



## Department of Public Safety and Correctional Services

### Maryland Commission on Correctional Standards

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THOMAS REECE  
CHAIRPERSON

VERONICA D. MOORE  
EXECUTIVE DIRECTOR

277<sup>th</sup> Commission (Virtual) Meeting

September 29, 2022

### Minutes

#### MEMBERS PRESENT:

Major Thomas D. Reece, Administrator Calvert County Detention Center,  
Chairperson

Terry Kokolis, Director, Talbot County Department of Corrections, Vice Chairperson  
Chizuko Godwin, Budget Analyst, Department of Budget and Management,  
Representing Secretary David R. Brinkley

Annie Harvey, Commissioner, Division of Corrections

Beverly Hughes, Assistant Attorney General, representing Attorney General  
Brian E. Frosh

Dionne Randolph, Commissioner, Division of Pretrial Detention Services

#### MEMBERS ABSENT:

Delores Alexander, Citizen Member

Nelson Reichart, Deputy Secretary, Department of General Services, Representing  
Secretary Ellington E. Churchill, Jr.

#### STAFF PRESENT:

Veronica Moore, Executive Director

Brian Raivel, Correctional Program Specialist

LaDonna Newman, Management Associate

#### STAFF ABSENT:

Officer Tareda Armwood-Faison

#### VIRTUAL GUESTS:

Superintendent Christopher Klein, Anne Arundel County Department of Detention  
Facilities

Correctional Facility Administrator John Kelson, Anne Arundel County Department  
of Detention Facilities-Ordnance Road Correctional Center

Corporal Brett Sommerville, Anne Arundel County Department of Detention  
Facilities, Ordnance Road Correctional Center

Correctional Facility Administrator Michael Borgese, Anne Arundel County  
Department of Detention Facilities, Jennifer Road Detention Center

Officer Rachel Frankenfield, Anne Arundel County Department of Detention  
Facilities, Jennifer Road Detention Center

Acting Assistant Warden Laura Golliday, Maryland Correctional Institution-Hagerstown  
 Acting Chief of Security Wesley Crist, Maryland Correctional Institution-Hagerstown  
 Acting Lieutenant Joshua Shaw (Audit Coordinator), Maryland Correctional Institution-Hagerstown

Warden Carlos Bivens, Roxbury Correctional Institution

Major David Appel, Roxbury Correctional Institution

Corporal Tracy Purdy, Roxbury Correctional Institution

Warden Thomas Wolfe, Chesapeake Detention Facility

Assistant Warden Emmanuel Nzeadighibe, Chesapeake Detention Facility

Sergeant Kiya Gasque, Chesapeake Detention Facility

COII Grace Adzoyi, Chesapeake Detention Facility

Director Lamonte Cooke, Queen Anne's County Department of Corrections

Corporal David Pratt, Queen Anne's County Department of Corrections

Officer Shawn Duckery, Queen Anne's County Department of Corrections

Ms. Cindy Moore, Queen Anne's County Department of Corrections

Lieutenant Christine Fields, Talbot County Department of Corrections

Acting Warden Geneva Holland, Maryland Correctional Institution for Women

Acting Assistant Warden Tikaya Parker, Maryland Correctional Institution for Women

Chief of Security Geneive Goodall, Maryland Correctional Institution for Women

Colonel Dennis Strine, Carroll County Detention Center

Captain Mike Green, Carroll County Detention Center

Deputy Director Renard Brooks, Baltimore County Department of Corrections

Lieutenant Nathan Zahn, Baltimore County Department of Corrections

Mr. Steven Verch, Baltimore County Department of Corrections

The Maryland Commission on Correctional Standards held the 277<sup>th</sup> Commission Meeting (Virtual Meeting) via Google Meet. The agenda was as follows:

1. Welcome/Introduction/Remarks
2. Approval of Minutes, March 31, 2022
3. Chair's Comments
4. Executive Director's Comments
5. Consideration of Final Audit Reports
  - Anne Arundel County Department of Detention Facilities-Ordnance Road Correctional Center
  - Anne Arundel County Department of Detention Facilities-Jennifer Road Detention Center
  - Maryland Correctional Institution-Hagerstown
  - Roxbury Correctional Institution
  - Chesapeake Detention Facility
  - Talbot County Department of Corrections
  - Queen Anne's County Department of Corrections
  - Maryland Correctional Institution for Women
6. New Business - Appeal Hearing
  - Carroll County Detention Center
  - Baltimore County Department of Corrections
7. Announcements
8. Adjournment

## **1. WELCOME/INTRODUCTION/REMARKS**

Chairperson T.D. Reece was experiencing technical difficulties regarding joining the Google Meet. Executive Director Veronica Moore conducted a Roll Call of Commission Members in attendance for the purpose of a quorum of members for the virtual meeting. Executive Director Moore proceeded with the Roll Call regarding the attendance of the managing officials and facility representatives who were present (virtually). Chairperson T.D. Reece officially called to order the 277<sup>th</sup> Commission (Virtual) Meeting at 10:21 AM. Chairperson Reece welcomed everyone to the 277<sup>th</sup> Commission (Virtual) Meeting. Chairperson Reece advised everyone in attendance (remotely) regarding the order of the meeting. Chairperson Reece stated that the meeting would be recorded and minutes would be taken of the meeting. Chairperson Reece reminded members and guests to mute their telephones and other devices in order to reduce interruptions and distractions during the meeting. Chairperson Reece explained the virtual meeting guidelines regarding how the meeting would be conducted. Chairperson Reece advised facility attendees that once their respective audit report is presented, they can exit the meeting; however, they are welcome to stay for the duration of the meeting. Chairperson Reece advised the Commission members regarding the voting process for the reports. He stated that he would call for a first and a second by the Commission members. Chairperson Reece stated that the Commission member must state his/her name for the motion and prior to the second to seal the vote for the approval of the report. Chairperson Reece advised the Commission Members that he would only address “nay” responses regarding the voting process. Chairperson Reece stated that the members silence would denote the support and approval of the report. Chairperson Reece requested that each guest state their name prior to speaking for the purpose of knowing who is speaking/responding to a question. Chairperson Reece stated that each facility’s audit report would be presented in accordance with the agenda and read by a MCCS staff member. Chairperson Reece stated that the facility representative(s) would have an opportunity to make comments regarding the audit experience. Chairperson Reece stated that the Commission members would be asked if they have any questions regarding the audit report and the facility representative(s) will respond to any questions asked by the Commission members. Chairperson Reece stated that the Recognition of Achievement awards approved at the meeting would be forwarded to the managing official in the near future. .

## **2. APPROVAL OF MINUTES – MARCH 31, 2022**

Chairperson T.D. Reece entertained a virtual motion/vote on the approval of the Minutes regarding the March 31, 2022 meeting. Assistant Attorney General Beverly Hughes made a motion to approve the Minutes of the March 31, 2022 meeting and Vice Chairperson Terry Kokolis seconded. The unanimous response of silence denoted the approval of the Minutes of the March 31, 2022 Commission (Virtual) meeting.

## **3. CHAIR’S COMMENTS**

Chairperson Reece announced the appointment of Mrs. Dionne Randolph as the new Commissioner of the Department of Pretrial Detention and Services. Chairperson Reece welcomed the newest ex-officio member, Ms. Chikuzo Godwin to the Commission Board. Chairperson Reece stated that Ms. Godwin will be representing Secretary David R. Brinkley, Department of Budget and Management.

#### **4. EXECUTIVE DIRECTOR'S COMMENTS**

Executive Director Veronica Moore elected to reserve her comments until the end of the meeting.

