-Call Notification Form; and</li> <li>c. The QBHP shall complete a follow up face-to-face assessment with youth the next workday.</li> </ol> </li> </ol>	<p>Restraints - Use of Physical and Mechanical Restraints, RF-718-18</p>

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34.	FM-2A-23	<p><b>Use of Seclusion</b></p> <ol style="list-style-type: none"> <li>1. Seclusion shall not be used as punishment or as a disciplinary sanction and the period of seclusion shall not be a predetermined amount of time.</li> <li>2. The Shift Commander shall document approval for the use of Seclusion by signing the Seclusion Observation Form.</li> <li>3. Direct care staff makes visual contact with a youth in seclusion at least every ten minutes at staggered time intervals and document each visual contact on the Seclusion Observation Form.</li> <li>4. If seclusion is required beyond four (4) hours, authorization must be obtained from the Executive Director of Residential Services</li> <li>5. The Shift Commander shall complete a Seclusion Release Form for each youth released from seclusion.</li> </ol>	Seclusion, RF-720-18
35.	FM-2A-24	<p><b>Use of Seclusion – Medical Assessments</b></p> <ol style="list-style-type: none"> <li>1. The nurse shall complete an assessment of a youth placed in seclusion as soon as possible and no later than 15 minutes after notification from the Shift Commander or other staff, except in emergency situations.</li> <li>2. Unless medical attention is needed more frequently, each youth in seclusion shall receive a visit from a nurse or other health care professional every two (2) hours.</li> <li>3. The nurse shall document the medical assessment of a youth in seclusion on the Seclusion Observation Form.</li> <li>4. In the absence of a nurse, the Shift Commander shall make the initial and follow up assessments by interviewing and observing the youth to determine if an injury exists; document the interview and assessment in the section titled “Shift Commander-Condition Checks” on the Seclusion Observation Form and the Crisis Behavioral Health Referral Form.</li> <li>5. The nurse shall assess the youth during the next on-site visit to the facility.</li> </ol>	Seclusion, RF-720-18

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<b>36.</b>	<b>FM-2A-25</b>	<p><b>Use of Seclusion – Behavioral Health Assessments</b></p> <ol style="list-style-type: none"> <li>1. The QBHP shall complete an assessment of the youth as soon as possible and no later than 30 minutes after notification from the Shift Commander. The QBHP shall document the assessment contact with the youth on the Seclusion Observation Form.</li> <li>2. If the QBHP is not on-site, the Shift Commander or designee shall notify the on-call qualified behavioral health professional. The on-call QBHP shall complete an assessment by phone with the Shift Commander/designee as soon as possible and within one (1) hour of notification. The Shift Commander/designee shall document the instructions given by the QBHP on the Seclusion Observation Form.</li> <li>3. The QBHP shall assess youth placed in seclusion less than 8 hours on the next business day. If a youth is in seclusion for more than 8 hours, the QBHP shall assess the youth within 24 hours of initial placement in seclusion.</li> </ol>	Seclusion, RF-720-18
<b>37.</b>	<b>FM-2A-26</b>	<p><b>Critical Incident Debriefing</b></p> <p>A debriefing occurs for each critical incident which must include but is not limited to:</p> <ol style="list-style-type: none"> <li>a. A review of staff and youth actions during the incident;</li> <li>b. A review of the incidents impact on staff and youth;</li> <li>c. A review of corrective actions taken and still needed; and</li> <li>d. Plans for improvement to avoid another incident.</li> </ol>	Incident Reporting – Residential Facilities and Community Operations, CSRS-900-19
<b>JUSTICE &amp; ORDER</b>			
<b>3A. Accountability</b>			<b>DJS Authority</b>
<b>38.</b>	<b>FM-3A-01</b>	<p><b>Mail</b></p> <ol style="list-style-type: none"> <li>1. A youth’s ability to send and receive correspondences is specified in writing, and be made available to all staff, youth, and their families.</li> <li>2. The facility guidelines are mailed to family members within 24 hours of the youth’s admission.</li> </ol>	Youth Access to Telephone Calls, Mail, Legal Counsel, and Notification of Family Death or Illness Policy, RF-749-21

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39.	FM-3A-02	<b>Withheld Mail</b> The youth shall be notified in writing of the reasons for withholding their incoming and outgoing mail in part or in full.	Youth Access to Telephone Calls, Mail, Legal Counsel, and Notification of Family Death or Illness Policy, RF-749-21
40.	FM-3A-03	<b>Mail Delivery</b> Incoming and outgoing mail shall be distributed to youth within 24 hours of receipt, excluding weekends and holidays.	Youth Access to Telephone Calls, Mail, Legal Counsel, and Notification of Family Death or Illness Policy, RF-749-21
41.	FM-3A-04	<b>Approved Visitors</b> Approved visitation lists are retained in the youth's base file.	Visitation, RF-706-18
<b>3B. Youth Discipline</b>			<b>DJS Authority</b>
42.	FM-3B-01	<b>Youth Behavior Management Handbook</b> Receipt of the Youth Behavior Management Handbook is documented by a statement signed and dated by the youth.	Behavior Management – Rules and Discipline, RF-741-18
43.	FM-3B-02	<b>Rules and Incentives Are Posted</b> All facility rules, moderate and major rule infractions, incentives, and reinforcements shall be conspicuously posted in the facility.	Behavior Management – Rules and Discipline, RF-741-18

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44.	FM-3B-03	<p><b>Major Rule Infraction – Seclusion</b></p> <p>Youth who present the following behaviors may be subject to placement in a room with a locked door, defined as seclusion:</p> <ol style="list-style-type: none"> <li>a. Presents an imminent threat of physical harm to themselves or other individuals;</li> <li>b. Has not responded to less restrictive methods of control or for whom less restrictive measures cannot reasonably be tried; or</li> <li>c. Has escaped or are attempting to escape.</li> </ol>	<p>Behavior Management – Rules and Discipline, RF-741-18</p> <p>Seclusion, RF-720-18</p>
<b>3C. Special Management</b>			<b>DJS Authority</b>
45.	FM-3C-01	<p><b>Youth Notified of Violation in Writing</b></p> <p>The youth are informed and given a copy of the Behavioral Response Form with a description of the incident and the rules violated within 24 hours of the report of the alleged infraction.</p>	<p>Behavior Management – Rules and Discipline, RF-741-18</p>
46.	FM-3C-02	<p><b>Behavior Management</b></p> <ol style="list-style-type: none"> <li>1. DJS residential facilities shall implement a departmental approved behavioral management program (i.e.: CHALLENGE - Detention and STARR – Committed)</li> <li>2. The facility’s disciplinary process shall provide appropriate procedural safeguards, to include: <ol style="list-style-type: none"> <li>a. A system for progressive discipline, which specifies behaviors that are prohibited and behavior responses.</li> <li>b. Behavioral Review Reports for rule infractions.</li> <li>c. Notice of behavior review.</li> <li>d. Time and assistance to prepare for review, as needed.</li> </ol> </li> </ol>	<p>Behavior Management – Rules and Discipline, RF-741-18</p>

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		<ul style="list-style-type: none"> <li>e. Timely administrative review.</li> <li>f. Opportunity to present witnesses and evidence.</li> <li>g. Fair and unbiased decision.</li> <li>h. Written notice of decision.</li> <li>i. Opportunity to appeal.</li> </ul> <p>3. The disposition will be documented on the Behavioral Response Form and a copy will be placed in the youth’s file and a copy will be maintained in the facility’s disciplinary records for at least six (6) months</p> <p>4. If the youth is found not responsible of an alleged rule infraction, the Behavioral Response Form is not placed in any of the youth’s records.</p>	
<b>3D. Child Abuse and Neglect</b>			<b>DJS Authority</b>
47.	<b>FM-3D-01</b>	<p><b>Child Abuse and Neglect</b>  All instances of suspected/reported child abuse and neglect are reported consistent with appropriate State law or local laws.</p>	Reporting and Investigating Child Abuse and Neglect, OPS-913-15
48.	<b>FM-3D-02</b>	<p><b>Sexual Abuse and Assault (PREA)</b>  Orientation for youth shall include advising the youth of the availability of medical screenings and supportive counseling services should they become a victim of sexual abuse or harassment.</p>	Admission and Release of Youth in DJS Facilities, RF-747-20
49.	<b>FM-3D-03</b>	<p><b>Screening for Aggressive Behavior</b>  The Vulnerability Assessment Instrument (VAI) is administered within 24 hours of admission and guides decision-making regarding the appropriate housing assignment for each youth.</p>	Classification of Youth in DJS Residential Facilities, RF-716-18
50.	<b>FM-3D-04</b>	<p><b>Investigation of Sexual Assault</b>  Reports of alleged sexual abuse and harassment are documented in an Incident Report and reported to CPS, Maryland State Police (MSP) and OIG for investigation.</p>	Elimination and Reporting of Sexual Abuse and Harassment, RF-701-18

