

SUBJECT: Reporting and Investigating Child Abuse and Neglect
NUMBER: OPS-913-15
APPLICABLE TO: DJS Employees & Contracted Residential Service Providers
EFFECTIVE: March 11, 2015

APPROVED: _____/signature on original/
Sam Abed, Secretary

I. POLICY:

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

The guiding principles of this policy are as follows:

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

II. AUTHORITY:

- A.** MD. CODE ANN., CRIM. LAW § 3-314.
- B.** MD. CODE ANN., FAM. LAW §5-701 to §5-715.
- C.** MD. CODE ANN., HUM. SERVS. §§ 9-203, -204, -227.
- D.** MD. CODE REGS. 07.02.07.
- E.** 78 Op. Att’y Gen. 189 (Md. 1993).

III. DIRECTIVES/POLICIES RESCINDED

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

IV. FAILURE TO COMPLY

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

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
Revised policy issued; sections added to comply with federal Prison Rape Elimination Act (PREA) and the COMAR requirement to report youth at substantial risk for sexual abuse; policy re-formatted.	March 2015

PROCEDURES

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Linda McWilliams, Deputy Secretary

I. PURPOSE

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

II. DEFINITIONS:

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

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

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

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

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

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

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

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

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

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

III. PROCEDURES:

A. General Procedures

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

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

B. Facility Reporting

1. **Medical, behavioral health, educators, and human service workers** who have a reason to suspect that a youth has been abused or neglected shall adhere to the following reporting guidelines:
 - a. Take immediate steps to protect the alleged victim.
 - b. Immediately notify the Shift Commander.
 - c. Verbally notify the local Department of Social Services - Child Protective Services Unit (CPS), and the State Police immediately.
 - d. Complete and submit to the Shift Commander a *DJS Incident Reporting Form (Appendix 1)*.
 - e. Complete the *CPS Suspected Child Abuse/Neglect Report (Appendix 2)* and forward it to **CPS, with a copy to the local State's Attorney and the facility Shift Commander** prior to the end of the shift/workday.
 - f. The initial verbal and written report made to the appropriate CPS shall include, at a minimum:
 - 1) The date and time of suspected incident(s);
 - 2) The name, age, and if known, last known home address of the youth;
 - 3) The youth's current location and status;
 - 4) The name and home address of the youth's parent(s) or other family member/guardian/custodian responsible for the youth's care;
 - 5) The nature and extent of the abuse or neglect, including any evidence or information available to the reporter concerning possible previous instances of abuse or neglect;
 - 6) Any other information that would be helpful to determine:
 - a) The causes of the suspected abuse or neglect; and

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

educator, or human service worker. *Advise the CPS worker and law enforcement agent whether or not the alleged incident was recorded on video surveillance.*

- d. Notify the OIG.
- e. Complete the *CPS Suspected Child Abuse/Neglect Report (Appendix 2)*, and forward it to **CPS, with a copy to the local State's Attorney** prior to the end of the shift/work day. Document on the bottom of the form whether or not the incident was captured on video surveillance. If the incident was reported by a medical, behavioral health, educator, or human service worker, **ensure receipt** of the completed *CPS Suspected Child Abuse/Neglect Report (Appendix 2)*, and/or notification to the State Police.
- f. Forward copies of the *DJS Incident Reporting Form (Appendix 1)* and the *CPS Suspected Child Abuse/Neglect Report (Appendix 2)* to State Police, the OIG, and the facility Superintendent.
- g. Upon receiving an allegation that a youth was sexually abused while confined at another facility, immediately report the incident in accordance with the guidelines of this procedure and notify the facility shift commander where the alleged abuse occurred.

4. The facility Superintendent shall:

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

C. Community Operations Reporting

1. Staff assigned to community operations who have reason to suspect that a youth has been abused or neglected shall adhere to the following guidelines:

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

2. The Regional Director or designee shall:

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

D. Contracted Residential Service Providers

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

F. Immediate Protective Action

1. Upon being notified of suspected child abuse or neglect, the Shift Commander, facility/program administrator or designee shall:
 - a. Take action to ensure that no further abuse or neglect occurs by separating the alleged victim from the alleged perpetrator.
 - b. If the accused individual is an employee, prohibit the employee from all contact with the victim and **all other youth pending** completion of the investigation.

- c. Obtain a medical assessment of the youth. Ensure that pictures are taken of the reported injury/injuries.
- d. Take appropriate steps to ensure the anonymity and safety of the person making the report.
- e. Confidentially maintain all reports and related incident information.