#### **5. CONSIDERATION OF AUDIT REPORTS**

- **AACDF-ORDNANCE ROAD CORRECTIONAL CENTER (APPEAL)**

Executive Director Veronica Moore reported that an on-site audit at the Anne Arundel County Department of Detention Facilities-Ordnance Road Correctional Center was conducted on February 7-9, 2022 by Commission staff and three Duly Authorized Inspectors. The Ordnance Road Correctional Center serves as a program facility of the Anne Arundel County Detention Facilities. The Correctional Center is located in Glen Burnie, Maryland and houses male and female inmates classified at minimum security level. The ORCC was managed daily by the Facility Administrator, Catherine Robinson, and is under the administrative authority of Superintendent, Christopher Klein. After a thorough review of the required documentation, the Ordnance Road Correctional Center was found to be in compliance with the standards for an Adult Detention Center. The identified deficiencies were as follows: Weekly inventories of bulk needles and syringes were not conducted for the entire audit period, as required by the standard. A comprehensive health inspection was not conducted by the Department of Health in 2019 of the audit period, as required by policy and the standard. Records for the annual review of official publications were not available for the audit period, January 2019 through December 2019, as required by the standard. The Remote Audit Process was initiated for this audit and the facility provided compliance documentation and the pre-audit packet for remote review by the auditors. During the on-site audit, correctional staff escorted auditors throughout the detention center, answered questions and quickly obtained audit documentation upon request. Remote interviews were conducted with the male and female inmates; however, remote inventories could not be conducted as a part of the auditing process, during the pre-onsite audit phase of the audit. The administration and staff were well prepared for the audit. The information and documentation were easily accessible to the audit team with laptops available for staff to access the Google Drive. During the on-site audit, primary and secondary documentation was located in visiting/multipurpose area and in specific areas where the function occurred. The policy and procedure manuals were available on laptops, with access provided to the county's network system, and addressed the facility's operations, as well as, the standards. The emergency plans and post orders were comprehensive and addressed the needs of staff, inmates and the local community. The inmate orientation materials provide appropriate information and guidance to the inmate population regarding their needs at the facility. As determined from the audit, the facility reviews their policy and procedure manuals, emergency plans, post orders and orientation materials to ensure they address the current requirements of the standards. The physical plant was in excellent condition during the tour of the detention center. There were four groups of auditors who were escorted by staff to tour the facility. There were minor maintenance issues cited from the tour, such as, stained ceiling tile in areas, shower tiles missing in gym shower, Housing Unit D1 – Dorm 4's bathroom, shower area, Housing Unit D4 – Dorm 3's bathroom shower area, and Housing Unit D3 – Dorm 3's bathroom toilet area;

telephones were not working in Housing Units D1 and D3; in the Kitchen area, the handwashing sink out of order and leaking, the exhaust fan was broken, there was rusted and chipped paint on window sills, the addition sanitation closet is missing light cover, Housing Unit E had rusting in shower. Staff immediately addressed the cited issues prior to the conclusion of the audit. The facility staff and maintenance staff were proactive in addressing all issues cited from the tour. The facility was found to be clean, sanitary, orderly and well maintained, which creates a safe environment for the inmates and staff. The Maryland Commission on Correctional Standards will conduct a monitoring review to assess compliance of the three noncompliant standards from the remote audit. Once compliance has been determined, the Ordnance Road Correctional Center may be recommended for the Recognition of Achievement Award. The Ordnance Road Correctional Center staff continue to be committed to upholding the standards as an effective correctional management tool. They have accomplished great practices which support the intent of the standards and demonstrate consistent dedication and commitment. The Ordnance Road Correctional Center should continue to receive the support needed to maintain compliance with all standards and ensures public safety.

Chairperson T.D. Reece welcomed comments from the representatives of the Ordnance Road Correctional Center. Chairperson Reece commented that it was his understanding that an appeal was submitted by the administration of the Ordnance Road Correctional Center regarding the non-compliance cited concerning standard .03 C Health Inspections. Executive Director Veronica Moore acknowledged that an appeal was submitted by the administration of the Ordnance Road Correctional Center regarding the non-compliance cited concerning standard .03 C Health Inspections. Superintendent Christopher Klein expressed appreciation to the Commission staff, audit team, as well as, the Commission Board. Superintendent Klein stated that there was a change in the administration at the Ordnance Road Correctional Facility. Superintendent Klein stated that former Correctional Facility Administrator Catherine Robinson retired. Superintendent Klein stated that the Ordnance Road Correctional Center's new correctional facility administrator is Mr. John Kelson. Superintendent Klein expressed appreciation to Correctional Facility Administrator Kelson and his team for being prepared for the audit cycle. Superintendent Klein made comments regarding the appeal. Superintendent Klein stated that the appeal concerning standard .03 Health Inspections was submitted in writing to the Maryland Commission on Correctional Standards, as well as, to the Chairperson of the Commission Board. Superintendent Klein stated that the facility wished to appeal the finding in reference to standard .03 C Health Inspections. Superintendent Klein stated that they believe that there were circumstances that were out of their control in reference to the health department's scheduling system which were exacerbated through COVID-19 and as to when the health inspection was completed. Superintendent Klein stated that they do believe that in looking at the compliance explanation part of the standards that there are allowances for written exceptions and variances that are approved through writing to the health department. Superintendent Klein reported that documents were sent to the Standards Commission and they believe the documents meet the spirit of the standards. Superintendent Klein stated that at no time did the facility's license lapse. Superintendent Klein reported that the facility experienced a change in the contractual food service vendor, which also pushed back the inspection from when health department visited the facilities (Ordnance Road Correctional Facility and Jennifer Road Detention Center). Superintendent Klein stated that as far as having met the spirit of the

standard, the inspections of the facilities are pre-scheduled and are automated through the health department system. Superintendent Klein reported that the documentation regarding the pre-scheduled health inspections was also sent to the Standards Commission. Superintendent Klein stated that in looking at the situation it is a unique circumstance. Superintendent Klein commented that in looking at what type of corrective action that would be appropriate in this case, the only logical corrective action would be to subsequently schedule those inspections. Superintendent Klein commented that their records clearly indicated that the facilities have had those comprehensive inspections since the audit period that equally show that the facilities were in compliance. Superintendent Klein stated that with all of the above factors considered, he would ask that the non-compliance be changed as a result of all of the information that was provided by the facilities. Chairperson Reece commented that the appeal of the Ordnance Road Correctional Center is scheduled to be heard/addressed at the next regularly scheduled Commission Meeting. Chairperson Reece advised Superintendent Klein that the Commission would listen to feedback regarding the two non-compliances that were cited as a result of the audit. Chairperson Reece requested advisement from Assistant Attorney General Hughes or Executive Director Moore regarding Superintendent Klein's statement concerning the appeal and whether or not the appeal and the non-compliances would be tabled until the next regularly scheduled meeting. Executive Director Moore responded that the comments made by Chairperson Reece regarding the appeal process were correct and any issues or non-compliances related to the audit could be discussed during the current meeting. Superintendent Klein commented that as a point of clarification regarding Standard .02 K (3, 4) Control of Medical and Dental Instruments concerning the documentation that was received in reference to the sharps count indicated that it was a recommendation, but the box was also checked to indicate that it was a non-compliance. Superintendent Klein stated that the matter has since been corrected. Superintendent Klein explained that the issue was regarding how the sharps should be counted. Superintendent Klein added that sharps on the floor were being counted versus sharps that were locked away in bulk storage. Chairperson Reece asked Superintendent Klein if he had any comments regarding the non-compliance concerning standard .08 D Official Publications/Annual Review. Superintendent Klein commented that there was a lapse in the process regarding standard .08 D Official Publications/Annual Review. Superintendent Klein stated that it was an oversight; however, last year and since his arrival as the superintendent, a process was implemented to account for the policies and procedures. He commented that a full process has since been implemented for the review of policies and procedures. Superintendent Klein reported that the facility is 90% compliant regarding standard .08 D Official Publications/Annual Review. Superintendent Klein assured the Commission members that the facility will be in total compliance with the cited deficiencies at the time of the monitoring visit.