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51.	<b>FM-3D-05</b>	<p><b>High-Risk Assessed</b></p> <p>A behavioral health evaluation of all known youth-on-youth abusers is completed within 60 calendar days of learning such abuse history and offer treatment when deemed appropriate.</p>	Elimination and Reporting of Sexual Abuse and Harassment, RF-701-18
52.	<b>FM-3D-06</b>	<p><b>Risk of Victimization</b></p> <p>If a Vulnerability Assessment Instrument (VAI) screening indicates the youth has experienced prior victimization, whether it occurred in a residential setting or the community, the youth is offered a follow up meeting with a health care professional and QBHP within 14 calendar days of the admission screening.</p>	Admission and Release of Youth in DJS Facilities, RF-747-20 Elimination and Reporting of Sexual Abuse and Harassment, RF-701-18
53.	<b>FM-3D-07</b>	<p><b>Staff Misconduct</b></p> <ol style="list-style-type: none"> <li>1. Staff is subject to disciplinary sanctions up to and including termination for violating departmental sexual abuse and harassment policies and procedures.</li> <li>2. Any contractor or volunteer who engages in sexual abuse are prohibited from contact with youth and are reported to law enforcement and to relevant licensing bodies unless the activity was clearly not criminal.</li> </ol>	Elimination and Reporting of Sexual Abuse and Harassment, RF-701-18
54.	<b>FM-3D-08</b>	<p><b>Reporting by Youth</b></p> <p>Youth have at least two internal methods and at least one external method (e.g. 211 phones) to safely and privately report sexual abuse and harassment.</p>	Elimination and Reporting of Sexual Abuse and Harassment, RF-701-18
55.	<b>FM-3D-09</b>	<p><b>Abuse Case Records</b></p> <p>All sexual abuse records including, incident reports, investigative reports, youth information, case disposition, medical and counseling evaluation findings, and/or recommendations for post release treatment and/or counseling are retained in accordance with the Department's record keeping schedule.</p>	Elimination and Reporting of Sexual Abuse and Harassment, RF-701-18
<b>CARE</b>			
<b>4A. Food Service</b>			<b>DJS Authority</b>



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56.	FM-4A-01	<p><b>Single Menus</b>  Direct care employees mandated to supervise youth during meal service, shall eat only those foods served to youth as part of the planned menus and snacks unless employees have a special dietary need (religious, medical, etc.) or a medical condition which prohibits the planned meal.</p>	Food Service Operations, HC-301-17
57.	FM-4A-02 <b>Mandatory</b>	<p><b>Therapeutic Diets – Food Services (Mandatory)</b>  The Nutrition Care and Diet Manual is kept in the food service area.</p>	Food Service Operations, HC-301-17
58.	FM-4A-03	<p><b>Meals Served</b></p> <ol style="list-style-type: none"> <li>1. At least three meals, of which two are hot, and an evening snack are provided during a 24 hour period.</li> <li>2. Meals will be served with no more than 14 hours between dinner and breakfast the following day.</li> <li>3. Youth will have at least 20 minutes of dining time for each meal.</li> </ol>	Food Service Operations, HC-301-17
59.	FM-4A-04 <b>Mandatory</b>	<p><b>Sanitation and Health Codes (Mandatory)</b>  Health protection for all youth and staff in the facility and youth and other persons working in food service shall include the following:</p> <ol style="list-style-type: none"> <li>a. All persons involved in preparation of food receive a pre-assignment health examination and an annual re-examination;</li> <li>b. All food handlers are instructed to wash their hands upon reporting to duty and after using toilet facilities; and</li> <li>c. The Food Service Manager or designee monitors youth and other persons working in food service each day for health and cleanliness.</li> </ol>	Food Service Operations, HC-301-17

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60.	FM-4A-05	<p><b>Sanitation Inspections</b></p> <ol style="list-style-type: none"> <li>1. The facility Food Service Administrator or designee conducts a weekly sanitation inspection of all food service equipment and areas, including: <ol style="list-style-type: none"> <li>a. Dining and food preparation areas using the Food Safety Checklist;</li> <li>b. Water temperatures are checked and recorded daily; and</li> <li>c. Water temperature on the final dishwasher rinse should be <b>at least</b> 180 degrees Fahrenheit, or between 140 degrees and 160 degrees Fahrenheit if a sanitizer is used on the final rinse.</li> </ol> </li> <li>2. The weekly sanitation inspection shall be documented using the HACCP-Based SOP – Food Safety Checklist.</li> </ol>	Food Service Operations, HC-301-17
61.	FM-4A-06	<p><b>Meal Counting and Claiming</b></p> <ol style="list-style-type: none"> <li>1. Dietary Staff will count meals at the point of service to provide an accurate claim for reimbursement.</li> </ol>	[7 CFR 210.9(b) (9)] Food Service Operations, HC-301-17
62.	FM-4A-07	<p><b>Menu and Production Records</b></p> <ol style="list-style-type: none"> <li>1. Dietary staff will maintain the production and menu records in accordance with FNS and USDA guidance.</li> <li>2. Production Records include the following information: <ol style="list-style-type: none"> <li>a. Name of site;</li> <li>b. Age/grade group;</li> <li>c. Date and meal type;</li> <li>d. Menu;</li> <li>e. All served menu items;</li> <li>f. Recipe/Product number;</li> <li>g. Portion size of all menu items served;</li> <li>h. Number of meals prepared, served, discarded, and leftover; and</li> <li>i. Signature and date.</li> </ol> </li> </ol>	[7 CFR 210.10 (3)]

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<b>63.</b>	<b>FM-4A-08</b>	<p><b>Meal Components and Quantities</b></p> <p>Dietary staff will record the minimum meal pattern requirements to ensure it is met and recorded on both menus and production records.</p>	[7 CFR 210.10(b) (1)(i)]
<b>64.</b>	<b>FM-4A-09</b>	<p><b>Professional Standards/Training</b></p> <ol style="list-style-type: none"> <li>1. Dietary Program Managers complete 10 hours of continuing education/annual training within the required training topic areas. Clinical Services will provide the training and maintain the documentation.</li> <li>2. Any facility staff who assist with meal delivery and with responsibility for school nutrition programs will complete annual training in areas applicable to their job. Full time staff working an average of 20 hours per week complete six hours of annual training. Part-time staff working an average of less than 20 hours per week complete four hours of annual training. Clinical Services will provide the training and maintain the documentation.</li> </ol>	<p>[7 CFR 210.30(c)  (1)(2)(3)(4)(5)]</p> <p>[7 CFR 210.30  (d)(1)(2)(3)(4)(5)(6)]</p>

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65.	FM-4A-10	<p><b>Civil Rights</b></p> <ol style="list-style-type: none"> <li>1. The appropriate USDA “And Justice for All” non-discrimination posters displayed in youth eating areas and dining halls.</li> <li>2. Dietary staff must complete civil rights training is conducted annually and includes all required civil rights topics. Clinical Services will provide the training and maintain the documentation. Documentation must indicate that the following subjects were covered: <ol style="list-style-type: none"> <li>a. Collection and Use of Data;</li> <li>b. Effective Public Notification Systems;</li> <li>c. Compliant Procedures;</li> <li>d. Compliance Review Techniques;</li> <li>e. Resolution of Noncompliance;</li> <li>f. Requirements for Reasonable Accommodations;</li> <li>g. Language Assistance;</li> <li>h. Conflict Resolution; and</li> <li>i. Customer Service.</li> </ol> </li> </ol>	[7 CFR 210.18(h)(2)(E) (ii), 7 CFR 210.23(b)]
66.	FM-4A-11	<p><b>Food Safety</b></p> <ol style="list-style-type: none"> <li>1. Clinical Services will develop a written food safety program that covers any facility or part of a facility where food is stored (i.e. dry storage, refrigerator, and freezer), prepared, or served.</li> </ol>	[7 CFR 210.13(c)] Food Service Operations, HC-301-17