G. Immunity From Intimidation or Retaliation

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

H. Record Keeping

1. A copy of the incident report shall be placed in the youth's file; however the *name(s) of all suspected employees shall be redacted from the report.*
2. The Superintendent, regional director, facility/program director shall maintain separate files of DJS and other agency reports and findings.
3. Reports, correspondence, and other investigative information shall be maintained by the OIG in a locked file for a period of 5 years from the completion of the DJS, Social Service, State's Attorney, or police investigation, whichever is completed last. After 5 years, the information shall be destroyed.

IV. RESPONSIBILITY

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

V. INTERPRETATION

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

VI. LOCAL OPERATING PROCEDURES REQUIRED

No

VII. DIRECTIVES/POLICIES REFERENCED

- A. [Incident Reporting Policy – DJS Programs](#)
- B. Incident Reporting Policy –Private Residential Child Care Programs and Child Placement Agencies

VIII.

APPENDICES

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



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review and Understanding

SUBJECT: Reporting and Investigating Child Abuse and Neglect
NUMBER: OPS-913-15
APPLICABLE TO: DJS Employees & Contracted Residential Service Providers
EFFECTIVE: March 11, 2015

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

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

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

SIGNATURE

PRINTED NAME

DATE

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

INCIDENT REPORTING FORM



Facility: _____ Incident # _____

Date of Incident: _____

Youth Involved: _____ Staff Involved: _____

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

**INCIDENT REPORTING
FORM**



Location within the facility:

Description\Comment regarding the location (optional):

Date and time of the incident:

Reported By:

Date Reported:

Staff Involved:

DESCRIPTION OF INCIDENT

What happened just before the incident?

Who was there when the incident occurred? Number of youth present?

INCIDENT REPORTING FORM



Primary Youth Involved: _____

Role in Incident - circle one: Youth Involved Youth Witness Aggressor Victim

Physical Restraint Type Used (select one):

Guided Intervention - Directive Touch

Guided Intervention - Pivot and Parry

Restraint – Standing: Shoulder Support

Restraint – Standing: Cradle Standing

Restraint – Standing: Cradle Wrap

Restraint – Standing: Passive Restraint

Restraint – Standing: Therapeutic Restraint

Restraint – Standing: Therapeutic Escort

Restraint – Standing: Passive Escort

Restraint – Standing: Multiple Team Intervention

Restraint – Standing: Two-Man Therapeutic Escort

Restraint – Take Down: Cradle Seated

Restraint – Take Down: Passive Restraint Seated

Restraint – Take Down: Side Restraint

Duration of Physical Restraint

01 - 15 Minutes

16 - 30 Minutes

31 - 45 Minutes

46 - 60 Minutes

Greater than 60 minutes. EXPLAIN:

Reason for Physical Restraint:

Intervention Leaving Supervision Prevention

Mechanical Restraint Used:

Flex Cuffs Handcuffs Leg Irons

Handcuffs AND Leg Irons

Duration of Mechanical Restraint

01 - 15 Minutes 61 - 75 Minutes Greater than 120 minutes. EXPLAIN:

16 - 30 Minutes 76 - 90 Minutes _____

31 - 45 Minutes 91 - 105 Minutes _____

46 - 60 Minutes 106 - 120 Minutes _____

Reason for Mechanical Restraint

Description\Comment regarding the location (optional):

Staff involved in restraint: _____

De-escalation Efforts Made: YES NO

Seen by Medical? YES NO

Injury Severity Rating (from the body sheet): _____

Injury resulting from restraint? YES NO

Seclusion? YES NO

Duration of Seclusion

01 - 30 Minutes 2 - 4 Hours

30 - 60 Minutes 4 - 6 Hours

1 - 2 Hours 6 - 8 Hours

Gang Involvement\ Name of Gang: _____

Contraband Found

Drugs Weapons Other: _____

INCIDENT REPORTING FORM



Additional Youth Involved: _____

Role in Incident - circle one: Youth Involved Youth Witness Aggressor Victim

Physical Restraint Type Used (select one):

