

**IN RE: J.B., L.H., L.S., R.P.  
AND ON BEHALF OF ALL  
SIMILARLY SITUATED  
INDIVIDUALS**

**v.**

**THE HONORABLE W. TIMOTHY  
FINAN, et al.,**

**\* IN THE  
\* COURT OF APPEALS  
\* OF MARYLAND  
\* Misc. No. 19  
\* September Term, 2019**

**\* \* \* \* \***

**AFFIDAVIT**

I, Wallis Norman, attest and affirm as follows:

1. I am more than 18 years of age and am competent to testify, upon personal knowledge, to the matters stated herein.

2. I am the Deputy Secretary of Operations of the Maryland Department of Juvenile Services (“DJS or “Department”). As Deputy Secretary, I oversee, subject to the supervision and oversight of the Secretary of Juvenile Services, all DJS operations that directly involve the care and treatment of youth detained or supervised by the Department.

3. The Department is “the central administrative department for juvenile intake, detention authorization, community detention, investigation, probation, protective supervision, predelinquent diversion services, and aftercare services,” as well as “the State juvenile diagnostic, training, detention, and rehabilitation institutions.” Md. Code Ann., Hum. Servs. § 9-216(a) (LexisNexis 2019). It operates numerous facilities that “are necessary to properly diagnose, care for, train, educate, and rehabilitate” youthful offenders. Hum. Servs. § 9-226(a). Those facilities include the Baltimore City Juvenile Justice Center (“BCJJC”), the Charles H. Hickey, Jr. School (“Hickey”), the Cheltenham

Youth Facility (“Cheltenham”), and the Thomas J.S. Waxter Children’s Center (“Waxter”).  
Hum. Servs. § 9-226(b).

4. I am familiar with the above-captioned matter, in which I understand four youth - one each at BCJJC, Cheltenham, Hickey, and Waxter - seek on behalf of themselves and others similarly situated the intervention of this Court in their pending juvenile matters due to the current state of emergency arising from the COVID-19 pandemic. I specifically understand that they are requesting that the Court direct the administrative judges of each circuit court to essentially order the immediate release of all DJS youth who are currently housed in congregate care settings. The basis for this extraordinary request is the allegation that in the current crisis congregate care facilities pose an inherent and immediate threat to the health and safety of their on-site youth and staff, and therefore to the community at large, because physical or “social distancing” – the only recognized means to slow the spread of COVID-19 - within such facilities is difficult.

5. The Department is working closely with its medical director, who is a physician board certified in adolescent medicine, its director of nursing, other health experts, and the Maryland Department of Health (“MDH) to minimize the impact of COVID-19 on its operations, and to make certain it implements practices that are both consistent with guidance provided by MDH and the Center for Disease Control (CDC) and will keep its youth and staff safe during the crisis.

6. The best interests of the children is a top priority for DJS, as is the health, safety, and well-being of its staff and the community at large. During this unprecedented health emergency, DJS is continually reviewing the juvenile detention and committed populations to identify youth that may be safely managed in the community. In evaluating whether to recommend community supervision, DJS considers factors specific to each youth, including their medical history, the availability of family or other support systems in the community, and ultimately public safety. The best interest of the child weighs heavily when formulating recommendations and when moving to bring a youth's case to the attention of the local courts for review. The courts make the decision on whether to release a youth, and DJS strives to ensure the court has a comprehensive overview of a youth's circumstances, risk level, and the Department's continued ability to supervise youth successfully in the community during this crisis.

7. With respect to its congregate care facilities, and adhering to CDC and MDH guidance, the Department has implemented numerous measures to prevent the spread of COVID-19 and protect the health and safety of its youth and staff. Those measures include the following:

- Increased Hygiene

Additional hand sanitizer stations were installed in all facilities and access to sanitizer is made available to youth and staff. Hand sanitizer is placed in the dining areas, housing units, classrooms, programming space and other locations where a sink and soap is not readily accessible. The sanitizer provided to staff and youth is alcohol-based and CDC approved.

Youth and staff have been provided information regarding the importance of handwashing and proper hygiene. Youth have been provided with extra soap and frequent opportunities to access handwashing stations.

Facility staff, including behavioral health staff, have worked with youth to provide updates regarding the impact of COVID-19 on our communities and facility operations, and provide frequent communications regarding ways to contribute to risk reductions, such as practicing good cough etiquette, frequent hand washing, avoiding touching one's eyes, nose, or mouth, safe practices during meal time, and limiting non-essential physical contact.

- Increased Sanitation and Cleaning

All facilities increased the frequency of deep-cleaning of all spaces within the facility, including all restrooms, housing units, dining areas and programming space. CDC-approved disinfectants are used by the cleaning and sanitation crews.