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		<p>2. The facility Food Service Administrator conducts a daily inspection of all temperature-controlled storage areas and appliances, including refrigerators, freezers, and dry storage areas. Temperatures are recorded with each inspection.</p> <ul style="list-style-type: none"> <li>a. Stored shelf goods shall be maintained at 45 degrees to 80 degrees Fahrenheit.</li> <li>b. Refrigerated foods shall be maintained at 35 degrees to 40 degrees Fahrenheit.</li> <li>c. Frozen foods shall be maintained at 0 degrees Fahrenheit or below, unless national or state health codes specify otherwise.</li> </ul> <p>3. The food safety plan regarding temperature documentation is followed.</p>	
<b>4B. Hygiene</b>			<b>DJS Authority</b>
67.	<b>FM-4B-01</b>	<p><b>Stored Clothing</b>  Each facility shall maintain a supply of clothing and shoes that exceeds the supply needed to serve the maximum rated population. A clothing inventory shall be maintained.</p>	Youth Hygiene in Residential Facilities, RF-729-17
68.	<b>FM-4B-02</b>	<p><b>Bedding and Linen Issue</b></p> <ul style="list-style-type: none"> <li>1. At admission, youth will receive clean linen to include: <ul style="list-style-type: none"> <li>a. Two sheets</li> <li>b. One pillow, one pillow case, and one fire resistant mattress (not to include a mattress with an integrated pillow).</li> <li>c. Sufficient blankets to provide comfort under existing temperature controls.</li> <li>d. One set of clean towels and washcloths.</li> </ul> </li> </ul>	Youth Hygiene in Residential Facilities, RF-729-17
69.	<b>FM-4B-03</b>	<p><b>Showers and Bathing</b>  At a minimum youth shall have an opportunity for morning hygiene (wash up and brushing of teeth) and one shower and hygiene period daily and after strenuous activity.</p>	Youth Hygiene in Residential Facilities, RF-729-17
<b>4C. Medical Care Services</b> <b>(Administration; Fair Treatment; Training; and Qualifications)</b>			<b>DJS Authority</b>

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70.	<b>FM-4C-01</b> <b>Mandatory</b>	<p><b>Health Screens (Mandatory)</b></p> <ol style="list-style-type: none"> <li>1. Admission nursing assessment, physical examination, and admission diagnostic testing shall commence upon the youth's arrival at the facility and shall be completed within fourteen (14) calendar days.</li> <li>2. All findings shall be recorded by the nurse on the <u>Admission Health Screening and Nursing Assessment form</u>, as applicable.</li> </ol>	Admission Health Screening, Nursing Assessment, and Physical Examination, HC-312-18
71.	<b>FM-4C-02</b>	<p><b>Sick Call</b></p> <ol style="list-style-type: none"> <li>1. Facilities with 24/7 nursing shall have non-emergency sick call requests triaged seven (7) days per week.</li> <li>2. Non-emergency sick call requests should be triaged the same day and within seventy-two hours on weekends at facilities that do not have a nurse on duty Saturday, Sunday or Holidays.</li> </ol>	Access to Health Care and Outside Referrals, HC-311-18
72.	<b>FM-4C-03</b> <b>Mandatory</b>	<p><b>24 Hour Emergency Care (Mandatory)</b></p> <ol style="list-style-type: none"> <li>1. A nurse, a nurse practitioner, physician, and dentist shall provide medical/dental coverage 24 hours a day, 7 days a week (24/7), either on site or on call. Their emergency phone numbers shall be posted in the Health Center.</li> <li>2. Emergency phone numbers for designated hospital emergency rooms and community health care providers shall be posted in the Health Center.</li> </ol>	Emergency Health Care Services to Youth, HC-323-18
73.	<b>FM-4C-04</b>	<p><b>Dental Care</b></p> <ol style="list-style-type: none"> <li>1. The facility nurse shall schedule youth for preventative care by a dentist or dental-trained personnel within 14 calendar days of admission, unless documentation exists that dental preventative care was completed within the last six months.</li> <li>2. The scheduling of the youth shall be maintained on the Dental Clinic Sheet.</li> </ol>	Dental Care, HC-314-18

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74.	<b>FM-4C-05</b> <b>Mandatory</b>	<p><b>Therapeutic Diets – Health Services (Mandatory)</b></p> <ol style="list-style-type: none"> <li>1. A physician shall prescribe all therapeutic modified diets, nutrition consults and food allergy substitutions for youth.</li> <li>2. The Nutrition Care and Diet Manual is kept in the Nursing area.</li> </ol>	Therapeutic Modified Diets and Food Allergies, HC-327-18
75.	<b>FM-4C-06</b> <b>Mandatory</b>	<p><b>Female Health Care &amp; Pregnancy (Mandatory)</b></p> <ol style="list-style-type: none"> <li>1. DJS shall ensure that each facility housing female youth shall have the necessary equipment, supplies, health care professionals, and referral resources to provide somatic health services and OB/GYN care.</li> <li>2. Female youth shall have access to family planning, counseling, and contraceptive care either on-site or by referral to an off-site provider in the community.</li> <li>3. DJS health care professionals shall follow <u>written guidelines</u> established by the DJS Medical Director on the provision of postpartum care.</li> </ol>	Female Health Care and Pregnancy Management, HC-335-18
76.	<b>FM-4C-07</b> <b>Mandatory</b>	<p><b>Communicable &amp; Infectious Disease Management (Mandatory)</b></p> <p>Each DJS facility shall have a multidisciplinary infection control team that meets at least quarterly to discuss the prevention of communicable and infectious diseases and facility infection control activities.</p>	Communicable and Infectious Disease Management, HC-331-18
77.	<b>FM-4C-08</b>	<p><b>Health Education</b></p> <ol style="list-style-type: none"> <li>1. Nursing staff shall maintain documentation of health education facilitated by health care practitioners, health care professionals and other designated staff.</li> <li>2. This information shall be included on the health care monthly statistical reports.</li> </ol>	Health Education, HC-318-18
78.	<b>FM-4C-09</b> <b>Mandatory</b>	<p><b>Pharmaceuticals (Mandatory)</b></p> <p>The pharmaceutical management shall include, at a minimum, the following:</p> <ol style="list-style-type: none"> <li>a. The person administering medications shall be a nurse, LAP, or a currently Certified Medical Technician (CMT);</li> <li>b. Medication rooms, cabinets, carts and/or medication cassette reservoirs shall be equipped with a lock keyed separately from other facility locks; and</li> </ol>	Pharmaceutical Services, HC-334-18

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		<p>c. Controlled substance inventory shall be completed every shift when the licensed nurse or CMT is on duty. The controlled substance inventory shall be recorded on the CDS Inventory Shift Verification Form.</p> <p><i>(Comment: Certified Medical Technicians are only located at the Youth Centers.)</i></p>	
79.	<b>FM-4C-10</b> <b>Mandatory</b>	<p><b>Confidentiality of Medical Health Information (Mandatory)</b></p> <ol style="list-style-type: none"> <li>1. The front of all youth health records shall be marked as CONFIDENTIAL.</li> <li>2. All Youth Health Records, both active and inactive, shall be stored in a locked file cabinet labeled confidential and located in a secure area.</li> </ol>	Confidentiality, MGT-623-15 Youth Health Records, HC-328-18
80.	<b>FM-4C-11</b>	<p><b>Quarterly Meetings</b></p> <ol style="list-style-type: none"> <li>1. The Nursing Supervisor shall meet with Superintendent at least quarterly and submit a summary report of each meeting to the Superintendent.</li> <li>2. A copy of the summary shall be kept on file at the facility in the medical center.</li> </ol>	Quarterly Meetings with Superintendents, HC-316-19
81.	<b>FM-4C-12</b>	<p><b>Statistical Reports</b></p> <p>The on-site facility Nursing Supervisor shall complete the Health Care Monthly Statistical Report to document health care services each month.</p>	Health Care Statistical Reports, HC-324-18
82.	<b>FM-4C-13</b>	<p><b>Medical Grievances</b></p> <p>The Superintendent shall ensure youth have unimpeded access to grievance forms and may write a grievance at any reasonable time for any concerns to include health care.</p>	Youth Grievance, OPS-907-15
83.	<b>FM-4C-14</b>	<p><b>Health Status Alert (Special Health Care Need)</b></p> <ol style="list-style-type: none"> <li>1. When a youth has a special health care need identified, the Health Status Alert (HSA) form shall be completed and distributed by the nurse to the appropriate facility staff as indicated on the form.</li> <li>2. The distributed copies of the Health Status Alert (HSA) form shall be maintained by the recipient in a binder designated for that purpose.</li> </ol>	Chronic Care and Special Health Care Needs, HC-325-18