Chairperson T.D. Reece welcomed questions/comments from the Commission members. Assistant Attorney General Beverly Hughes raised a question regarding the non-compliance concerning Standard .02 K (3, 4) Control of Medical and Dental Instruments, specifically the bulk needles and syringes. Assistant Attorney General Hughes stated that she wanted to confirm the testimony of Superintendent Klein concerning the non-compliance regarding standard .02 K (3, 4) Control of Medical and Dental Instruments that the issue has been corrected and the facility is in full compliance with standard .02 K (3, 4) Control of Medical and Dental Instruments.

Superintendent Klein responded that the issue has been corrected. Assistant Attorney General Hughes inquired about the circumstances that caused standard .02 K (3, 4) Control of Medical and Dental Instruments to be found in non-compliance. Superintendent Klein noted that at previous audits the facility has never been found in non-compliance regarding standard .02 K (3, 4) Control of Medical and Dental Instruments. Superintendent Klein stated that the interpretation of the auditor was that needles that were in bulk locked away storage were not part of the daily count. Superintendent Klein stated that the facility's practice had not changed. Superintendent Klein commented that based on the auditor's interpretation of the standard, the facility was asked to add the bulk storage into the daily count. Superintendent Klein stated that it was his understanding based on the understanding of the staff was that the daily count of the needles that were out being used by the medical staff and not needles that were locked away and stored away waiting to be used by the nursing staff. Superintendent Klein deferred to Correctional Facility Administrator John Kelson and Corporal Brett Sommerville to add any additional clarification regarding the justification provided by him regarding standard .02 K (3, 4) Control of Medical and Dental Instruments. Corporal Sommerville responded that the justification by Superintendent Klein was accurate. Assistant Attorney General Hughes stated that it was her understanding that all of the needles were accounted for; however, the way it was interpreted, seems to indicate that the needles just were not included in the count and there was nothing missing. Superintendent Klein stated that all of the needles/syringes were accounted for and nothing was missing or unaccounted for at any time. Superintendent Klein added that the issue dealt with more of the weekly inventory versus the bulk storage inventory. Executive Director Moore clarified for that particular standard, all needles and syringes, whether they are active or bulk are required to be weekly inventoried at a minimum.

Chairperson T.D. Reece entertained a virtual motion and vote to accept the audit report and the compliance plan/monitoring visit which is contingent upon the outcome of the appeal at the next regularly scheduled Commission meeting. Assistant Attorney General Beverly Hughes made a motion to accept the audit report and the compliance plan/monitoring visit which is contingent upon the outcome of the appeal and Vice Chairperson Terry Kokolis seconded. The unanimous response of silence denoted the acceptance of the audit report and the compliance plan/monitoring visit which is contingent upon the outcome of the appeal.

- **AACDF-JENNIFER ROAD DETENTION CENTER (APPEAL)**

Executive Director Veronica Moore reported that an on-site audit at the Jennifer Road Detention Center was conducted on February 7-9, 2022 by Commission staff and two Duly Authorized Inspectors. The Jennifer Road Detention Center is located in Annapolis, Maryland. The facility detains male and female maximum security, pre-trial and sentenced inmates. The facility is under the daily administrative authority of Superintendent Christopher Klein, and the daily management by Correctional Facility Administrator, Michael Borgese. After a thorough review of the required documentation, the Jennifer Road Detention Center was found to be in substantial compliance with the standards for an Adult Detention Center. The identified deficiencies were: No annual comprehensive health inspection was conducted for year 2019, as required by policy and the standard. Records of annual reviews for all regulations, policies, post orders, emergency plans, orientation handbooks, manuals, etc., were not available for the entire audit period (September 1, 2017 through August 1, 2020), as required by policy and the standard.

During the remote audit process, which began in 2020, the detention center provided the requested compliance documentation and the pre-audit packet for remote review. During the on-site audit, additional audit documentation was provided as requested by the auditors. The Audit Coordinator and the staff were readily available to assist auditors on an as needed basis. The Detention Center utilized Google Meet to assist in completing remote inventories, inmate interviews and the medical file review. The majority of the remote audit documentation was provided remotely, via a Google Drive, and saved in folders, in an organized manner, which allowed a thorough assessment of the standards. The current manuals of standard operating procedures, emergency plans, and post orders, were reviewed by auditors, and found to thoroughly address the needs of inmates, detention center staff and the needs of the community. Inmate handbooks were reviewed by the auditors and found to address important issues relevant to the inmate population. The facility tour was comprised of four groups. It was found to be clean, with minor maintenance issue. The detention center was found was in good condition on the day of the tour. It was obvious to auditors that the administration and detention center staff are committed to maintaining the cleanliness of the facility. The few areas noted by auditors were addressed prior to the end of the field audit. The Maryland Commission on Correctional Standards will conduct a monitoring review to assess compliance with the minimum mandatory standards found in noncompliance at the audit. Once compliance determined regarding the two noncompliant standards, the Anne Arundel County Department of Detention Facilities – Jennifer Road Detention Center may be recommended for the Recognition of Achievement Award. In conclusion, the administration should continue to motivate the staff to implement the standards in their daily operations in order to ensure compliance. The audit process is important to the operations of the facility, to ensure order, structure and security within the regulations of the State of Maryland. The Department of Public Safety should continue to provide the support and resources necessary for the Anne Arundel County Department of Detention Facilities – Jennifer Road Detention Center to maintain a high level of compliance as an Adult Detention Center.

Chairperson T.D. Reece welcomed comments from the representatives of the Jennifer Road Detention Center. Superintendent Klein expressed appreciation to the audit team and his staff for their preparedness regarding the audit as this was his first MCCS audit.

Chairperson T.D. Reece welcomed questions/comments from the Commission members. Chairperson Reece stated that he was going to assume that the appeal regarding the AACDF-Jennifer Road Detention Center is the same as the appeal concerning the AACDF-Ordnance Road Correctional Center. Superintendent Klein stated that the appeal is the same situation for both facilities. Chairperson Reece asked Superintendent Klein if the non-compliance regarding standard .08 D Official Publications/Annual Review was corrected as previously addressed in the remarks concerning the Ordnance Road Correctional Center. Superintendent Klein responded that the Official Publications/Annual Review falls under the department and they are managing it. He stated that the policy reviews are not facility specific but department-wide.



Chairperson T.D. Reece entertained a virtual motion and vote to accept the audit report and the compliance plan/monitoring visit, which is contingent upon the outcome of the appeal at the next regularly scheduled Commission meeting. Vice Chairperson Terry Kokolis made a motion to accept the audit report and the compliance plan/monitoring visit which is contingent upon the outcome of the appeal and Assistant Attorney General Hughes seconded. The unanimous response of silence denoted the acceptance of the audit report and the compliance plan/monitoring visit, which is contingent upon the outcome of the appeal. Chairperson Reece stated that aside from the minor recommendations, the facility was on the brink of achieving total compliance. Chairperson Reece commented that it is not an easy feat to oversee two facilities.

