



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OCFS/Child Welfare Services		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		CFS-27-8025		
Agency Department Code:	10A	Advantage CT / RQS #:	20260612000CFS278025	
Amount: (Contract/Amendment/Grant)		\$793,736.00		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date:	6/30/2028
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Spurwink Services Inc. Portland, Maine		
Brief Description of Goods/Services/Grant:		Expert forensic medical consultation and evaluation in the area of child abuse and neglect.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Office of Child and Family Services (OCFS) Child Welfare Division requires expert forensic medical consultation in the area of child abuse and/or neglect. A qualified licensed medical provider must consult within twenty-four (24) hours on child abuse and/or neglect in order to secure the safety of the youth involved in abuse cases. The service is forensic in nature and forensic medical evaluations must be conducted by a child abuse pediatrician or a nurse practitioner under the child abuse pediatrician's supervision. This consultation with the Department may include, but is not limited to, a review of medical forensic evaluations of the child, psychosocial forensic interviews with the child, psychosocial evaluations of the child, review of records, and other communication, as necessary. The OCFS Child Welfare Division requires expert medical/legal testimony and comprehensive records that are consistent with forensic requirements for court requirements for court processes. In order to meet the Department's legal requirements to ensure child safety, OCFS must secure enough resources statewide to meet the needs of youth and families we serve.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The Spurwink Child Abuse Program (CAP) was developed in 1994 by Lawrence Ricci, MD, in response to the need for expert diagnostic services for children who may have been abused. CAP staff are recognized statewide and nationally as experts in medical evaluation and forensic interviewing of children that may have been abused. The program evaluates approximately 1,200 children and 250 adults.

The Spurwink Child Abuse Program (CAP) has provided these services to the OCFS Child Welfare Division for years and is the current holder of the state-wide contract for these services.

Pediatricians employed by the Spurwink Child Abuse Program are Board-Certified and/or Board-Eligible Child Abuse Pediatricians. The American Board of Pediatrics has established a procedure for certification in child abuse pediatrics. Currently on staff is Dr. Amanda Brownell, a Board Eligible Child Abuse Pediatrician who worked closely with Dr. Ricci before he retired in 2020. A second child abuse pediatrician was onboarded in 2022.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost of this contract is fair and reasonable, and is comparable with other Child Abuse Pediatricians, administrative staff and professional staff members, of such programs.

4. Describe the plan for future competition for the goods or services.

The Department will consider contracting with any providers willing and qualified to provide the services required. The Department does not intend to RFP these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Jim Lopatosky, Director of Contract
Management

Date:

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2. Additional signature required **ONLY if box E (Emergency) is selected in PART II.** The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

OSPS Section Only

Signature of DAFS
Procurement Official:

Signed by:

Kathy Blais

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Typed Name:

kathy blais

Date:

7/21/2026