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84.	<b>FM-4C-15</b> <b>Mandatory</b>	<p><b>Emergency Response Drills (Mandatory)</b></p> <ol style="list-style-type: none"> <li>1. Designated direct care staff and all health care staff shall <u>be trained to respond to health-related emergency situations within a four-minute response time.</u></li> <li>2. At least two <u>health-related</u> emergency drills shall be conducted annually.</li> </ol>	Emergency Response Drills – Somatic Health and Behavioral Health, HC-333-18
85.	<b>FM-4C-16</b>	<p><b>Injury Prevention</b></p> <ol style="list-style-type: none"> <li>1. Each facility shall designate one primary employee and one alternate to serve as the Safety Officer(s) for the facility.</li> <li>2. The Safety Officer shall make monthly inspections of the work site and report safety hazards to their facility’s safety Maintenance Director, Superintendent and the Department Risk Management Coordinator.</li> </ol>	Employee Risk Management Program, MGT-619-13
86.	<b>FM-4C-17</b>	<p><b>First Aid Kits and Automated External Defibrillators</b></p> <ol style="list-style-type: none"> <li>1. The Superintendent and the Nurse Supervisor shall ensure that the facility to which they are assigned has a written procedure governing the number, location, contents, inspections, and the replacement of contents of First Aid Kits. This written procedure shall include instructions for use of First Aid Kits by staff that are not professional health employees.</li> <li>2. Each DJS facility shall be equipped with one or more AEDs at designated locations to provide support during an emergent situation.</li> </ol>	First Aid Kits, HC-303-15 Emergency Health Care Services for Youth, HC-323-18
87.	<b>FM-4C-18</b>	<p><b>Medical Equipment &amp; Supplies</b></p> <p>The Nursing Supervisor shall complete the following monthly:</p> <ol style="list-style-type: none"> <li>a. Inventory and test equipment to ensure that it is in good working order and document on the Monthly Inventory Checklist.</li> </ol>	Internal Review and Quality Assurance for Health Care Services, HC-330-18

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88.	<b>FM-4C-19</b> <b>Mandatory</b>	<b>Medical and Dental Instrument Control (Mandatory)</b> 1. Surgical, dental and other medical equipment shall be kept in locked cabinets, drawers, or closets. 2. A perpetual sharps inventory count is completed at the beginning and end of each nursing shift. Inventory of dental instruments shall be completed at the beginning and end of each dental clinic. The inventory checks shall be documented on the Sharps Inventory Sheet.	Tool Control, RF-719-17
89.	<b>FM-4C-20</b>	<b>Bio-Hazardous Waste and Equipment/Instrument</b> 1. Cleaned dental equipment shall be subjected to heat or cold sterilization, prior to its return to normal use. 2. Containers of contaminated sharps and bags of contaminated trash shall be retained in the medical center until picked up by the hazardous/biomedical waste contractor.	Handling/Disposing of Contaminated Medical Waste, HC-01-06
<b>4D. Behavioral Health Services</b>			<b>DJS Authority</b>
90.	<b>FM-4D-01</b> <b>Mandatory</b>	<b>Mental Health Screen (Mandatory)</b> The following screenings are administered at a youth's admission: a. The Massachusetts Youth Screening Inventory, 2 <sup>nd</sup> Edition (MAYSI-2); and b. The Substance Abuse Subtle Screening Inventory for Adolescents (SASSI-A2).	Behavioral Health and Substance Abuse Screening, BH-210-18
91.	<b>FM-4D-02</b>	<b>Mental Health Appraisal (Committed Facilities)</b> 1. A qualified behavioral health professional (QBHP) completes the youth's Behavioral Health Assessment. The assessment must be completed and filed within seven (7) days of the youth's admission date. 2. The completed Behavioral Health Assessment will be filed in the Behavioral Health section of the medical file upon completion.	Behavioral Health Assessment and Evaluations, BH-209-18

**Exhibit A**  
**Performance Measures Audited by the Office of Inspector General**  
**Excerpt of the Quality Assurance Facility Audit Tool (as of December 2024)**

92.	<b>FM-4D-03</b> <b>Mandatory</b>	<p><b>Suicide Prevention and Intervention (Mandatory)</b></p> <ol style="list-style-type: none"> <li>Each facility shall develop Facility Operating Procedures (FOP) in accordance with the DJS Suicide Prevention and Intervention Policy and Procedure.</li> <li>Mandated staff who have regular direct contact with youth shall complete suicide prevention refresher training annually.</li> </ol>	Suicide Prevention and Intervention, BH-211-21
93.	<b>FM-4D-04</b>	<p><b>Suicide Prevention and Intervention – Behavioral Health Assessment</b></p> <ol style="list-style-type: none"> <li>A Crisis Behavioral Health Referral Form is completed if a youth attempts suicide, expresses suicidal ideation verbally or in writing, demonstrates behaviors such as self-injurious behavior, or other unusual behavior.</li> <li>If the QBHP is on site, a face-to-face assessment must occur within 30 minutes of notice. All face-to-face crisis behavioral health assessments are documented on the Crisis Behavioral Health Referral Form.</li> <li>When a QBHP is not on site, the Shift Commander shall immediately contact the on-call QBHP by phone, document the notification and the QBHP intervention instructions on the Crisis Behavioral Health Referral Form, in the unit logbook, and the facility logbook in red ink.</li> </ol>	Suicide Prevention and Intervention, BH-211-21
<b>4E. Substance-Abuse &amp; Chemical Dependency</b>			<b>DJS Authority</b>
94.	<b>FM-4E-01</b>	<p><b>Alcohol and Drug Abuse Education</b></p> <ol style="list-style-type: none"> <li>A Qualified Behavioral Health Professional (QBHP) or behavioral health substance abuse counselor (BHSAC) shall ensure that all youth receive substance abuse prevention psycho-education. The group shall occur at least once a week for no less than one (1) hour and shall not exceed ten (10) youth to one (1) QBHP.</li> </ol>	Substance Abuse Treatment Services Policy, BH-207-18
<b>PROGRAMS &amp; SERVICES</b>			
<b>5A. Reception and Orientation</b>			<b>DJS Authority</b>

**Exhibit A**  
**Performance Measures Audited by the Office of Inspector General**  
**Excerpt of the Quality Assurance Facility Audit Tool (as of December 2024)**

<b>95.</b>	<b>FM-5A-01</b>	<p><b>Admission Process</b></p> <ol style="list-style-type: none"> <li>1. Upon entry into the system the admission process includes, but is not limited to, the following: <ol style="list-style-type: none"> <li>a. Authorize the admission of a youth upon receipt of a valid Authorization for Detention Document (detention facilities) or a Commitment Order (committed programs);</li> <li>b. Administer the FIRRST to determine if the youth has any emergency medical, mental health or substance abuse conditions that would render admission unsafe;</li> <li>c. Inventory of the youth's personal property;</li> <li>d. Visual body searches of youth shall be conducted;</li> <li>e. Youth shall receive personal hygiene items upon arrival on the unit;</li> <li>f. Youth shall be permitted to shower;</li> <li>g. Youth will be issued clean, laundered, and properly fitted state issued clothing</li> <li>h. Shall contact the parent/guardian/custodian by telephone</li> </ol> </li> <li>2. A youth base file to be created for each youth with the above documentation.</li> </ol>	Admission and Release of Youth in DJS Facilities, RF-747-20
<b>96.</b>	<b>FM-5A-02</b>	<p><b>Inventory Personal Property</b></p> <ol style="list-style-type: none"> <li>1. The Admissions Officer and the youth shall sign the inventory. If the youth refuses to sign, the Admissions Officer shall note the refusal on the form.</li> <li>2. The Personal Property Inventory shall be placed in the youth base file.</li> </ol>	Personal Property and Disposition, RF-709-13
<b>5B. Classification</b>			<b>DJS Authority</b>
<b>97.</b>	<b>FM-5B-01</b>	<p><b>Initial Classification</b></p> <ol style="list-style-type: none"> <li>1. The Admission's Officer will make an initial classification decision utilizing the results of screening instruments, such as Housing Classification Assessment tools and the Vulnerability Assessment Instrument (VAI), <u>within 24 hours</u> of admission.</li> <li>2. Copies of the completed Vulnerability Assessment Instrument (VAI) and the Housing Classification Assessment Forms shall be placed in the youth's base file.</li> </ol>	Classification of Youth in DJS Residential Facilities, RF-716-18

**Exhibit A**  
**Performance Measures Audited by the Office of Inspector General**  
**Excerpt of the Quality Assurance Facility Audit Tool (as of December 2024)**