Guided Intervention - Directive Touch

Guided Intervention - Pivot and Parry

Restraint – Standing: Shoulder Support

Restraint – Standing: Cradle Standing

Restraint – Standing: Cradle Wrap

Restraint – Standing: Passive Restraint

Restraint – Standing: Therapeutic Restraint

Restraint – Standing: Therapeutic Escort

Restraint – Standing: Passive Escort

Restraint – Standing: Multiple Team Intervention

Restraint – Standing: Two-Man Therapeutic Escort

Restraint – Take Down: Cradle Seated

Restraint – Take Down: Passive Restraint Seated

Restraint – Take Down: Side Restraint

Duration of Physical Restraint

01 - 15 Minutes

16 - 30 Minutes

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Greater than 60 minutes. EXPLAIN:

Reason for Physical Restraint:

Intervention Leaving Supervision Prevention

Mechanical Restraint Used:

Flex Cuffs Handcuffs Leg Irons

Handcuffs AND Leg Irons

Duration of Mechanical Restraint

01 - 15 Minutes 61 - 75 Minutes Greater than 120 minutes. EXPLAIN: _____

16 - 30 Minutes 76 - 90 Minutes _____

31 - 45 Minutes 91 - 105 Minutes _____

46 - 60 Minutes 106 - 120 Minutes _____

Reason for Mechanical Restraint

Description\Comment regarding the location (optional):

Staff involved in restraint: _____

De-escalation Efforts Made: YES NO

Seen by Medical? YES NO

Injury Severity Rating (from the body sheet): _____

Injury resulting from restraint? YES NO

Seclusion? YES NO

Duration of Seclusion

01 - 30 Minutes 2 - 4 Hours

30 - 60 Minutes 4 - 6 Hours

1 - 2 Hours 6 - 8 Hours

Gang Involvement\ Name of Gang: _____

Contraband Found

Drugs Weapons Other: _____

INCIDENT REPORTING FORM



Primary Staff Involved Name: _____

Staff Assaulted? YES NO
Injury Sustained? YES NO
Injury Severity Rating: Level 1 Level 2 Level 3

Additional Staff Involved Name: _____

Staff Assaulted? YES NO
Injury Sustained? YES NO
Injury Severity Rating: Level 1 Level 2 Level 3

Additional Staff Involved Name: _____

Staff Assaulted? YES NO
Injury Sustained? YES NO
Injury Severity Rating: Level 1 Level 2 Level 3

Additional Staff Involved Name: _____

Staff Assaulted? YES NO
Injury Sustained? YES NO
Injury Severity Rating: Level 1 Level 2 Level 3

Additional Staff Involved Name: _____

<h2>Detail Tab</h2>
Gang Related - Explain: _____ _____ _____
Was the incident videotaped? <input type="checkbox"/> YES <input type="checkbox"/> NO
Supporting Evidence: _____ _____
Description\Comment regarding the location (optional): _____ _____

INCIDENT REPORTING FORM



Physical Restraint Notification

Name: _____

Title: _____

Contact Information: _____

Date: _____ Time: _____

Notes: _____

Mechanical Restraint Notification

Name: _____

Title: _____

Contact Information: _____

Date: _____ Time: _____

Notes: _____

Seclusion Authorization

Name: _____

Title: _____

Contact Information: _____

Date: _____ Time: _____

Notes: _____

INCIDENT REPORTING FORM



Parent/Guardian: _____ Date: _____ Time: _____ Notes: _____
Executive Director: _____ Date: _____ Time: _____ Notes: _____
Regional Director: _____ Date: _____ Time: _____
Superintendent: _____ Date: _____ Time: _____ Notes: _____
On-Call Administrator: _____ Date: _____ Time: _____ Notes: _____
OIG Investigator: _____ Date: _____ Time: _____
DJS Youth Advocate: _____ Date: _____ Time: _____
Legal Representative: _____ Date: _____ Time: _____
Local/Supervising DSS _____ Date: _____ Time: _____
Child Protective Services (CPS): _____ Date: _____ Time: _____
Law Enforcement: _____ Date: _____ Time: _____
Community Case Manager: _____ Date: _____ Time: _____
Facility Case Manager: _____ Date: _____ Time: _____
Director of General Services: _____ Date: _____ Time: _____

INCIDENT REPORTING FORM



Statements

Statements of ALL youth and ALL staff involved or witnessing the incident should be attached separately to this report. Attached? Yes No If not, please explain below.

This incident report is true and accurate to the best of my knowledge.

Staff Member Completing Report

Date

SHIFT COMMANDER\ SUPERVISOR COMMENTS

Must include critique of how staff handled the incident including, whether decisions/actions could have been improved or whether staff did an exceptionally good job. These comments will be used to as a tool for staff to learn from this incident.