- Screening All Who Enter DJS Facilities

DJS has directed that all essential staff undergo a touchless temperature screening prior to entering the facility. Additionally, essential staff must respond verbally to a symptom screen questionnaire. If an essential staff member has an elevated temperature or is experiencing symptoms, the staff person is restricted from entering the facility and directed to contact their primary care physician.

- Practicing Social Distancing

The Department has educated staff and youth alike on the necessity of social distancing, which includes information about creating appropriate physical space between each other, maintaining small groups, and modifying programming to limit physical contact. DJS has limited groups in its facilities to no more than 10, maintained individual rooms wherever possible, and adjusted schedules to minimize contact between groups of youth.

- Suspended Public Visitation

As part of DJS's prevention efforts, it has suspended on-site family visitation. If an emergent situation requires an in-person family visit, it will be reviewed by the Secretary on a case-by-case basis. In the meantime, to maintain important family

connections and supports, DJS has lifted all restrictions on telephone calls for youth and has provided access to technology to support video calls in all its facilities.

DJS has also suspended in-person attorney visitation, unless an emergent need is identified. As with family visitation, DJS supports access to counsel through video and telephone calls.

- Limited Non-Essential Transfers and Transports

DJS has limited transports of youth to court and outside appointments to only those that are emergent. DJS provides access to video and telephone calls to permit youth to participate in remote court hearings.

DJS has stopped all facility transfers to limit potential exposure of staff and youth in other facilities to COVID-19.

- Created Intake Admission Units in Detention Facilities

All youth admitted to detention and committed facilities are screened for symptoms consistent with those known to be indicative of COVID-19. All youth received into detention are monitored for symptom development for a 14-day period. Youth specifically admitted to BCJJC, Cheltenham, Hickey and Waxter are automatically placed in an intake admission unit for a period up to 14 days.

- Created Medical Isolation Units/Space in Detention Facilities

DJS has identified housing units and other spaces that are appropriate for the safe isolation of a youth who displays symptoms or tests positive for COVID-19. These spaces are designed to allow appropriate programming to continue, to ensure that the youth's medical needs are met, and to limit facility-wide exposure.

- Committed Facility Accommodations: Group Living Strategies

Three of the DJS-operated committed residential programs (Backbone, Greenridge, and Meadow Mountain Youth Centers) accommodate youth in a dorm-style setting. Consistent with CDC and MDH guidance, DJS has put into place measures that will significantly reduce the number of youth in each unit and to ensure dedicated hygiene facilities for each unit, including shower and restroom facilities.

- Implemented the Use of Personal Protection Equipment ("PPE") and Masks

All DJS staff and youth have been provided masks, and they are required to wear them at all times. DJS also has made available to staff and its medical team all additional and necessary PPE, including gowns, gloves, face shields, and sanitizer. DJS is working closely with MDH and the Governor's Administration to restock PPE as needed.

- Developed Plans and Protocols to Respond to a Positive COVID19 Test

DJS has developed protocols to address when either a staff member or youth test positive for COVID-19. Specifically, if there is a suspected or confirmed youth exposure, DJS provides proper medical care and implements steps to mitigate the spread of the virus to others in the facility. Those steps include placing the youth in medical isolation, providing PPE to the youth and staff caring for the youth, ensuring access to hygiene items, providing items helpful to address a youth's symptoms, requiring appropriate signage and medical documentation, and requiring frequent wellness checks and medical interventions. DJS also identified activities and materials that can be provided to youth while recovering from the virus, and it will ensure frequent youth and medical team contact with the appropriate family/community support system.

When there has been a suspected or confirmed facility staff exposure, DJS worked with the staff member and the local health department to gather information regarding potential exposure in the facility. Staff who display symptoms are not permitted to enter the facility or are directed to leave the facility if developed while on their shift. Staff that have tested positive are directed not to return to work until their medical professional or health department has discontinued home medical isolation precautions.

- Increased Quality Assurance Measures

DJS has a robust quality assurance process in-place, and its monitors have visited facilities to audit implementation of the many preventative and safety measures.

8. At the same time that the Department implemented the foregoing health and safety measures, it also has endeavored to maintain its youth's access to programming, treatment, and education, the continuity of which is also vitally important to the safe and

secure operation of DJS facilities. Actions taken in these important areas thus far are as follows:

- Behavioral Health

DJS behavioral health staff are essential facility employees and continue to report to the facilities and provide services and interventions to youth. Additionally, DJS utilizes tele-psychiatry and other tele-medicine resources to support our youth and promote a continuity of care. If youth are released from a facility, every effort is made to provide community-based services and access to at least a 30-day supply of medication.