98.	FM-5B-02	<p><b>Housing Classification Re-Assessment</b></p> <p>The Facility Case Management Specialist (CMS) and the Treatment Team shall complete routine classification reassessments not more than 60 days from the date of completion of the initial VAI, and the Housing Classification Assessment.</p>	Classification of Youth in DJS Residential Facilities, RF-716-18
<b>5C. Social Services</b>			<b>DJS Authority</b>
99.	FM-5C-01	<p><b>Case Planning (Committed Facilities)</b></p> <ol style="list-style-type: none"> <li>1. The Facility CMS shall document a summary in the <i>Circumstances at Admission Section</i> of the TSP and include the following: <ol style="list-style-type: none"> <li>a. Reason for commitment;</li> <li>b. Background information; youth’s family history and current situation (Social History Investigation information);</li> <li>c. Education history and current status (grade placement &amp; Behavioral adjustment in school); and</li> <li>d. Social history to include prior placements, treatment, and significant life events, such as separations and losses. (Social History Investigation).</li> </ol> </li> <li>2. The Facility CMS shall obtain <u>the signatures of the youth and members of the Treatment Team</u> on the Residential TSP.</li> </ol>	Assessment and Comprehensive Treatment Service Planning for Adjudicated Youth, OPS-921-18
100.	FM-5C-02	<p><b>Treatment Team (Committed Facilities)</b></p> <ol style="list-style-type: none"> <li>1. The Facility CMS shall schedule and serve as the chair of Treatment Team meeting to develop a residential Treatment Service Plan (TSP) for each youth within 30 calendar days of the date of admission to the facility.</li> <li>2. The Facility CMS shall schedule and maintain a monthly calendar of all youth Treatment Team meetings.</li> </ol>	Assessment and Comprehensive Treatment Service Planning for Adjudicated Youth, OPS-921-18
<b>5D. Religious Programs</b>			<b>DJS Authority</b>
101.	FM-5D-01	<p><b>Religious Schedule</b></p> <p>Religious and faith-based services shall be listed on the Master Facility Schedule.</p>	Religious Services, RF-731-18

**Exhibit A**  
**Performance Measures Audited by the Office of Inspector General**  
**Excerpt of the Quality Assurance Facility Audit Tool (as of December 2024)**

102.	FM-5D-02	<p><b>Religious Preference</b></p> <p>1. The youths are given an opportunity to indicate their religious preference on the Religious Preference form. The completed Religious Preference form is maintained in the youth's base file.</p> <p>2. Youth participation in religious services shall be documented on the Youth Tracking Form.</p>	Religious Services, RF-731-18
103.	FM-5D-03	<p><b>Religious Services -Space and Equipment</b></p> <p>When not in use, religious apparel and/or equipment, publications and materials shall be stored on the living unit within the facility to ensure accessibility to youth.</p>	Religious Services, RF-731-18
<b>5E. Recreation</b>			<b>DJS Authority</b>
104.	FM-5E-01	<p><b>Large Muscle Activity and Leisure Recreation</b></p> <p>1. The recreation and leisure-time schedule shall include, at a minimum:</p> <ul style="list-style-type: none"> <li>a. One hour of large muscle activity;</li> <li>b. One hour of structured leisure-time activities daily; and</li> <li>c. Additional recreational and leisure-time activities shall be provided during weekends, educational breaks and holidays</li> </ul> <p>2. Unless medically excused, all youth shall be given the opportunity to participate in recreation. Staff shall document a youth's refusal to participate in the unit log book.</p> <p>3. Supervising staff shall document all recreation and leisure-time activities in the unit's log book.</p>	Recreational Activities, RF-722-15
105.	FM-5E-02	<p><b>Recreation Schedules</b></p> <p>A monthly recreation and leisure-time activities schedule will be developed and posted in each living unit of the facility.</p>	Recreational Activities, RF-722-15
<b>ADMINISTRATION &amp; MANAGEMENT</b>			
<b>6A. Facility Administration &amp; Management Practices</b>			<b>DJS Authority</b>

**Exhibit A**  
**Performance Measures Audited by the Office of Inspector General**  
**Excerpt of the Quality Assurance Facility Audit Tool (as of December 2024)**

106.	FM-6A-01	<p><b>Organization and Mission</b></p> <p>1. Each facility shall develop an operating procedure entitled Facility Administration and Management that includes the facility mission statement and a program description that identifies programs and services available at the facility.</p>	Administration and Management of Residential Facilities, RF-736-17
		<p>2. The procedure shall also include an organization chart that groups similar functions, services, and activities in administrative subunits.</p> <p>3. The facility operating procedure shall be reviewed at least annually, and updated, as needed.</p>	
107.	FM-6A-02	<p><b>Quarterly Reports</b></p> <p>At least quarterly, the Superintendent shall submit the Facility Administration and Management Quarterly Activity Report to the assigned Executive Director of Residential Services.</p>	Administration and Management of Residential Facilities, RF-736-17
108.	FM-6A-03	<p><b>Monthly Meeting</b></p> <p>1. The Superintendent shall conduct regular meetings, at least monthly, with facility department heads.</p> <p>2. Minutes of the meeting shall be maintained.</p>	Administration and Management of Residential Facilities, RF-736-17
<b>6B. Staff Treatment</b>			<b>DJS Authority</b>
109.	FM-6B-01	<p><b>Staffing Requirements</b></p> <p>1. Each Superintendent shall develop a Staffing Plan to ensure adequate staffing levels.</p> <p>2. The Superintendent shall ensure the development and implementation of a five (5) week schedule.</p> <p>3. The facility will utilize a Daily Shift Roster to account for the daily assignment of each direct care staff, reasons for absences, and an explanation for time worked beyond the scheduled workday.</p>	Direct Care Staffing, RF-713-14
<b>6C. Staff Training</b>			<b>DJS Authority</b>

**Exhibit A**  
**Performance Measures Audited by the Office of Inspector General**  
**Excerpt of the Quality Assurance Facility Audit Tool (as of December 2024)**

<b>110.</b>	<b>FM-6C-01</b>	<p><b>Specialist Training</b>  All mandated staff are required to complete a minimum of 40 hours of annual in-service training based on their classification.</p>	Staff Training, MGT-640-18
<b>111.</b>	<b>FM-6C-02</b>	<p><b>Volunteer Liaison and Volunteers' Identification Records</b></p> <ol style="list-style-type: none"> <li>1. Each facility has a designated Volunteer Liaison.</li> <li>2. The facility will maintain a notebook in central control with each volunteer(s) identification record that includes a photograph, address, current telephone number and volunteer schedule.</li> </ol>	Volunteer Services, OPS-908-14



**Exhibit B**  
**Summary of OIG Audit Findings at Residential Service Facilities**  
**Fiscal Years 2021 to 2023**

DJS Detention Center	Number of OIG Reportable Findings by Area						Total OIG Findings
	Security	Care	Safety	Administration and Management	Programs and Services	Justice and Order	
Charles H. Hickey, Jr. School	25	19	2	2	0	1	49
Victor Cullen Center	22	14	4	3	3	1	47
Baltimore City Juvenile Justice Center	25	11	4	3	3	0	46
Lower Eastern Shore Children's Center	23	11	3	4	3	2	46
Western Maryland Children's Center	21	10	2	3	2	0	38
Cheltenham Youth Detention Center*	11	8	9	2	2	5	37
Backbone Mountain Youth Center	13	10	6	3	2	1	35
Green Ridge Youth Center	15	10	2	3	2	0	32
<b>TOTAL</b>	<b>155</b>	<b>93</b>	<b>32</b>	<b>23</b>	<b>17</b>	<b>10</b>	<b>330</b>

Source: OIG Audit Records

\*Cheltenham Youth Detention Center did not have an audit in 2023, due to extenuating circumstances related to restarting audits after COVID. The findings presented for this facility are from audits performed in 2021 and 2022.