Shift Commander\Supervisor

Date

Checklist

1. Incident Report Number _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
2. All sections filled out completely?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
3. Shift Commander Comments filled out?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
4. All youth/witness statements are attached?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
5. Notifications made?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
6. Nurses Report of Injury attached? (Including any photos.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
7. Signed and dated?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
8. Checked for spelling, grammar and adequate details?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
9. Description/Comment regarding the location (optional):	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
10. Additional supporting documentation attached, if applicable? Copies of seclusion sheets, suicide watch forms, etc.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
11. Incident report submitted to Child Protective Services? If applicable.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)

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

State of Maryland-Child Protective Services
REPORT OF SUSPECTED CHILD ABUSE/NEGLECT
(see instructions on reverse side)

1. NAME OF LOCAL DEPARTMENT BEING NOTIFIED		ADDRESS		ZIP	
2. PERSON MAKING REPORT (Name)			3. POSITION/TITLE		
4. NAME OF DEPARTMENT/ORGANIZATION		ADDRESS	ZIP	5. TELEPHONE	
6. TYPE OF REFERRAL <input type="checkbox"/> PHYSICAL ABUSE <input type="checkbox"/> SEXUAL ABUSE <input type="checkbox"/> NEGLECT <input type="checkbox"/> MENTAL INJURY-ABUSE <input type="checkbox"/> MENTAL INJURY-NEGLECT					
7. NAME OF CHILD		8. SEX	9. BIRTH DATE	10. RACE	
11. ADDRESS (Where Child Can Be Seen)		CITY	STATE	ZIP	
		12. GRADE	13. SCHOOL		
14. NAME OF PERSON RESPONSIBLE FOR CHILDS CARE		14A. AGE/D.O.B.	14B. ADDRESS		14C. TELEPHONE
PARENTS/GUARDIAN		AGE/D.O.B	ADDRESS		TELEPHONE
MOTHER:					
FATHER:					
GUARDIAN (Specify Relation):					
15. NAME OF SUSPECTED ABUSER/NEGLECTOR	16. RELATION	17. AGE/D.O.B.	18. ADDRESS		19. TELEPHONE
20. STATE NATURE EXTENT OF THE CURRENT ABUSE/NEGLECT TO THE CHILD IN QUESTION: EXPLAIN THE CIRCUMSTANCES LEADING TO THE SUSPICION THE CHILD IS AN ABUSE/NEGLECT VICTIM. DESCRIBE ANY INJURY OR RISK. DESCRIBE HOW REPORTER KNOWS INFORMATION.					
21. LIST INFORMATION CONCERNING PREVIOUS ABUSE/NEGLECT TO THE CHILDREN/OTHER CHILDREN IN THE FAMILY, INCLUDING PREVIOUS ACTION TAKEN. HOW DOES THE REPORTER KNOW THIS INFORMATION?					
22. DESCRIBE INFORMATION KNOWN ABOUT FAMILY FUNCTIONING, RELATIONSHIP BETWEEN PARENT, CARETAKER, OTHER ADULTS IN HOME AND CHILDREN AND LIKELY RESPONSE BY FAMILY TO DISCLOSURE. HOW DOES THE REPORTER KNOW THIS INFORMATION?					
23. STATE ANY OTHER AVAILABLE INFORMATION THAT WOULD AID IN ESTABLISHING THE CAUSE OF THE ALLEGED ABUSE/NEGLECT.					
24. ARE WEAPONS IN THE HOME OR KNOWN TO BE CARRIED BY THE FAMILY OR ACCUSED ABUSER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		25. IS THERE A HISTORY OF VIOLENCE, DRUGS, MENTAL ILLNESS OR RETALIATION IN THE FAMILY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		26. IF YES TO EITHER, DESCRIBE IN DETAIL ON SEPARATE SHEET OF PAPER	
27. SIGNATURE OF PERSON REPORTING			DATE	28. DATE / HOUR ORAL CONTACT IN LDSS	
29. REPORT TAKEN <input type="checkbox"/> Yes <input type="checkbox"/> No		30. NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE			

INSTRUCTIONS

REQUIRED REPORTERS:

Every health practitioner, educator, social worker, or law-enforcement officer, who contacts, examines, attends or treats a child and who believes or has reason to believe that the child has been abused/neglected is required to make an oral and written report to either Social Services or the Police.

TIMELINES:

An oral report of suspected child abuse and neglect must be made immediately. A written report must also be submitted by mandated reporters within 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been subjected to abuse or neglect. It is not necessary to observe outward signs of injury to the child. Neither is it necessary for the reporter to establish proof that abuse/neglect occurred. Protection of the child is paramount. If abuse/neglect is suspected, a report must be submitted.