- **MARYLAND CORRECTIONAL INSTITUTION-HAGERSTOWN**

Executive Director Veronica Moore reported that an on-site audit at the Maryland Correctional Institution-Hagerstown was conducted on February 11-13, 2022 by Commission staff and two Duly Authorized Inspectors. The Maryland Correctional Institution - Hagerstown (MCI-H) is located in Hagerstown, Maryland and provides housing for both medium and minimum security inmates sentenced to the Division of Correction. The facility comes under the authority of Commissioner Annie Harvey and is managed daily by Warden Gregory Werner. After a thorough review of the required documentation, the Maryland Correctional Institution-Hagerstown was found to be in compliance with the majority of the standards for an Adult Correctional Institution. The identified deficiency was: An annual fire safety inspection conducted by the State Fire Marshal in 2020 detected a non-operational fire alarm system and currently does not meet the fire safety regulations, at this time, as required by the standard. The Remote Audit Process was initiated for this audit and the facility provided compliance documentation and the pre-audit packet for remote review by the auditors. The facility utilized the MCCS U drive and the MCIH restrictive folder developed to facilitate the remote audit process. The audit coordinator demonstrated a high level of organization for documents within the MCIH restrictive folder and those provided on-site. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. The facility will benefit from technology to continue the objectives of the Remote Audit Process, in order to conduct remote inventories and to provide the majority of documentation for the standards. Primary and secondary documentation was located in the audit coordinator's office, the conference room and in specific areas where the function occurred. The emergency plans and post orders address staff and inmate concerns and public safety. Inmate orientation materials cover issues that are relative to the inmate population. The current manuals of standard operating procedures are instructional to staff, functional and comprehensive. The facility tour was conducted by five groups of auditors and staff. There were maintenance issues that require attention. The auditor cited the following areas in need of repair, such as, lights out in the medical records office on the second floor, the administrative area on third floor medical unit, stained ceiling tile in the dental room in the medical unit on the second floor, water fountain leak, floor damage in the Gym, on HU A1 the phone near cell #39 needed repair, in HU A1 Cell #24 the sink runs and has low water pressure, on HU A2 in the recreation area, the 2nd phone needs repair, in A Annex, the showers do not drain properly and the phones need repair, in HU

B1, the phone near cell #40 needs repair, in B annex there were lights out and the middle shower was out of order, in HU C1 Cell #15 displayed pornography on wall, in Cell #31, the sink was reported as clogged, in C annex, the phones were reported as needing repair and roof is leaking by Cells #8, 11, 15, and 17, the left shower leaks, two sinks are out of order and the overhead pipes over the sinks leak, in HU D1, three of the four phones were reported to need repair, Cell #33 reported there was no cold water, on HU D2, two phones close to washing machines were out of order, on D Annex, all phones were reported to be out of order, the 1<sup>st</sup> shower was reported to be out of order, in the traffic/operations area, there were two lights by the window which were out of order, in the kitchen, there was a light out in the dry freezer and above the grill in ODR, in the central kitchen, there were two lights that were out of order by the fryers, the freezers/refrigerators #9, 10 and 22 were s out of service and freezer #7 had four lights that were out of order. The inmates and staff work diligently to maintain a safe and sanitary environment with a facility that shows numerous signs of age and use. The Department of Public Safety and Correctional Services (DPSCS) Managing for Results (MFR) initiative includes specific core objectives that address compliance with the minimum standards for places of adult confinement. The results of these objectives are outlined below:

- Percent of applicable inmate security standards met 100%
- Percent of applicable inmate well-being standards met
  - Medical, Dental and Mental Health 100%
  - Food Service 100%
  - Housing and Sanitation 100%

The compliance results are incorporated as a part of this audit report for the Department of Public Safety and Correctional Services 2022 fiscal year reporting requirements for MFR. The Maryland Commission on Correctional Standards will conduct a monitoring review of the documentation required to be submitted to MCCA, no later than Thursday, April 6, 2023, to assess compliance with the standard found in noncompliance at the audit. Upon completion of the assessment of the noncompliant standard, the Maryland Correctional Institution-Hagerstown may be recommended for the Recognition of Achievement Award. In conclusion, the Maryland Correctional Institution-Hagerstown continues to be managed by dedicated staff. The administration and staff take pride in their work and all operational elements. The standards remain an integral tool for managing the daily operations of the facility. The Department of Public Safety and Correctional Services is encouraged to continue to provide the support and resources necessary to support the Maryland Correctional Institution-Hagerstown to achieve and maintain compliance with the standards.

Chairperson Reece welcomed comments from the representatives of the Maryland Correctional Institution-Hagerstown. Assistant Warden Laura Golliday commented regarding the appeal of standard .02 A Fire Safety Inspections. Assistant Warden Golliday stated that the administration feels as though, the facility meets the spirit of the standard regarding standard .02 A Fire Safety Inspections. Assistant Warden Golliday commented that during visits by the Office of the Fire Marshal to conduct annual fire inspections, since the facility does not have an operational fire alarm system, which has been inoperable since 2016, that the facility had fire

watches put in place since 2018, 2019 and 2020. Assistant Warden Golliday reported that the facility has special authorized posts to cover the function of the fire watches. Assistant Warden Golliday reported that the fire marshal advised the facility regarding what the corrective action plan should be regarding the matter. Assistant Warden Golliday stated that the issue regarding the fire alarm system falls outside of the scope of the facility regarding repairs of the fire alarm system. Assistant Warden Golliday commented that the matter is out of their hands and in the hands of a lateral state agency for funding which is the Department of General Services. Assistant Warden Golliday stated again that they believe that the facility has met the spirit of the standard and referenced COMAR regarding ensuring that the facility meets all fire safety regulations as verified by an annual inspection and authorized representatives of the State Fire Marshal. Assistant Warden Golliday reported that the facility has verification of the corrective action plan which is the fire watches. Chairperson Reece advised Assistant Warden Golliday that the appeal would be addressed during the hearing at the next regularly scheduled Commission Meeting. Chairperson Reece expressed appreciation to Assistant Warden Golliday for her explanation regarding the appeal of standard .02 A Fire Safety Inspections.

Chairperson Reece welcomed comments/questions from the Commission members. Assistant Attorney General Beverly Hughes referenced the significant number of minor issues that were noted during the tour of the facility. Assistant Attorney General Hughes asked if maintenance requests were submitted to address the issues. Assistant Warden Golliday deferred to Lieutenant Joshua Shaw to address the question. Lieutenant Shaw reported that all of the minor maintenance related issues (light fixtures, ceiling tiles, sink/toilets) were addressed and repairs were completed as of March 3, 2022. Lieutenant Shaw commented that due to the age of the facility there are continuous maintenance related issues. Lieutenant Shaw reported that as maintenance issues come up, they are addressed and repaired as quickly as possible by the maintenance staff.

Chairperson T.D. Reece entertained a virtual motion and vote to accept the audit report and the compliance plan/monitoring visit, which is contingent upon the outcome of the appeal at the next regularly scheduled Commission meeting. Vice Chairperson Terry Kokolis made a motion to accept the audit report and the compliance plan/monitoring visit, which is contingent upon the outcome of the appeal and Assistant Attorney General Hughes seconded. The unanimous response of silence denoted the acceptance of the audit report and the compliance plan/monitoring visit, which is contingent upon the outcome of the appeal. Commissioner Annie Harvey abstained from voting.