## Exhibit C

### Summary of OIG Audit Findings by Performance Measure Fiscal Years 2021 to 2023

Measure Number	Performance Measure	Charles H. Hickey, Jr. School			Victor Cullen Center			Baltimore City Juvenile Justice Center			Lower Eastern Shore Children's Center			Western Maryland Children's Center			Cheltenham Youth Detention Center			Backbone Mountain Youth Center			Green Ridge Youth Center			Total
		2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	
<b>Operational Area #1 - Safety</b>																										
FM-1A-03	Janitorial Services			X							X	X			X						X				5	
FM-1B-01	Fire Safety Codes and Inspections														X	X			X							3
FM-1B-02	Fire Alarm and Fire Detection Systems							X							X						X	X				4
FM-1B-03	Fire and Emergency Evacuation Drills				X	X		X			X	X			X	X				X	X			X		9
FM-1B-05	Toxic and Caustic Materials	X	X		X	X		X		X					X	X							X			9
FM-1C-03	Facility State Vehicles							X								X										2
<b>Operational Area #2 - Security</b>																										
FM-2A-03	Perimeter Security	X				X						X							X							4
FM-2A-04	Youth Counts				X								X			X			X				X			5
FM-2A-05	Safety/Security Checks of Youth During Sleeping Hours		X		X	X		X	X		X	X			X										8	
FM-2A-08	Log Books		X	X		X					X	X		X	X						X				8	
FM-2A-09	Unit Rounds and Inspections	X			X										X							X			4	
FM-2A-10	Administrative Inspections		X		X	X		X	X		X		X	X		X				X				X		11
FM-2A-11	Security Equipment Storage		X					X																X	3	
FM-2A-12	Security-Device Inspection				X																X	X			3	
FM-2A-13	Incident Reporting and Administrative Review						X				X				X				X				X		5	
FM-2A-14	Incident Reporting - Parental Notification	X	X	X	X			X	X	X	X	X	X											X		11
FM-2A-17	Key Control		X	X		X	X	X			X	X		X	X		X							X	X	12
FM-2A-18	Tool Control	X	X					X			X													X	5	
FM-2A-19	Use of Physical Force	X		X		X		X	X	X	X		X		X							X	X		9	
FM-2A-20	Use of Physical Force - Notification		X	X		X	X	X	X		X			X						X				X	X	11
FM-2A-21	Use of Physical Force - Medical Assessments	X		X		X	X	X	X	X		X	X		X	X		X	X	X	X		X			14
FM-2A-22	Use of Physical Force - Behavioral Health Assessments	X			X	X		X	X	X	X	X	X	X	X	X	X	X		X			X	X	X	17
FM-2A-23	Use of Seclusion				X						X				X										3	
FM-2A-24	Use of Seclusion - Medical Assessments	X	X	X			X	X	X	X	X	X		X											10	
FM-2A-25	Use of Seclusion - Behavioral Health Assessments				X			X	X		X	X		X	X										7	
FM-2A-26	Critical Incident Debriefing	X				X	X				X											X			5	

Source: OIG Audit Records

\*Cheltenham Youth Detention Center did not have an audit in 2023, due to extenuating circumstances related to restarting audits after COVID. The findings presented for this facility are from audits performed in 2021 and 2022.

# Exhibit C

## Summary of OIG Audit Findings by Performance Measure

### Fiscal Years 2021 to 2023

Measure Number	Performance Measure	Charles H. Hickey, Jr. School			Victor Cullen Center			Baltimore City Juvenile Justice Center			Lower Eastern Shore Children's Center			Western Maryland Children's Center			Cheltenham Youth Detention Center			Backbone Mountain Youth Center			Green Ridge Youth Center			Total	
		2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023		
<b>Operational Area #3 - Justice and Order</b>																											
FM-3A-01	Mail									X						X										3	
FM-3C-01	Youth Notified of Violation in Writing																X									1	
FM-3C-02	Behavioral Management																X									1	
FM-3D-01	Child Abuse and Neglect		X			X					X					X										4	
FM-3D-04	Investigation of Sexual Assault															X										1	
<b>Operational Area #4 - Care</b>																											
FM-4A-04	Sanitation and Health Codes	X				X		X								X										4	
FM-4A-05	Sanitation Inspections	X				X	X					X														4	
FM-4A-05	Meal Counting and Claiming		X				X			X																3	
FM-4A-07	Menu and Production Records		X				X																			2	
FM-4A-08	Meal Components and Quantities		X				X																			2	
FM-4A-09	Professional Standards/Training						X																			1	
FM-4B-01	Stored Clothing										X															1	
FM-4C-04	Dental Care										X	X			X		X									4	
FM-4C-07	Communicable and Infectious Disease Management										X							X								2	
FM-4C-08	Health Education		X	X						X																3	
FM-4C-09	Pharmaceuticals	X	X					X									X				X			X		6	
FM-4C-11	Quarterly Meeting										X															1	
FM-4C-15	Emergency Response Drills	X	X	X					X			X		X			X			X		X				8	
FM-4C-16	Injury Prevention		X				X	X		X			X	X		X			X	X		X	X		X	X	12
FM-4C-17	First Aid Kits and Automated External Defibrillators																		X				X			2	
FM-4C-19	Medical and Dental Instrument Control	X	X														X			X			X		X	5	
FM-4D-01	Mental Health Screening						X					X			X		X				X					5	
FM-4D-03	Suicide Prevention and Intervention	X	X	X			X	X	X	X			X	X	X	X							X		X	13	
FM-4D-04	Suicide Prevention and Intervention - Behavioral Health Ass.								X	X			X				X				X	X			X	7	
FM-4E-01	Alcohol and Drug Abuse Education		X				X	X		X					X	X					X				X	8	

Source: OIG Audit Records

\*Cheltenham Youth Detention Center did not have an audit in 2023, due to extenuating circumstances related to restarting audits after COVID. The findings presented for this facility are from audits performed in 2021 and 2022.

## Exhibit C

### Summary of OIG Audit Findings by Performance Measure Fiscal Years 2021 to 2023

Measure Number	Performance Measure	Charles H. Hickey, Jr. School			Victor Cullen Center			Baltimore City Juvenile Justice Center			Lower Eastern Shore Children's Center			Western Maryland Children's Center			Cheltenham Youth Detention Center			Backbone Mountain Youth Center			Green Ridge Youth Center			Total	
		2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023		
<b>Operational Area #5 - Programs and Services</b>																											
FM-5C-01	Case Planning					X																		X		X	3
FM-5C-02	Treatment Team																									X	1
FM-5D-01	Religious Schedule							X			X		X				X										4
FM-5E-01	Large Muscle Activity and Leisure Recreation					X	X		X	X		X	X		X			X					X				9
<b>Operational Area #6 - Administration and Management</b>																											
FM-6A-01	Organization and Mission																									X	1
FM-6A-03	Monthly Meetings																X				X						2
FM-6B-01	Staffing Requirements						X				X																2
FM-6C-01	Specialist Training	X	X			X	X	X	X	X	X	X	X	X	X	X					X	X			X	X	18
<b>Totals</b>		<b>17</b>	<b>18</b>	<b>14</b>	<b>5</b>	<b>18</b>	<b>24</b>	<b>10</b>	<b>23</b>	<b>13</b>	<b>8</b>	<b>15</b>	<b>23</b>	<b>9</b>	<b>14</b>	<b>15</b>	<b>14</b>	<b>23</b>	<b>0</b>	<b>7</b>	<b>11</b>	<b>17</b>	<b>7</b>	<b>14</b>	<b>11</b>	<b>330</b>	
		<b>49</b>			<b>47</b>			<b>46</b>			<b>46</b>			<b>38</b>			<b>37</b>			<b>35</b>			<b>32</b>				

Source: OIG Audit Records

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## APPENDIX



217 East Redwood Street  
Baltimore, MD 21202

Aruna Miller  
Lt. Governor

Wes Moore  
Governor

Vincent Schiraldi  
Secretary

April 29, 2025

Mr. Brian Tanen, CPA, CFE  
Legislative Auditor  
Department of Legislative Services  
Office of Legislative Audits  
351 West Camden Street, Suite 400  
Baltimore, Maryland 21201

Dear Mr. Tanen,

On behalf of the Department of Juvenile Services, I would like to express our sincere appreciation for the thoroughness and professionalism demonstrated by your office during the recent audit covering the period from April 1, 2020 through December 31, 2023.

The findings and recommendations contained in your report, as well as the exit conferences, were handled with the utmost professionalism and clarity. We particularly appreciate the open communication and constructive engagement maintained throughout the audit process.

I would like to take this opportunity to highlight that the vast majority of the audit period preceded the current administration. Since coming on board, our team has made it a priority to identify and address operational weaknesses both prior to and throughout the audit period. Upon receipt of the preliminary findings, we acted swiftly and proactively to begin correcting the deficiencies outlined in the report. The Department researched and has built a logistics unit from within that will be responsible for the ordering, inventory, distribution of supplies and materials utilizing three hubs strategically located throughout the State of Maryland. Utilizing technology enhancements to record and track equipment, supplies, and materials, the Department aims to reduce fraud, waste, and purchasing abuses, while ensuring adhering to the DGS inventory control and property manuals.