DEFINITIONS OF CHILD ABUSE AND CHILD NEGLECT:

"Child abuse" means: (COMAR 07.02.07.02)

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

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

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

"Child Neglect" means: (COMAR 07.02.07.02)

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

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

COMPLETING THE FORM 180:

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

1. **Name of Local Department Being Notified:** For suspected child abuse/neglect an oral report must be made to the Local Child Protective Services unit in the jurisdiction where the incident allegedly took place. This written report must be filed within 48 hours after making an oral report.
2. **Person Making Report (Name):** This should always be the person who witnessed or has first hand knowledge of the incident. Any person including a health practitioner educator, social worker, or law-enforcement officer, participating in the making of a good faith report, or participating in an investigation or in a judicial proceeding resulting therefore shall in so doing be immune from any civil liability or criminal penalty that might otherwise be incurred or imposed as a result.
6. **Type of Referral:** Please check only one box per report being submitted.
7. **Name of Child:** Identify only one child per report.
11. Address where child can be seen should include both daytime and after normal working hours.
29. **Report Taken:** There are some types of referrals that are inappropriate for child abuse/neglect investigation. The Local Department is available for consultation when there is uncertainty regarding a situation. If your concerns do not meet the criteria for investigation, you will be referred to alternate resources, when possible. When contacting the local department record the name of the person you spoke with and the outcome of the conversation in your records. If the oral report of abuse/neglect is not taken by the local department still send in the written report and keep a copy for your records.

**INCIDENT REPORTING
FORM - RCCP/CPA**



Date of Incident: _____ Incident # _____

Organization Name: _____

Program Name: _____ Program Type: _____

Program Address: _____

Youth Involved/DOB: _____ Staff or Foster Parent Involved: _____

Class I Incidents, which are significant in nature, but do not rise to the level of seriousness as Class II and Class III shall be considered Class I incidents. Class I incidents shall be reported to OIG by the next business day.		Class II Incidents which are serious in nature but do not present a significant risk to the facility, public safety, or attract media attention shall be considered Class II incidents and shall be reported to OIG by the next business day.		Class III Incidents, which are severe in nature, present a risk to public safety, and/or may attract media attention. A written notification shall be provided to OIG for Class III incidents within one hour of the incident utilizing the DJS Information Sheet. Class III incidents shall be reported to OIG within one-hour of the incident.	
Alleged Abuse (Not in DJS custody/supervision)		Arrest: Staff, Volunteer or Visitor		Allegation Against Staff Referred (non-sexual)	
Assault: Youth-on-Staff - Level 0		Arrest: Youth		Alleged Abuse (in DJS custody/supervision)	
Assault: Youth on Staff - Level 1		Assault: Youth-on-Staff - Level 2		Alleged Neglect	
Assault: Youth on Youth - Level 0		Assault: Youth-on-Youth - Level 2		Assault: Youth-on-Staff - Level 3	
Assault: Youth on Youth - Level 1		AWOL/ Apprehension or Return		Assault: Youth-on-Youth - Level 3	
Fight: Level 0		Fight - Level 2		AWOL	
Fight: Level 1		Loss of Keys		Death	
Restraint		Physical Plant Problem		Emergency Petition	
Suicide Ideation		Security Contraband - Level 2		Fight - Level 3	
Violation of Youth Rights		Self-Injurious Behavior		Fire	
Youth Injury/Illness - Level 1		Sexual Abuse Allegation: Staff-on-Youth Sexual Misconduct		Group Disturbance - Law Enforcement Required	
		Sexual Abuse Allegation: Staff-on-Youth Sexual Harassment		Group Disturbance - No Law Enforcement	
		Sexual Abuse Allegation: Youth-on-Youth Sexual Harassment		Hostage Taking	
		Staff Injury/Illness on the job - Level 2		Loss of Class "A" Tool	
		Youth Injury/Illness - Level 2		Physical Plant Problem	
				Security Contraband - Level 3	
				Sexual Abuse Allegation: Staff-on-Youth Sexually Abusive Contact	
				Sexual Abuse Allegation: Staff-on-Youth Sexually Abusive Penetration	
				Sexual Abuse Allegation: Staff-on-Youth Indecent Exposure	
				Sexual Abuse Allegation: Staff-on-Youth Voyeurism	
				Sexual Abuse Allegation: Youth-on-Staff Sexual Misconduct	
				Sexual Abuse Allegation Youth on Youth Sexual Contact	
				Sexual Abuse Allegation Youth on Youth Sexual Penetration	
				Sexual Abuse Allegation: Youth-on-Youth Indecent Exposure	
				Staff Injury/Illness on the job - Level 3	
				Vehicle Accident	
				Suicide Attempt	
				Youth Injury/Illness - Level 3	
				***Other	