- **ROXBURY CORRECTIONAL INSTITUTION**

Executive Director Veronica Moore reported that on an on-site audit at the Roxbury Correctional Institution was conducted February 15-17, 2022 by Commission staff and two Duly Authorized Inspectors. The Roxbury Correctional Institution is located in Hagerstown, Maryland, houses male inmates committed to the Division of Correction, classified and sentenced at the medium level of security. The facility is managed daily by Warden Carlos Bivens. Roxbury Correctional Institution was found to be in total compliance with all of the

standards for Adult Correctional Institutions, and has achieved 100% compliance. Standard .01Q requiring Separation of Sexes was non-applicable; because, this facility only houses male inmates. The Remote Audit Process was initiated for this audit and the facility provided compliance documentation and the pre-audit packet for remote review by the auditors. The facility utilized the MCCS U drive and the RCI restrictive folder developed to facilitate the remote audit process. The audit coordinator demonstrated a high level of organization for documents within the RCI restrictive folder and those provided on-site. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. The majority of the secondary documentation was located throughout the facility at the respective units, departments, in the conference room or in the audit coordinator's office. The facility will benefit from technology to continue the objectives of the Remote Audit Process, in order to conduct remote inventories and to provide the majority of documentation for the standards. The audit coordination team and staff worked as a team to assist the auditors, address questions and resolve audit matters to ensure the on-site audit process was handled efficiently. The manuals of standard operating procedures were found to be informative, and comprehensive, and address safety and community concerns. The post orders, emergency plans and inmate orientation materials meet the needs of staff, inmates and the community. The facility staff was available to escort the audit team members to various locations throughout the facility, provided additional information upon request and answered questions, as needed from the auditors. The facility was found to be clean and possess a high level of sanitation during the tour. The outside facility grounds were very well manicured. Auditors cited very minor sanitation issues and the majority of the noted areas were addressed prior to the end of the audit. Work orders were provided to MCCS for areas that required additional time to repair. These areas include: the freezer in the dietary department needs a compressor, the air conditioner in maintenance department needs a cover screen, in T8103 there was an inoperable ceiling heater, there was chipped paint on walls, damaged floor tiles, and torn carpet located on the floor in the Chapel area where services are held. The facility staff and inmates ensure the facility maintains a clean and safe environment. The Department of Public Safety and Correctional Services (DPSCS) Managing for Results (MFR) initiative includes specific core objectives that address compliance with the minimum standards for places of adult confinement. Outlined below are the results for these objectives:

• Percent of applicable inmate security standards met	100%
• Percent of applicable inmate well-being standards met	
* Medical, dental and mental health	100%
* Food Service	100%
* Housing and Sanitation	100%

The compliance results are incorporated as a part of this audit report for the Department of Public Safety and Correctional Services 2022 fiscal year reporting requirements for MFR. The administration and staff of the Roxbury Correctional Institution are committed to the use of the standards as an effective management tool. The staff are dedicated and take great pride in fulfilling the mission of the facility. In order to continue to maintain 100% compliance with the standards, it is important that they are consistently utilized in the daily operations of the facility. The Department of Public Safety is encouraged to provide the necessary resources to the facility, in order, to help maintain compliance with the standards of an Adult Correctional Institution. The Roxbury Correctional Institution is recommended to receive the recognition of achievement award.

Chairperson T.D. Reece welcomed comments from the representatives of the Roxbury Correctional Institution. Warden Carlos Bivens thanked the Commission and auditors for their time, expertise and comprehensive review of the operations of the Roxbury Correctional Institution. Warden Bivens expressed appreciation to Tracy Purdy (Audit Coordinator) and the internal team at the facility. Warden Bivens commented that the achievement of total compliance with the standards was a team effort. Warden Bivens expressed appreciation to the audit team for their perspective during their time at the facility.

Chairperson T.D. Reece entertained a virtual motion and vote to approve the audit report and grant the Recognition of Achievement award. Vice Chairperson Terry Kokolis made a motion to approve the audit report and grant the Recognition of Achievement award and Assistant Attorney General Beverly Hughes seconded. The unanimous response of silence denoted the approval of the audit report and Recognition of Achievement award. The vote to approve the audit report and Recognition of Achievement award was unanimous. The Commission members congratulated the facility on their achievement. Commissioner Annie Harvey abstained from the voting process.

- **CHESAPEAKE DETENTION FACILITY**

Correctional Program Specialist Brian Raivel reported that an on-site audit at the Chesapeake Detention Facility was conducted on March 8-10, 2022 by Commission staff and three Duly Authorized Inspectors. The Chesapeake Detention Facility is located in Baltimore, Maryland, and is classified as a federal detention facility that houses male and female pretrial federal detainees. The facility is under the administrative authority of Dionne Randolph, Commissioner of Pretrial Detention and Services, and is managed daily by Warden Thomas Wolfe. After a thorough review of the required audit documentation, The Chesapeake Detention Facility was found to be in substantial compliance with the standards for an Adult Detention Center. The two identified deficiencies were: Semiannual facility searches were not conducted for all inmate living and activity areas for the audit period of February 1, 2018 through February 1, 2021, as required by the standard. Records of the inventories of the maintenance contractor's tools upon entry and exit of the facility were not available for the audit period of April 2020 through December 2020, as required by the standard. The Remote Audit Process was used for this audit and the facility provided compliance documentation and the pre-audit packet for remote review by the auditors. The facility utilized the MCCS U drive and the CDF restrictive folder developed to facilitate the remote audit process. The remote auditing process was challenged by minimal documentation being available in the CDF restrictive folder which resulted in documents being uploaded during and after the on-site portion of the audit, as well as, an extension of the audit. Additionally, remote inventories and reviews were not conducted prior to the on-site. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. Primary and secondary documentation was located in the audit coordinator's office and in specific areas where the function occurred. The facility would benefit from technology to continue the objectives of the Remote Audit Process, in order to conduct remote inventories and to provide the majority of documentation for the standards. Emergency plans and post orders were conducive to staff, inmate and public safety concerns. Manuals of standard operating

procedures and inmate orientation materials were reviewed during the audit and found to be current, useful to staff and responsive to inmate needs. During the tour, four groups of auditors were escorted to the identified areas of the facility to assess inmate health and safety concerns. General areas of the facility were additionally assessed by auditors during the review of assigned standards. The auditors noted several safety and maintenance issues that were corrected prior to the conclusion of the audit. Work orders were provided for a chipped table and floor in Master Control, the floor in the Blacktop Shack, the floors in A and C tower; C pod, Quad 2 cell #14 toilet, F pod control center floor; F Pod, quad 2 cell #24 sink; lights in both the walk in freezer and refrigerator; phones in B Pod quad 1, 2 and 3. The administrators at the Chesapeake Detention Facility demonstrated that staff and inmates maintain a clean facility, within the inmate housing and common areas. The Department of Public Safety and Correctional Services (DPSCS) Managing for Results (MFR) initiatives includes specific core objectives that address compliance with the minimum standards for places of adult confinement. Outlined below are the results for these objectives:

• Percent of applicable inmate safety standards met	88%
• Percent of applicable inmate well-being standards met	
*Medical, Dental and Mental Health	100%
*Food Service	100%
*Housing and Sanitation	100%

The compliance results are incorporated as part of this report for the DPSCS MFR 2022 fiscal year reporting requirements. The Maryland Commission on Correctional Standards will conduct a monitoring review on of the documentation required to be submitted to MCCS, no later than Monday, April 10, 2023, to assess compliance with the standards found in noncompliance at the audit. Upon completion of the assessment of the noncompliant standards, the Chesapeake Detention Facility may be recommended for the Recognition of Achievement Award. In conclusion, the Chesapeake Detention Facility continues to follow the standards for an Adult Detention Center which houses federal detainees. Management and staff must utilize the standards as a tool to maintain the facility and to ensure compliance. The Chesapeake Detention Facility staff are dedicated to ensure operational processes meet the standards. The Department of Public Safety and Correctional Services is encouraged to continue to provide the support and resources necessary to support the Chesapeake Detention Facility to achieve and maintain compliance with the standards.

Chairperson T.D. Reece welcomed comments from the representatives of the Chesapeake Detention Facility. Warden Thomas Wolfe expressed appreciation to the audit team for visiting the facility and providing insight into the operations of the facility. Warden Wolfe commented that he was appointed as the warden of the Chesapeake Detention Facility in January 2022. Warden Wolfe stated that the audit occurred within two months of his appointment as warden of the facility. Warden Wolfe stated that the audit was a good experience as it allowed him the opportunity to see what was going on and the areas that were deficient during the audit. Warden Wolfe commented that the two deficiencies that were cited at the on-site audit were trending up.