The **Agency Response Form (ARF)** details and demonstrates additional action the Department has and will be taking in response to the findings, and as instructed, the agency's formal response has been submitted and is attached for your review.

Sincerely,

A handwritten signature in blue ink, appearing to read "Vincent Schiraldi".

Vincent Schiraldi  
Secretary  
Department of Juvenile Services

Attachment

cc: Tiffani Johnson, Deputy Secretary of Support Services  
Marc Schindler, Assistant Secretary and Chief of Staff  
Cory Fink, Chief Operating Officer  
Sheri Sanford, Acting Director of the Office of the Inspector General  
Michael DiBattista, Chief Financial Officer  
Kelly Massey, Director, Internal Audit, Office of the Inspector General



# Department of Juvenile Services

## Agency Response Form

### Residential Service Facility Operations

**Finding 1**

Department of Juvenile Services (DJS) did not have a process to ensure that residential service facilities timely corrected deficiencies identified by its Office of the Inspector General (OIG) resulting in numerous deficiencies going uncorrected.

We recommend that DJS establish a process to monitor the implementation of corrective action plans to address deficiencies identified by its OIG and take additional appropriate action when deficiencies are repeated.

Agency Response			
<b>Analysis</b>			
Please provide additional comments as deemed necessary.			
<b>Recommendation 1</b>	Agree	<b>Estimated Completion Date:</b>	6/30/2025
Please provide details of corrective action or explain disagreement.	After each facility audit, another OIG audit team will work with the facility, in an advisory capacity, to develop their Corrective Action Plan (CAP). Once the CAP is submitted to OIG, a staff person assigned to Residential Services will follow up routinely and OIG will continue conducting the 6 month corrective action follow up. The OIG will be updating policies to reflect the same.		

# Department of Juvenile Services

## Agency Response Form

### Criminal Background Checks

**Finding 2**

**DJS did not ensure criminal background checks were properly completed for contractors providing youth care services, resulting in at least one individual with a previous conviction working directly with children.**

**We recommend that DJS**

- a. ensure vendors comply with criminal background check requirements for all employees, and take appropriate action when disqualifying criminal activity is identified; and**
- b. require vendors to receive alerts of subsequent criminal activity by their employees and timely report such activity to DJS.**

Agency Response			
<b>Analysis</b>			
<b>Please provide additional comments as deemed necessary.</b>			
<b>Recommendation 2a</b>	Agree	<b>Estimated Completion Date:</b>	1/31/2026
<b>Please provide details of corrective action or explain disagreement.</b>	<b>We agree with the recommendation and have developed a generic email address for all vendors to report the findings of their criminal background checks as part of the employment process. DJS will determine if contract modifications should be made to address background checks, notifications, and frequency of their staff. The agency will develop a policy and process for the review and actions to be taken and document the decision.</b>		
<b>Recommendation 2b</b>	Agree	<b>Estimated Completion Date:</b>	1/31/2026
<b>Please provide details of corrective action or explain disagreement.</b>	<b>We agree, and will incorporate this requirement into contracts moving forward utilizing the process as outlined in our response to recommendation 2a.</b>		

# Department of Juvenile Services

## Agency Response Form

### Procurements and Disbursements

**Finding 3**

**DJS could not document critical components of five procurements to support the propriety of the award and did not publish six awards as required.**

We recommend that DJS comply with State procurement regulations. Specifically, we recommend that DJS

- a. ensure all required procurement documentation, such as technical and price proposals and bid evaluations, is maintained; and
- b. publish contract awards on *eMMA* within 30 days after approval, as required.

Agency Response			
<b>Analysis</b>			
Please provide additional comments as deemed necessary.			
<b>Recommendation 3a</b>	Agree	<b>Estimated Completion Date:</b>	6/30/2025
Please provide details of corrective action or explain disagreement.	<p><b>The Department of Juvenile Services (DJS) will implement a procurement checklist that clearly outlines all essential components required for compliance with procurement regulations in the documentation of procurement files. This checklist will be included in every procurement file to ensure adherence and maintain high standards of accountability.</b></p> <p><b>Procurement staff will be trained on all updated procedures for record keeping requirements.</b></p> <p><b>The Department is exploring possible software programs to better streamline and document the process.</b></p>		
<b>Recommendation 3b</b>	Agree	<b>Estimated Completion Date:</b>	6/30/2025
Please provide details of corrective action or explain disagreement.	<p><b>The Department of Juvenile Services (DJS) will implement a mandatory timeline for all procurement activities, which must be included in the procurement file. This timeline is essential and will be part of the procurement file review by the procurement supervisors. Procurement supervisors are accountable for ensuring the completion and accuracy of eMMA publishing, and this will be reviewed on a bi-weekly basis.</b></p>		



# Department of Juvenile Services

## Agency Response Form

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# Department of Juvenile Services

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**Finding 4**

**DJS paid vendors using a method that was not in accordance with State policies and which circumvented available system controls.**

**We recommend that DJS restrict the use of direct vouchers to transactions authorized by the DoIT *Manual* (repeat).**

Agency Response			
Analysis			
<p>Please provide additional comments as deemed necessary.</p>	<p><b>DJS acknowledges the auditors finding regarding the use of direct voucher payments and remains committed to ensuring compliance with the Department of Information Technology’s (DoIT) Internal Control and Security Policy and Procedures Manual. DJS understands the importance of maintaining financial controls and ensuring that all payments are properly authorized and documented.</b></p> <p><b>DJS notes that the Comptroller’s Office has reduced the timeframe for agencies to process and pay vendor invoices from 25 days to 15 days, which has presented operational challenges in ensuring that purchase orders (POs) are always in place and addressing underlying issues with POs before payments are processed. However, an internal review of the direct voucher payments made during the audit period (April 1, 2020 – December 31, 2023) indicates that nearly 80% of the direct vouchers processed were supported by either purchase orders (POs), blanket purchase orders (BPOs) at both the agency and state levels, contractual agreements, interagency agreements, or memorandums of understanding (MOUs). Additionally, 33% of these transactions involved Per Diem contracted vendors, where a BPO is available for reference in processing of a DV. These findings demonstrate that a significant portion of DJS’s direct voucher payments were, in fact, tied to properly authorized agreements and procurement mechanisms.</b></p> <p><b>DJS is actively working to strengthen internal processes to further align payments with established POs and ensure that proper controls are maintained at all times.</b></p>		
<p><b>Recommendation 4</b></p>	<p>Agree</p>	<p><b>Estimated Completion Date:</b></p>	<p>6/30/2025</p>
<p>Please provide details of corrective action or explain disagreement.</p>	<p><b>DJS agrees with OLA’s recommendation to restrict the use of direct vouchers to transactions explicitly authorized by the DoIT Manual. In support of this, DJS has implemented the following measures to ensure compliance:</b></p>		

# Department of Juvenile Services

## Agency Response Form

- **Daily Encumbrance Reviews:** DJS conducts daily reviews of encumbrance lists to identify any necessary POs that need to be established or updated before processing payments.
- **Enhanced Procurement Coordination:** DJS will take extra steps to secure and communicate the need for Procurement to ensure the timely availability of POs in FMIS-ADPICS to align with DoIT policies.
- **Process Improvement Initiatives:** DJS continues to refine its internal procedures to minimize the use of direct vouchers except in cases where explicitly permitted under DoIT guidelines.
- **Ongoing Monitoring and Compliance Reviews:** Routine audits and reviews of payment transactions are conducted to verify that all payments are properly authorized and backed by the necessary documentation.