**INCIDENT REPORTING
FORM - RCCP/CPA**



Location within the program: _____

Description\Comment regarding the location (optional): _____

Date and time of the incident: _____

Reported By: _____

Date Reported: _____

Staff Involved: _____

DESCRIPTION OF INCIDENT

What happened just before the incident? _____

Who was there when the incident occurred? Number of youth present? _____

INCIDENT REPORTING FORM

Primary Youth Involved: _____

Role in Incident - circle one: Youth Involved Youth Witness Aggressor Victim

Physical Restraint Type Used (select one):

Guided Intervention - Directive Touch

Guided Intervention - Pivot and Parry

Restraint – Standing: Shoulder Support

Restraint – Standing: Cradle Standing

Restraint – Standing: Cradle Wrap

Restraint – Standing: Passive Restraint

Restraint – Standing: Therapeutic Restraint

Restraint – Standing: Therapeutic Escort

Restraint – Standing: Passive Escort

Restraint – Standing: Multiple Team Intervention

Restraint – Standing: Two-Man Therapeutic Escort

Restraint – Take Down: Cradle Seated

Restraint – Take Down: Passive Restraint Seated

Restraint – Take Down: Side Restraint

Duration of Physical Restraint

01 - 15 Minutes

16 - 30 Minutes

31 - 45 Minutes

46 - 60 Minutes

Greater than 60 minutes. EXPLAIN:

Reason for Physical Restraint:

Intervention Leaving Supervision Prevention

Mechanical Restraint Used:

Flex Cuffs Handcuffs Leg Irons

Handcuffs AND Leg Irons

Duration of Mechanical Restraint

01 - 15 Minutes 61 - 75 Minutes Greater than 120 minutes. EXPLAIN: _____

16 - 30 Minutes 76 - 90 Minutes _____

31 - 45 Minutes 91 - 105 Minutes _____

46 - 60 Minutes 106 - 120 Minutes _____

Reason for Mechanical Restraint

Description\Comment regarding the location (optional):

Staff involved in restraint: _____

De-escalation Efforts Made: YES NO

Seen by Medical? YES NO

Injury Severity Rating: Level 1 Level 2 Level 3

Injury resulting from restraint? YES NO

Seclusion? YES NO

Duration of Seclusion

01 - 30 Minutes 2 - 4 Hours

30 - 60 Minutes 4 - 6 Hours

1 - 2 Hours 6 - 8 Hours

Gang Involvement\ Name of Gang: _____

Contraband Found

Drugs Weapons Other: _____

INCIDENT REPORTING FORM



Additional Youth Involved: _____

Role in Incident - circle one: Youth Involved Youth Witness Aggressor Victim

Physical Restraint Type Used (select one):

Guided Intervention - Directive Touch

Guided Intervention - Pivot and Parry

Restraint – Standing: Shoulder Support

Restraint – Standing: Cradle Standing

Restraint – Standing: Cradle Wrap

Restraint – Standing: Passive Restraint

Restraint – Standing: Therapeutic Restraint

Restraint – Standing: Therapeutic Escort

Restraint – Standing: Passive Escort

Restraint – Standing: Multiple Team Intervention

Restraint – Standing: Two-Man Therapeutic Escort

Restraint – Take Down: Cradle Seated

Restraint – Take Down: Passive Restraint Seated

Restraint – Take Down: Side Restraint

Duration of Physical Restraint

01 - 15 Minutes

16 - 30 Minutes

31 - 45 Minutes

46 - 60 Minutes

Greater than 60 minutes. EXPLAIN:

Reason for Physical Restraint:

Intervention Leaving Supervision Prevention

Mechanical Restraint Used:

Flex Cuffs Handcuffs Leg Irons

Handcuffs AND Leg Irons

Duration of Mechanical Restraint

01 - 15 Minutes 61 - 75 Minutes Greater than 120 minutes. EXPLAIN: _____

16 - 30 Minutes 76 - 90 Minutes _____

31 - 45 Minutes 91 - 105 Minutes _____

46 - 60 Minutes 106 - 120 Minutes _____

Reason for Mechanical Restraint

Description\Comment regarding the location (optional): _____

Staff involved in restraint: _____

De-escalation Efforts Made: YES NO

Seen by Medical? YES NO

Injury Severity Rating: Level 1 Level 2 Level 3

Injury resulting from restraint? YES NO

Seclusion? YES NO

Duration of Seclusion

01 - 30 Minutes 2 - 4 Hours Gang Involvement\ Name of Gang: _____

30 - 60 Minutes 4 - 6 Hours _____

1 - 2 Hours 6 - 8 Hours _____

Contraband Found

Drugs Weapons Other: _____

INCIDENT REPORTING FORM



Primary Staff Involved Name: _____

Staff Assaulted? YES NO
Injury Sustained? YES NO
Injury Severity Rating: Level 1 Level 2 Level 3

Additional Staff Involved Name: _____

Staff Assaulted? YES NO
Injury Sustained? YES NO
Injury Severity Rating: Level 1 Level 2 Level 3

Additional Staff Involved Name: _____

Staff Assaulted? YES NO
Injury Sustained? YES NO
Injury Severity Rating: Level 1 Level 2 Level 3

Additional Staff Involved Name: _____

Staff Assaulted? YES NO
Injury Sustained? YES NO
Injury Severity Rating: Level 1 Level 2 Level 3

Detail Tab

Gang Related - Explain:

Was the incident videotaped? YES NO

Supporting Evidence:

Description\Comment regarding the location (optional):

INCIDENT REPORTING FORM



Physical Restraint Notification

Name: _____

Title: _____

Contact Information: _____

Date: _____ Time: _____

Notes: _____

Mechanical Restraint Notification

Name: _____

Title: _____

Contact Information: _____

Date: _____ Time: _____

Notes: _____

Seclusion Authorization

Name: _____

Title: _____

Contact Information: _____

Date: _____ Time: _____

Notes: _____

INCIDENT REPORTING FORM



Parent/Guardian: _____ Date: _____ Time: _____ Notes: _____
Executive Director: _____ Date: _____ Time: _____ Notes: _____
Program Director: _____ Date: _____ Time: _____
On-call Administrator: _____ Date: _____ Time: _____ Notes: _____
Licensing Agency: _____ Date: _____ Time: _____ Notes: _____
OIG Investigator: _____ Date: _____ Time: _____
DJS Case Management Specialist _____ Date: _____ Time: _____
Legal Representative: _____ Date: _____ Time: _____
Local/Supervising DSS _____ Date: _____ Time: _____
Child Protective Services (CPS): _____ Date: _____ Time: _____
Law Enforcement: _____ Date: _____ Time: _____
State's Attorneys Office: _____ Date: _____ Time: _____

INCIDENT REPORTING FORM



Statements

Statements of ALL youth and ALL staff involved or witnessing the incident should be attached separately to this report. Attached? Yes No If not, please explain below.

This incident report is true and accurate to the best of my knowledge.

Staff Member Completing Report

Date

SUPERVISOR COMMENTS

Must include critique of how staff handled the incident including, whether decisions/actions could have been improved or whether staff did an exceptionally good job. These comments will be used to as a tool for staff to learn from this incident.

Supervisor

Date

Checklist

1. Incident Report Number _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
2. All sections filled out completely?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
3. Supervisor Comments filled out?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
4. All youth/witness statements are attached?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
5. Notifications made?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
6. Nurses Report of Injury attached? (Including any photos.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
7. Signed and dated?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
8. Checked for spelling, grammar and adequate details?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
9. Description/Comment regarding the location (optional):	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
10. Additional supporting documentation attached, if applicable? Copies of seclusion sheets, suicide watch forms, etc.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)
11. Incident report submitted to Child Protective Services? If applicable.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (If no, attach an explanation.)