Warden Wolfe stated that the two deficiencies were corrected and he is confident that the facility will be in compliance at the time of the monitoring review. Warden Wolfe thanked the staff at the Chesapeake Detention Facility for their hard work and preparation for the audit. Warden Wolfe stated that they did a very good job.

Chairperson T.D. Reece welcomed questions/comments from the Commission members. Vice Chairperson Terry Kokolis raised a question regarding standard .01 J (2) Search Procedures. Vice Chairperson Kokolis asked if the non-compliance regarding standard .01 J (2) Search Procedures was the result of three years of not having facility inspections and searches. Warden Wolfe responded that the non-compliance was due to searches not being conducted. Warden Wolfe commented that he is confident that the facility searches were conducted; however, if it was not documented then it did not occur. Warden Wolfe reported that corrective action has been taken and the facility is currently in compliance at this point. Director Kokolis referenced the statement regarding the non-compliance in which it was noted that facility searches were not conducted for all inmate living and activity areas. Warden Wolfe stated that the facility had documentation for particular areas in 2018, 2019 and 2020, but not the entire fence-to-fence search. Warden Wolfe reported that a fence to fence search was conducted in April 2022. Warden Wolfe also reported that daily and random searches are conducted and everything is documented. Executive Director Veronica Moore noted that some searches were conducted; but, it was not enough and there were more not done than done. Warden Wolfe stated that in 2018, two units were documented as being searched; 2019, four units were documented as being searched and in 2020 all units were searched; but, not the common areas. Warden Wolfe stated that if it is not documented then it did not occur. Chairperson Reece asked if any attention was paid to the recommendations that were made by the audit team. Warden Wolfe response was yes. He stated that the administration was appreciative of the recommendations of the audit team.

Chairperson T.D. Reece entertained a virtual motion and vote to approve audit report. Vice Chairperson Terry Kokolis made a motion to approve the audit report and Commissioner Annie Harvey seconded. The unanimous response of silence denoted the approval of the audit report. Commissioner Dionne Randolph abstained from the voting process.

- **TALBOT COUNTY DEPARTMENT OF CORRECTIONS**

Correctional Program Specialist Brian Raivel reported that an on-site audit at the Talbot County Department of Corrections was conducted March 15-16, 2022 by Commission staff and two Duly Authorized Inspectors. The Talbot County Department of Corrections has been in operation since 1992, and is located in Easton, Maryland. The detention center houses pretrial, sentenced and work release male and female inmates. The facility comes under the daily administrative authority of Director Terry Kokolis. After a thorough review of the required documentation, the Talbot County Department of Corrections was found to be in total compliance with the standards for an Adult Detention Center. The facility has achieved 100% compliance. Prior to the audit, the detention center submitted the required pre-audit materials and remote audit documentation to the MCCS office for auditor review. Secondary documentation was centralized in the multipurpose room. Computers were available to access

policies, procedures and additional electronic audit documentation. The facility utilized the Google Drive to provide and access standard documentation for remote review. Additional documentation was located in units of the facility where the specific functions occur. Facility escorts were assigned to auditors to access areas of the facility. Audit debriefings were held daily with the audit coordinator, the administrators and staff. A debriefing meeting occurred on the last day of the on-site audit, with management and staff to provide feedback regarding the status of the audit process. A closing conference was held remotely to present the official audit results. Instructional manuals of standard operating procedures, inmate orientation materials, post orders, policies, procedures, and emergency plans, were assessed and found to be current, beneficial to staff and responsive to the needs of the inmates, staff and the community. Four groups of auditors were escorted to assigned areas of the facility to assess the condition of the facility. Overall, the detention center was found to be clean, orderly, and in good condition, during the tour. There were a few minor sanitation issues noted by the auditors and addressed prior to the closeout of the audit. It was noted that the facility will repair a leaking Water Heater through approved funds acquired through a Capital improvement Project Grant. The anticipated cost of the new water heater is \$200,000. Overall, the facility was clean, sanitary and orderly, during the on-site audit. The Talbot County Department of Corrections' Director, administrative team and staff demonstrated a commitment to the audit process through the constant and daily use of the standards for an Adult Detention Center, as an effective management tool. Commitment and dedication was evident based on this facility achieving total compliance with the standards for an Adult Detention Center. The County Commissioners should continue to provide the necessary support, resources and assistance to this facility to maintain 100% compliance with the standards. The Talbot County Department of Corrections is recommended to receive the Recognition of Achievement Award.

Chairperson T.D. Reece invited comments from the representatives of the Talbot County Department of Corrections. Director Terry Kokolis commented that standards compliance is all about two things. Director Kokolis commented that the first part is about believing in the standards as improving an institution. Director Kokolis commented that secondly, it is about the people who make standards a part of their everyday requirements and monthly mandates to make sure all of the documents are maintained. Director Kokolis acknowledged Lieutenant Christine Fields (Audit Coordinator) and credited her dedication to the standards for the achievement of total compliance. Director Kokolis commented that he is happy for Lieutenant Fields and the entire staff at the Talbot County Department of Corrections. Lieutenant Fields expressed appreciation to the audit team for visiting the facility to review the paperwork. She stated that it is always a pleasure to have the Commission visit the facility to conduct the audit. Lieutenant Fields said that the achievement of total compliance is a team effort.

Chairperson T.D. Reece entertained a virtual motion and vote to approve the audit report and grant the Recognition of Achievement award. Assistant Attorney General Beverly Hughes made a motion to approve the audit report and grant the Recognition of Achievement award and Commissioner Annie Harvey seconded. The unanimous response of silence denoted the approval of the audit report and Recognition of Achievement award. The vote to approve the audit report and Recognition of Achievement award was unanimous. The Commission members congratulated the facility on their achievement. Director (Vice Chairperson) Terry Kokolis abstained from voting.



- **QUEEN ANNE'S COUNTY DEPARTMENT OF CORRECTIONS**

Correctional Program Specialist Brian Raivel that an on-site audit was conducted at the Queen Anne's County Department of Correction on March 15-16, 2022 by Commission staff and two Duly Authorized Inspectors. The Queen Anne's County Department of Corrections is located in Centreville, Maryland, and houses male and female sentenced and pretrial inmates classified at the minimum to maximum-security levels. The facility comes under the administrative authority of the Queen Anne's County Board of Commissioners and is managed daily by Director LaMonte Cooke. After a thorough review of the required documentation, the Queen Anne's County Detention Center was found to be in substantial compliance with the standards for an Adult Detention Center. The identified deficiencies were: A comprehensive health inspection was not conducted in 2019 of the Queen Anne's County Department of Corrections Kitchen, as required by the standard and COMAR 10.15.03. Dietary employee pre-employment medical screenings were not completed for three dietary staff in 2021; and an annual medical screening was not completed for one dietary staff in 2021 as required for by the standard. Records of the daily inventory and records of issue and return of kitchen utensils were not completed from April 1, 2019 through September 27, 2021 as required by the standard. Records of the quarterly inventories and inspections and issue and return for Toxic, Caustic and Flammable Materials located in the kitchen were not available for the entire audit period, as required by the standard. The Remote Audit Process was initiated for this audit and the facility provided compliance documentation and the pre-audit packet for remote review, via a virtual Drop Box, by the auditors. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. Remote interviews were conducted with the male and female inmates; however, remote inventories were not able to be conducted, as a part of the remote auditing process, during the pre-onsite audit phase of the audit. Primary and secondary documentation was provided via Drop Box file hosting and sharing services. The administration and staff were prepared for the audit. Primary and secondary documentation was available on-site and due to time management, a significant amount of documentation remained to be reviewed and required scanning for remote review and assessment. On-site documents were easily accessible to the audit team with staff's assistance. During the on-site audit, primary and secondary documentation was located in the specific areas where the function occurred. The facility's correctional staff were available to escort the audit team, answer questions, and provide documentation to auditors, upon request. Pre-audit materials and remote audit documentation was submitted to the MCCS office prior to the audit. The audit team reviewed the facility policies, procedures, post orders, emergency plans, and orientation manuals. This documentation was found to be informative, and functional to the needs of staff, inmates and the community. Four groups of auditors conducted a tour of the facility. The auditors noted a few maintenance issues, which require attention, mold in the shower and low water pressure in cell #4 on HU E, a light out on HU A, and ants observed in HUs D and E. Overall, the facility was clean and well-kept with minor maintenance issues which were immediately addressed by maintenance staff, prior to the conclusion of the on-site audit. The Maryland Commission on Correctional Standards will conduct a monitoring review on Thursday, April 6, 2023, to assess compliance of the four standards found in non-compliance at the audit. Once compliance has been established, the Queen Anne's County Detention Center may be recommended to receive the Recognition of Achievement Award. The Queen Anne's County Detention Center strives to incorporate the standards in their daily facility operations, for use as an effective management tool. The support and the necessary resources should be consistently provided to the Queen Anne's County Detention Center by County Commissioners to promote compliance with the standards for an Adult Detention Center.