**Accounts Payable staff will receive updated training on the use of direct vouchers.**

**DJS remains committed to enhancing financial controls and ensuring that all vendor payments adhere to state policies and procurement best practices.**

# Department of Juvenile Services

## Agency Response Form

**Finding 5**

**DJS could not justify a \$1.5 million payment that was originally rejected, and paid certain invoices without verifying that goods or services were received and the related charges were proper.**

**We recommend that DJS**

- a. stop overriding contract monitor payment rejections unless there is a documented justification for the payment; and**
- b. adequately document that goods and services are received prior to payment, and obtain and review source documents to substantiate the charges, including those noted above.**

Agency Response			
<b>Analysis</b>			
Please provide additional comments as deemed necessary.	<p><b>DJS management acknowledges the finding; however, DJS does not believe it accurately reflects the full context of the payment decision. The invoice submitted by the vendor was for \$1.68 million. In coordination with Procurement, and at the request of the vendor, management reviewed the original \$1.68 million invoice and agreed that authorizing payment for 90% of the total amount (\$1.5 million) was appropriate to facilitate the timely delivery of the contracted modular units. The remaining 10% was withheld from processing until receipt and inspection of the units on-site to ensure compliance with contract specifications. Management provided clear instructions to accounts payable staff on processing the invoice. Moving forward, additional supporting documentation will be included to provide a more comprehensive picture of the decision-making process. DJS remains committed to transparency, accountability, and adherence to financial controls.</b></p> <p><b>Additionally, DJS recognizes the significance of verifying that goods and services are received prior to processing payments. To strengthen internal controls, the department will implement routine audits and random checks of paid invoices to confirm that all necessary supporting documentation is properly maintained. DJS continuously evaluates and refines its financial oversight practices to prevent future instances where documentation may be insufficient.</b></p>		
<b>Recommendation 5a</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Agree</td> <td style="width: 50%;">Estimated Completion Date: 3/30/2025</td> </tr> </table>	Agree	Estimated Completion Date: 3/30/2025
Agree	Estimated Completion Date: 3/30/2025		
Please provide details of corrective action or explain disagreement.	<p><b>DJS acknowledges OLA’s recommendation to cease overriding contract monitor payment rejections without sufficient justification. Moving forward, DJS will ensure that any override decisions are thoroughly documented with a clear rationale, including specific</b></p>		

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	<p>details on why a payment was authorized despite an initial rejection. This documentation will be maintained as part of the invoice approval process to provide an auditable record of decision-making. To reinforce compliance, DJS will provide additional instructions to relevant personnel on procurement policies, internal controls, and the necessity of properly substantiating any deviations from standard approval procedures.</p>		
<b>Recommendation 5b</b>	Agree	<b>Estimated Completion Date:</b>	9/30/2025
<p>Please provide details of corrective action or explain disagreement.</p>	<p><b>DJS agrees with the need to fully document the receipt of goods and services before authorizing payments. To address this, the department has enhanced its invoice review procedures to ensure that all required supporting documentation is obtained and verified prior to processing payments. Specifically:</b></p> <p><b>For interagency agreements: DJS will require detailed payroll documentation before approving invoices, ensuring compliance with contractual terms.</b></p> <p><b>For general procurements: DJS will enforce stricter verification measures, including requiring signed receiving reports, packing slips, or other appropriate documentation confirming delivery of goods and completion of services.</b></p> <p><b>Accounts Payable staff will receive updated training on the requirements related to appropriate supporting documentation. DJS has also implemented periodic internal reviews and spot audits to verify compliance with these enhanced procedures. These efforts will help ensure that all payments are properly substantiated, reducing the risk of unverified expenditures in the future.</b></p>		

# Department of Juvenile Services

## Agency Response Form

### Information Systems Security

The Office of Legislative Audits (OLA) has determined that the Information Systems Security section, including Findings 6 and 7 related to “cybersecurity,” as defined by the State Finance and Procurement Article, Section 3.5-301(b) of the Annotated Code of Maryland, and therefore are subject to redaction from the publicly available audit report in accordance with State Government Article 2-1224(i). Although the specifics of the following findings, including the analysis, related recommendations, along with DJS’ responses, have been redacted from this report copy, DJS’ responses indicated agreement with the findings and related recommendations.

**Finding 6**  
**Redacted cybersecurity-related finding.**

**Agency Response has been redacted by OLA.**

**Finding 7**  
**Redacted cybersecurity-related finding.**

**Agency Response has been redacted by OLA.**

# Department of Juvenile Services

## Agency Response Form

### Payroll

**Finding 8**

DJS did not approve employees working double shifts on four or more consecutive days in accordance with its *Overtime Policy* and did not analyze overtime activity to identify and evaluate consistently high levels of overtime.

We recommend that DJS

- a. develop comprehensive procedures to routinely monitor overtime activity to identify employees with consistently high levels of overtime;
- b. investigate the necessity and propriety of high levels of overtime, including the 10 employees noted above, and take appropriate action; and
- c. ensure overtime is worked and approved in accordance with the *Overtime Policy*.

Agency Response			
<b>Analysis</b>			
Please provide additional comments as deemed necessary.			
<b>Recommendation 8a</b>	Agree	<b>Estimated Completion Date:</b>	9/30/2025
Please provide details of corrective action or explain disagreement.	<p>The Department began reviewing OT usage in December 2024 and has done so every pay period since. The data is broken down by division and unit and tracked. Facility Superintendents are required to submit a bi-weekly sheet outlining the reasons for OT, and the Community staff do the same via a shared google spreadsheet.</p> <p>DJS will review the current process to ensure it is reasonable and provides adequate data to the appropriate staff to make informed assessments of overtime utilization.</p> <p>The Department is also reviewing the existing policies and reporting capabilities for consecutive double shifts being worked</p>		
<b>Recommendation 8b</b>	Agree	<b>Estimated Completion Date:</b>	9/30/2025
Please provide details of corrective action or explain disagreement.	<p>The Department began reviewing OT usage in December 2024 and has done so every pay period since. The data is broken down by division and unit and tracked. Facility Superintendents are required to submit a bi-weekly sheet outlining the reasons for OT, and the Community staff do the same via a shared google spreadsheet. DJS will review the current process to ensure it is reasonable and</p>		

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## Agency Response Form

	provides adequate data to the appropriate staff to make informed assessments of overtime utilization.		
<b>Recommendation 8c</b>	Agree	<b>Estimated Completion Date:</b>	12/31/2025
Please provide details of corrective action or explain disagreement.	The Department will conduct a review of the current Overtime Policy to ensure that requirements established are feasible given the current timekeeping systems. Once the review is complete, the policy will be updated, shared and distributed to staff. In addition, procedures will be established to verify compliance.		



# Department of Juvenile Services

## Agency Response Form

### Materials and Supplies

**Finding 9**

**DJS did not have adequate procedures and controls over its materials and supplies.**

**We recommend that DJS**

- a. implement internal controls over materials and supplies at each facility as required by the *Manual*,**
- b. perform required physical inventories and submit accurate valuation information to DGS on the *Annual Report of State Property Materials and Supplies* (repeat), and**
- c. ensure perpetual inventory records are established and maintained for materials and supplies in accordance with the *Manual* requirements (repeat).**

Agency Response			
<b>Analysis</b>			
<b>Please provide additional comments as deemed necessary.</b>	<b>DJS has since established clear segregated duties for purchasing, receiving, storing, disbursing and the counting of material and supplies to ensure perpetual inventory items.</b>		
<b>Recommendation 9a</b>	Agree	<b>Estimated Completion Date:</b>	12/31/2025
<b>Please provide details of corrective action or explain disagreement.</b>	<b>DJS has established regional hubs around the state to address deficiencies. DJS has begun implementation of a new evidence-based materials/supplies management system through Hi-Tech, Inc. The new system will automate tracking (scan upon receipt) to significantly improve the efficiencies of inventory management.</b>  <b>The implemented system will provide internal controls in compliance with DGS Inventory Control Manual.</b>		
<b>Recommendation 9b</b>	Agree	<b>Estimated Completion Date:</b>	12/31/2025
<b>Please provide details of corrective action or explain disagreement.</b>	<b>DJS has established regional hubs around the state to address deficiencies. DJS has begun implementation of a new evidence-based materials/supplies management system through Hi-Tech, Inc. The new system will automate tracking from time of receipt to distribution location and significantly improve the efficiencies of inventory management. The implemented system will establish and maintain perpetual inventory records in compliance with DGS Inventory Control Manual.</b>		

# Department of Juvenile Services

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<b>Recommendation 9c</b>	Agree	<b>Estimated Completion Date:</b>	12/31/2025
<b>Please provide details of corrective action or explain disagreement.</b>	<b>Physical inventories and reporting will be accomplished using the new system and process to ensure compliance with the DGS Inventory Control Manual.</b>		

AUDIT TEAM

**Catherine M. Clarke, CPA, CIA, CFE**  
Audit Manager

**R. Brendan Coffey, CPA, CISA**  
**Edwin L. Paul, CPA, CISA**  
Information Systems Audit Managers

**David R. Fahnstock, CPA**  
Data Analytics Manger

**Adam M. Auerback**  
Senior Auditor

**Eric Alexander, CPA, CISA**  
**Michael K. Bliss, CISA**  
Information Systems Senior Auditors

**Charles H. Hinds, IV, CPA**  
Data Analytics Senior Auditor

**Nicole D. Bishop**  
**Jordan Duke, CFE**  
**Owen M. Long-Grant**  
**Jonathan D. Souders**  
Staff Auditors

**Joshua A. Nicodemus, CISA**  
**Christopher C. Pitre**  
Information Systems Staff Auditors