Administrative Review Completed by (sign & date above)

Local Departments of Social Services Child Protective Services for the State of Maryland¹

Allegany County

(301) 784-7122
(301)759-0362 –after hrs
(301) 784-7244 (fax)
P.O. Box 1420 -1 Frederick
Street
Cumberland, Maryland
21501-1420

Anne Arundel County

(410) 421-8400
(410) 508-2041 (fax)
7500 Ritchie Highway
Glen Burnie, Maryland
21401-1787

Baltimore City

(410) 361-2235 (24 hours)
(443) 423-7003 or 7002
(fax)
(443) 423-5950 after hrs-
fax
1900 N. Howard Street
Baltimore, Maryland 21218

Baltimore County

(410) 853-3000 (24 hours)
(Option 1)
(410) 853-3698 (fax)
Drumcastle Government
Center
6401 York Road
Baltimore, Maryland 21212

Calvert County

(443) 550-6969 (24 hours)
1-800-787-9428 (toll free)
(410) 286-7429 (fax)
200 Duke Street
Prince Frederick, Maryland
20678

Caroline County

(410) 819-4500
(410) 479-2515- after hrs-
Sheriff's Office
(410) 819-4501 (fax)
207 South Third Street
Denton, Maryland 21629

Carroll County

(410) 386-3434 (24hrs)
(Baltimore Area: (410) 876-
2190)
(410) 386-3477 (fax)
1232 Tech Drive #1
Westminster, Maryland
21157

Cecil County

(410) 996-0100(Option 3)
(410 996-5350)- after hrs
(410) 996-0228 (fax)
170 East Main Street
Elkton, Maryland 21922-
1160

Charles County

(301) 392-6739
(301) 932-2222 – after hrs
(301) 934-2662 (fax)
P.O. 1010
200 Kent Avenue
LaPlata, Maryland 20646

Dorchester County

(410) 901-4100
(410) 221-3246- after hrs
(410) 901-1060 (fax)
P.O. Box 217
627 Race Street
Cambridge, Maryland 21613

Frederick County

(301) 600-2464
(301) 564-8230- after hrs
(Police Dept)
(301) 631-2639 (fax)
100 East All Saints Street
Frederick, Maryland 21701

Garrett County

(301) 533-3005
(301) 334-1911- after hrs
(Sheriff's Office)
(301) 334-5413 (fax)
12578 Garrett Highway
Oakland, Maryland 21550

Harford County

(410) 836-4713
(410) 638-4500- after hrs
(Sheriff's Office)
(410) 836-4945 (fax)
2 South Bond Street
Bel Air, Maryland 21014

Howard County

(410) 872-4203
(410) 313-2929 – after hrs
(Police Dept)
(410) 872-4303 (fax)
7121 Columbia Gateway
Drive
Columbia, Maryland 21046

¹ As of 3/11/2015. See http://www.dbr.state.md.us/blog/?page_id=4631.

Kent County

(410) 810-7600
(410) 758-1101- after hrs
(State Police)
(410) 778-1497 (fax)
P.O. Box 670
350 High St.
Chestertown, Maryland
21620

Montgomery County

(240) 777-4417 (24 hours)
(240) 777-4258(fax)
The Dept. of Health &
Human Services
1301 Piccard Drive
Rockville, Maryland 20850

Prince George's County

(301) 909-2450
(301) 699-8605- after hrs
(301) 909-2200 (fax)
805 Brightseat Road
Landover, Maryland 20785

Queen Anne's County

(410) 758-8000 (24 hrs)
(410) 758-0770 – after hrs
(Sheriff's Office)
(410) 758-8110 (fax)
125 Comet Drive
Centreville, Maryland 21617

St. Mary's County

(240) 895-7016
(301) 475-8016- after hrs
(240) 895-7099 (fax)
23110 Leonard Hall Drive
Leonardtwn, Maryland
20650

Somerset County

(410) 677-4200
(410) 651-9225 – after hrs
(Sheriff's Office)
(410) 677-4300 (fax)
P.O. Box 369
30397 Mt. Vernon Road
Princess Anne, Maryland
21853

Talbot County

(410) 770-4848 (option #1)
(410) 822-3101- after hrs
(State Police)
(410) 820- 7067 (fax)
10 South Hanson Street
Easton, Maryland 21601

Washington County

(240) 420 -2222 (24 hours)
(240) 420- 2549 (fax)
122 North Potomac Street
Hagerstown, Maryland
21741-1419

Wicomico County

(410) 713-3900 (option #1)
(410) 548-4890 – after hrs
(Sheriff's Office)
(410) 713-3910 (fax)
201 Baptist Street
Salisbury, Maryland 21802-
2298

Worcester County

(410) 677-6800 or (410)
641-0097
(410) 632-1111- after hrs
(Option #2 for Sheriff's
Office)
(410) 677-6810 (fax)
299 Commerce Street
Snow Hill, Maryland 21863

**Department of Human
Resources**

General Information 1-
800-332-6347
TTY 1-800-332-6347
Numero del telefono
directo 1-800-732-7850

**Social Services
Administration**

(410) 767-7112