Chairperson T.D. Reece welcomed comments from the representatives of the Queen Anne's County Department of Corrections. Director Lamonte Cooke commented that the facility experienced issues regarding Aramark and their staff. Director Cooke commented that there were definitely some issues regarding Aramark concerning staffing and how processes were being managed by Aramark. Director Cooke reported that the facility has a new food services contractor. He stated that the new food services contractor is doing a great job. Director Cooke mentioned one of the issues concerning the staffing issues with Aramark was due to Aramark food services workers not showing up for work. Director Cooke said at times a former officer would have to work in the dietary department and prepare meals. Director Cooke commented that they had issues with the medical provider (Well Path) as well. Director Cooke commented that the Well Path staff was able to address the issues in such a way that the facility was in total compliance regarding the medical standards. Director Cooke deferred to Corporal David Pratt to address and provide the process moving forward regarding compliance with standard .03 J Kitchen Utensils. Corporal Pratt reported that he is personally monitoring the process to make sure the documentation is maintained to ensure compliance with the standard. Director Cooke added that it was discovered that records were totally missing. Director Cooke assured the Commission members that the issue has been corrected and the facility will be in good standing at the time of the monitoring review.

Chairperson T.D. Reece welcomed questions/comments from the Commission members. Assistant Attorney General Beverly Hughes referenced the comments made by Director Cooke that the deficiency was being addressed concerning standard .03 J Kitchen Utensils. Assistant Attorney General Hughes stated that she was concerned regarding the nature of the non-compliance regarding standard .03 J Kitchen Utensils. Assistant Attorney General Hughes asked if it was a matter of paperwork and how can the Commission be assured that the items were accounted for. Corporal Pratt responded to the question and stated that the quarterly inspections that he conducts with the staff were in compliance. Corporal Pratt stated that it was the records for the daily shift changes that were not available. Corporal Pratt added that all of the documentation for the quarterly inventories were accounted for. Director Cooke commented that he was pretty confident regarding what occurred regarding the non-compliance for standard .03 J Kitchen Utensils and that the records were missing. Director Cooke stated that he would not go into further detail regarding the non-compliance with standard .03 J Kitchen Utensils. Chairperson Reece stated that it appeared that Director Cooke was very confident that the shift change inventories were being conducted; but, it was not documented and the documentation was not filed correctly. Director Cooke and Corporal Pratt concurred with the comments of Chairperson Reece regarding the deficiency that was cited for standard .03 J Kitchen Utensils. Vice Chairperson Kokolis commented that he appreciated Director Cooke for taking ownership regarding the inspections, inventories and because of the ownership, the Queen Anne's County Department of Corrections will correct the deficiencies and be prepared for the monitoring review.

Chairperson T.D. Reece entertained a virtual motion and vote to approve audit report. Vice Chairperson Terry Kokolis made a motion to approve the audit report and Commissioner Dionne Randolph seconded. The unanimous response of silence denoted the approval of the audit report.

- **MARYLAND CORRECTIONAL INSTITUTION FOR WOMEN**

Correctional Program Specialist Brian Russell reported that an onsite audit was conducted at the Maryland Correctional Institution for Women on April 4-6, 2022 by Commission staff and four Duly Authorized Inspectors. The Maryland Correctional Institution for Women (MCIW) is located in Jessup, Maryland and houses pretrial and sentenced female inmates at the minimum, medium and maximum levels of security, sentenced to the Division of Correction. The facility comes under the authority of Commissioner Annie Harvey and is managed daily by Warden Carol Harmon. After a thorough review of the required documentation, the Maryland Correctional Institution for Women was found to be in compliance with the majority of the standards for an Adult Correctional Institution. The identified deficiencies were: Records of MVA checks for staff authorized to transport inmates were not available January 2020 through December 2021 of the audit period, as required by policy and the standard. Dietary medical screenings were not conducted in the year 2021 for nine civilian dietary staff, as required by policy and the standard. The Remote Audit Process was initiated for this audit and the facility provided compliance documentation and the pre-audit packet for remote review by the auditors. The facility utilized the MCCI U drive and the MCIW restrictive folder developed to facilitate the remote audit process. The remote auditing process was challenged by minimal documentation being available in the MCIW restrictive folder which resulted in documents being uploaded during and after the on-site portion of the audit, as well as, an extension of the audit. Additionally, remote inventories and reviews were not conducted prior to the on-site. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. Primary and secondary documentation was located in the audit coordinator's office and in specific areas where the function occurred. The facility would benefit from technology to continue the objectives of the Remote Audit Process, in order to conduct remote inventories and to provide the majority of documentation for the standards. The emergency plans and post orders address staff and inmate concerns and public safety. Inmate orientation materials cover issues that are relative to the inmate population. The current manuals of standard operating procedures are instructional to staff, functional and comprehensive. The facility tour was conducted by five groups of auditors and staff. There auditors cited maintenance issues that require attention. The areas which require additional time for repair are notes as follows, in the Gym: chipped paint on the gym steps and bleachers, water does not work in both and three lights were not working; are out in the ceiling; in the Education Department: M-43, M-42, and M-36 need painting; in the A West: the shower needs repair; in the A East: multiple showers are broken and the shelves are rusted in cells 118, 119, 122, 123, 125, 126, and 128; in the Property area: stained tile needs to be replaced; in the Dietary department: the oven, garbage disposal and hydraulic lift need report and a knob is missing on the stove; in the Center Hall area: the window pane was cracked in Classroom #1, and the water pressure was low in the water fountain; and in the case management area: a light was out in the Records Office. Management submitted a corrective action plan for those areas which required work orders, to ensure the repairs. The facility was in proper order and sanitary which demonstrated the staff and inmates commitment to an environment which is safe for all.

The Department of Public Safety and Correctional Services (DPSCS) Managing for Results (MFR) initiative includes specific core objectives that address compliance with the minimum standards for places of adult confinement. The results of these objectives are outlined below:

- **Percent of applicable inmate security standards met** **94%**
- **Percent of applicable inmate well-being standards met**
  - Medical, Dental and Mental Health** **100%**
  - Food Service** **90%**
  - Housing and Sanitation** **100%**

The compliance results are incorporated as a part of this audit report for the Department of Public Safety and Correctional Services 2022 fiscal year reporting requirements for MFR. The Maryland Commission on Correctional Standards will conduct a monitoring review on of the documentation required to be submitted to MCCS, no later than **Monday, April 10, 2023**, to assess compliance with the standards found in noncompliance at the audit. Upon completion of the assessment of the noncompliant standard, the Maryland Correctional Institution for Women may be recommended for the Recognition of Achievement Award. In conclusion, the Maryland Correctional Institution for Women continues to utilize the standards as a tool to ensure compliance. The administration and staff are dedicated to ensure operational processes meet the standards. The Department of Public Safety and Correctional Services is encouraged to continue to provide the support and resources necessary to support the Maryland Correctional Institution for Women to achieve and maintain compliance with the standards.