- Education

DJS and the Maryland State Department of Education, which has the responsibility to educate youth confined in DJS facilities, have worked together to implement a distance learning model. Youth will attend two remote learning classes in the morning and three in the afternoon. The distance learning initiative began on April 6, 2020, and it is designed to promote continuity and educational progress for youth in both detention and committed facilities. Youth will attend classes in small groups to adhere to social distancing guidelines.

- Programming

DJS has continued to implement facility-based programming to provide a pro-social outlet to youth while they are placed in DJS detention and committed programs. All programming is designed to comply with social distancing practices and to limit non-essential physical contact.

- Medical

DJS recognizes that it is essential during this health crisis to ensure youth have access to necessary and supportive health care services. The DJS medical team has identified all youth that have underlying conditions that may place the youth at a higher risk for complications due to COVID-19. Youth with these conditions are carefully monitored for symptoms, and their cases are reviewed frequently to ensure proper care is provided to address the underlying condition.

DJS is able to test youth who are displaying COVID-19 symptoms, and it has been obtaining results within 2-3 days. Should a youth contract the virus, DJS is prepared

to treat the youth and implement measures to prevent the spread of the disease to others.

9. DJS recognizes that the health emergency may result in many facility-based staff staying home because they have a suspected or confirmed COVID-19 exposure. To account for this, DJS has trained 100 community-based staff over the past three weeks to be ready to fill facility posts if the need arises, and more will be trained. DJS has also worked with staff to identify those who are at higher risk of severe illness with COVID-19, and it has revised such staff's duties to reduce the likelihood of their exposure.

10. DJS has continued to communicate with parents/guardians regarding the many preventive measures being implemented in our facilities. DJS also provided communication when in-person visitation was suspended. That communication was also posted on the DJS internet and social media outlets and provided information to instruct families/guardians on how to contact a facility and initiate remote visitation. DJS also has developed a process to inform parents/guardians if there is a confirmed COVID-19 exposure in their child's facility and has activated a 24-hour hotline where they can obtain access to up-to-date information.

11. DJS has continued to operate community detention supervision 24 hours a day/7 days a week. The majority of supervision is done through electronic monitoring and through telephone and video contacts with the youth and family. DJS community detention officers ("CDOs") are in the community to check on youth and families when telephone



contact is not possible, when tampering with the electronic monitoring equipment is indicated, or when necessary to respond to an urgent need. CDOs have access to PPE and are instructed to practice social distancing strategies. CDOs also are able to connect families to crisis intervention resources and other resources, such as care packages and food to support family and youth needs.

12. DJS also has continued to support youth and families that are court-ordered to a period of community-based supervision. The majority of contacts between youth, families and their case managers are accomplished through video and telephones calls. If an emergent need arises or an in-person response is required, case managers are able to rely on CDOs to make required community-based contacts. In each county, DJS has identified at least one staff member to gather community-bases resources and supports to connect families to organizations that provide food, health resources, and crisis interventions. Whenever possible, DJS is also assisting in promoting remote programming with community-based service providers. DJS continues to provide updates to the courts regarding a youth's adjustment to community supervision as necessary, including compliance with court ordered conditions and GPS supervision.

13. To date, no youth have tested positive for COVID-19.

14. To date, DJS employee – one at BCJJC and one at the Lower Eastern Shore Children's Center – have tested positive for COVID-19. Immediately after being notified

of these positive results, DJS ceased receiving new admissions at each facility, quarantined potentially affected units, and directed potentially affected staff to quarantine at home.

15. To illustrate the scope of the number of DJS youth in congregate settings, attached to this Declaration is a document reflecting a census of DJS youth in those settings on March 6, 13, 20, and 27 and April 3 and 8. There are four populations shown in the document: (i) detained youth, (ii) committed youth who are in detention pending placement in a treatment program, (iii) committed youth who have been placed in a treatment program, and (iv) youth charged as adults (“Adult Auth.”) who are held in detention under Crim. Proc. § 4-202(h) while the adult criminal courts consider their pending transfer determinations. The document further provides the age and nature of offenses for the first three of these population categories, and it demonstrates various trends, such as that since March 13, the overall State-wide detention population has declined from 305 to 241.

16. The document attached to this Declaration is a true and accurate copy of a record prepared and maintained in the ordinary course of business of the Department. It is also a true and accurate copy of public records that set forth both the activities of the Department and matters observed pursuant to a duty imposed by law.

Affidavit of Wallis Norman  
*In re J.B., et al. v. Finan, et al.*  
Misc. No. 19, Sept. Term 2019  
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I AFFIRM AND DECLARE, UNDER PENALTY OF PERJURY AND UPON  
PERSONAL KNOWLEDGE, THAT THE FOREGOING STATEMENTS ARE TRUE  
AND CORRECT.

04/08/2020

DATE



WALLIS NORMAN