Chairperson T.D. Reece welcomed comments from the representatives of the Maryland Correctional Institution for Women. Acting Warden Geneva Holland expressed appreciation to the Standards Commission for the evaluation of the Maryland Correctional Institution for Women. Acting Warden Holland commented that the administration and staff were appreciative of the assessment and recommendations that were offered during the onsite audit. Acting Warden Holland stated that they recognize the two non-compliances and developed a corrective action plan in order to bring the non-compliances into compliance regarding standard .01 (M) Transportation of Inmates and standard .03 E Dietary Medical Screening. Acting Warden Holland reported that as of April 2, 2022 all MVA checks were conducted on all employees at the Maryland Correctional Institution for Women. Acting Warden Geneva Holland reported that the dietary medical screenings were conducted regarding the nine civilian dietary staff members. Acting Warden Holland reported that she arrived at the Maryland Correctional Institution for Women on March 31, 2022 which was a few days prior to the scheduled on-site audit. Acting Warden Holland stated that she realizes that the facility had some issues and the staff worked hard to correct those issues. She commented that processes have been put in place to ensure that they remain compliant with the standards.

Chairperson T.D. Reece welcomed comments/questions from the Commission members. Director Terry Kokolis referenced the significant number of maintenance issues that were cited during a tour of the facility. Director Kokolis asked if the maintenance issues were corrected. Acting Warden Holland responded that all of the maintenance issues were corrected prior to the conclusion of the audit.

Chairperson T.D. Reece entertained a virtual motion and vote to approve the audit report. Vice Chairperson Terry Kokolis made a motion to approve the audit report and Assistant Attorney General Beverly Hughes seconded. The unanimous response of silence denoted the approval of the audit report. Commissioner Annie Harvey abstained from the voting process.

## **6. NEW BUSINESS**

- Appeal Hearing-Carroll County Detention Center - Standard .06 (3) Classification/Annual Reclassification. Chairperson T.D. Reece commenced the Appeal Hearing regarding the Carroll County Detention Center on September 29, 2022 at 11:30 a.m. The representatives present from the Carroll County Detention were Captain Michael Green and Warden Dennis Strine joined the hearing at 11:45 a.m. The representative from the Maryland Commission on Correctional Standards was Executive Director Veronica Moore. The Commission Oath was presented to all parties regarding the testimonies to be presented at the hearing regarding the Carroll County Detention Center. The Commission on Correctional Standards Board heard the testimonies of both parties representing the Carroll County Detention Center and the Maryland Commission on Correctional Standards. Due to the length of the testimonies presented, the full transcript (testimonies, questions and responses) of the hearing is maintained on a separate transcript. The Commission on Correctional Standards Board members rendered a decision that standard .06 A (3) appeal was without merit and the standard remains non-compliant. The vote to uphold the findings of the non-compliance regarding standard .06 (3) Classification was unanimous. Chairperson T.D. Reece advised the administration of the Carroll County Detention Center that the Commission appreciates their efforts to correct the issue moving forward.

Chairperson T.D. Reece entertained a virtual motion and vote to approve audit report with the established monitoring date as written. Assistant Attorney General Beverly Hughes made a motion to approve the audit report with the established monitoring date and Vice Chairperson Terry Kokolis seconded. The unanimous response of silence denoted the approval of the audit report and the monitoring date.

- Appeal Hearing-Baltimore County Department of Corrections – Standard .03 J Kitchen Utensils. An appeal (dated December 27, 2021) regarding standard .03 J Kitchen Utensils was submitted by the Baltimore County Department of Corrections via email and received by the Maryland Commission on Correctional Standards on January 6, 2022.

Chairperson T.D. Reece commenced the Appeal Hearing regarding the Baltimore County Department of Corrections on September 29, 2022 at 12:03 p.m. The representatives from the Baltimore County Department of Corrections were Deputy Director Renard Brooks (filling in for Director Gail Watts), Captain Nathan Zahn and Mr. Steven Verch. The representative from the Maryland Commission on Correctional Standards was Mr. Brian Raivel (Correctional Program Specialist). The Commission Oath was presented to all parties regarding the testimonies to be presented at the hearing regarding the Baltimore County Department of Corrections. The Commission on Correctional Standards Board heard the testimonies of both parties representing the Baltimore County Department of Corrections and the Maryland Commission on Correctional Standards.

Due to the length of the testimonies presented, the full transcript (testimonies, questions and responses) of the hearing is maintained on a separate transcript. The Commission on Correctional Standards Board members rendered a decision that standard .03 J Kitchen Utensils appeal was without merit and would remain non-compliant. The vote to uphold the findings of the non-compliance regarding standard .03 J Kitchen Utensils was unanimous. Chairperson Reece expressed appreciation to Deputy Director Brooks for the in-depth explanation at the hearing,

Chairperson T.D. Reece entertained a virtual motion and vote to approve audit report with the established monitoring date as written. Vice Chairperson Terry Kokolis made a motion to approve the audit report with the established monitoring date and Assistant Attorney General Hughes seconded. The unanimous response of silence denoted the approval of the audit report and the monitoring date.

## **7. ANNOUNCEMENTS**

Executive Director Veronica Moore advised that the upcoming Commission meetings will entail healthy agendas moving forward due to the number of audits that had to be accomplished in fiscal year 2022.

Executive Director Moore expressed appreciation to all of the administrators and correctional professionals for their support throughout the pandemic.

Executive Director Moore reported that information has been disseminated regarding the recruitment to fill 4 vacant positions within MCCS. Executive Director Moore reported that interviews were conducted and offers have been sent out to fill the positions. Executive Director Moore commented that she is hopeful that the positions will be filled before the end of the year.

Executive Director Moore reported that vacant positions still remain regarding the Commission on Correctional Standards Board. Executive Director Moore asked the Commission Members to submit the name(s) of anyone who they believe may be interested in serving on the Commission Board. Executive Director Moore stated that if the Commission members know of anyone who may be interested in serving on the Board, to please send them her way and she can provide more information to the individual regarding the process to become a Commission member. Executive Director Moore stated that there are now four (4) vacancies on the Commission Board. Executive Director Moore reported that the four (4) vacancies are concerning a medical professional, elected official, citizen member and an accredited ACA member.

Executive Director Moore reported that Mr. Montell Spence submitted his resignation from the Commission Board via email, effective September 28, 2022.

Executive Director Moore welcomed the two (2) newest Commission members to the board (Commissioner Dionne Randolph and Chikuzo Godwin)

Executive Director advised the correctional professionals to look for more information regarding the Remote Audit Process.

Chairperson Reece stated that he failed to advise the representatives of the Carroll County Detention Center and Baltimore County Department of Corrections regarding their right to appeal the hearing decisions of the Commission on Correctional Standards Board to the Office of Administrative Hearings. Executive Director Moore ensured Chairperson Reece that the information regarding the right to appeal to the Office of Administrative Hearings would be included in the written correspondence regarding today's hearing decisions.

Chairperson T.D. Reece thanked everyone for attending the meeting. Chairperson T.D. Reece commented that it was a very long meeting; however, a lot was accomplished at the meeting.

## **8. ADJOURNMENT**

Chairperson T.D. Reece entertained a motion to adjourn the 277<sup>th</sup> Commission (Virtual) Meeting. Vice Chairperson Terry Kokolis made a motion to adjourn the meeting and Assistant Attorney General Beverly Hughes seconded. The 277<sup>th</sup> Commission (Remote) Meeting concluded at 1:21 p.m.