



Department of Public Safety and Correctional Services

Maryland Commission on Correctional Standards

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THOMAS REECE
CHAIRPERSON

VERONICA D. MOORE
EXECUTIVE DIRECTOR

282nd Commission (Virtual) Meeting

January 25, 2024

Minutes

MEMBERS PRESENT:

Major Thomas D. Reece, Administrator, Calvert County Detention Center,
Chairperson
Laura Allen, Budget Analyst, Department of Budget and Management, Representing
Secretary Helene T. Grady
Yolanda Bethea, Citizen Member
Beverly Hughes, Assistant Attorney General, representing Attorney General
Anthony G. Brown
Lakia James, Correctional Officer, Local Correctional Facility
Nelson Reichart, Deputy Director, Department of General Services, Representing
Secretary Atif Chaudhry
Kelly Russell, Alderman, Local Elected Official, City of Frederick, Maryland
Niani Smith, Citizen Member

MEMBERS ABSENT:

April Cockrell, Citizen Member
Cleveland Friday, Commissioner, Division of Pretrial Detention Services
Annie Harvey, Deputy Secretary of Operations, Department of Public Safety and
Correctional Services

STAFF PRESENT:

Veronica Moore, Executive Director
Brian Raivel, Senior Correctional Program Specialist
Diana Viville, Auditor
Cassandra Holdsclaw, Auditor
LaDonna Newman, Management Associate

VIRTUAL GUESTS:

Acting Director Terence Clark, Prince George's County Department of Corrections
Colonel Jerome R. Smith, Deputy Director, Bureau of Operations, Prince George's
County Department of Corrections
Guy Merritt, Deputy Director, Bureau of Administration, Prince George's County
Department of Corrections
Major Sha'Von Smith, Executive Assistant to the Director, Prince George's County
Department of Corrections

Shalisha Ivy, Chief, Human Resources Division, Prince George's County Department of Corrections
Alecia Creighton, Assistant Chief, Human Resources Division, Prince George's County Department of Corrections
Myrna Petors, Statistics Unit Chief, Human Resources Division, Prince George's County Department of Corrections
Andrew Cephas, Public Information Officer, Prince George's County Department of Corrections
Major Craig Rowe, Washington County Detention Center
Captain Ed Long, Washington County Detention Center
Captain Todd Faith, Washington County Detention Center
Lieutenant Eric Moats, Washington County Detention Center
Acting Warden James Balderson, Somerset County Detention Center
Lieutenant Frances Rayfield, Somerset County Detention Center
Administrative Officer Opal Lee, Somerset County Detention Center
Ms. Tyshia Upshur, Medical Representative, Somerset County Detention Center
Warden Don Satterfield, Dorchester County Detention Center
Major Thomas Robinson, Dorchester County Detention Center
Captain Ronda Stanley, Dorchester County Detention Center
Lieutenant Corey Aubrey, Dorchester County Detention Center
Lieutenant Arthur Nelson, Dorchester County Detention Center
Warden Dennis Strine, Carroll County Detention Center
Deputy Warden Dennis Harmon, Carroll County Detention Center
Captain Stower, Carroll County Detention Center
Sergeant Nicholas Clark, Carroll County Detention Center
Warden Tyrell Wilson, Sr., Baltimore Central Booking and Intake Center
Assistant Warden Nate' Denton, Baltimore Central Booking and Intake Center
Sergeant Rhonda Johnson, Baltimore Central Booking and Intake Center
Security Chief Yevoncia Boyd, Maryland Reception, Diagnostic and Classification Center
Warden Ronald Weber, Western Correctional Institution
Assistant Warden Bradley Butler, Western Correctional Institution
Major Terry Thompson, Western Correctional Institution
Sergeant Casey Townsend, Western Correctional Institution
Warden Robert Dean, Jessup Correctional Institution
Lieutenant Denisha Danay, ECSO, Jessup Correctional Institution
Sergeant Shanee Miles, ECSO, Jessup Correctional Institution
Major Matthew Carr, Cecil County Detention Center
Captain William Jolly, Cecil County Detention Center
Captain Dan Lasher, Assistant Administrator, Allegany County Detention Center
Lieutenant Elizabeth Shoemake, Allegany County Detention Center
Corporal Iosefa Pua'auli, Allegany County Detention Center

The Maryland Commission on Correctional Standards held the 282nd Commission Meeting (Virtual Meeting) via Google Meet. The agenda was as follows:

1. Welcome/Introduction/Remarks
2. Approval of Minutes, September 28, 2023
3. Chair's Comments
4. Executive Director's Comments
5. Nomination/Vote for Vice Chairperson
6. Consideration of Final Reports
 - Prince George's County Department of Corrections
 - Washington County Detention Center
 - Somerset County Detention Center
 - Dorchester County Detention Center
 - Carroll County Detention Center
7. Continuing Business-Monitoring Reports
 - Baltimore Central Booking and Intake Center
 - Maryland Reception, Diagnostic and Classification Center
 - Western Correctional Institution
 - Jessup Correctional Institution
 - Cecil County Detention Center
 - Allegany County Detention Center
8. New Business
9. Announcements
10. Adjournment

1. WELCOME/INTRODUCTION/REMARKS

Chairperson T.D. Reece officially called to order the 282nd Commission (Virtual) Meeting at 10:00 AM. Chairperson Reece welcomed everyone to the 282nd Commission (Virtual) Meeting. Chairperson Reece introduced himself and stated that he is the administrator of the Calvert County Detention Center and the Chair of Board of the Commission on Correctional Standards. Chairperson Reece commented that there was a pretty aggressive agenda and he would try to move through it quickly. Chairperson Reece stated that the meeting would be recorded and minutes would be taken concerning the meeting. Chairperson Reece reminded members and guests to mute their telephones and any other devices in order to reduce background noise and interruptions during the meeting. Chairperson Reece explained the virtual meeting guidelines regarding how the meeting would be conducted today. Chairperson Reece advised facility attendees that once their respective audit report is presented, they could feel free to exit the meeting; however, they are welcome to stay for the duration of the meeting. Chairperson Reece stated that if any member needs to request a recusal concerning any of the reports, please advise of the recusal and state his/her name prior to the request for a recusal from the voting process. Chairperson Reece advised the Commission members and guests regarding the voting process for the reports. Chairperson Reece stated that he would call for a first and a second by the Commission members regarding the reports. 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 confirm their 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 in its entirety 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 have an opportunity to ask 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 at a later date. Chairperson Reece deferred to Executive Director Veronica Moore to conduct a Roll Call (attendance) of the Commission members for the purpose of a quorum for the virtual meeting. Chairperson Reece stated that the Roll Call of the Commission members would also serve as the introduction and attendance of the Commission members, who were present for the meeting.

2. APPROVAL OF MINUTES – SEPTEMBER 28, 2023

Chairperson T.D. Reece entertained a virtual motion/vote on the approval of the Minutes regarding the September 28, 2023 meeting. Dr. Yolanda Bethea requested a modification regarding her position on the Board of the Commission on Correctional Standards. Dr. Bethea stated that she was appointed by Governor Wes Moore to serve as a citizen member concerning the Board of the Commission on Correctional Standards. Alderman Kelly Russell requested a modification concerning the geographical location in which she serves as the alderman. Alderman Russell stated that the location (Frederick County) should be modified to reflect the city of Frederick. Chairperson Reece stated that the modifications were duly noted for the purpose of the approval of the September 28, 2023 meeting. Chairperson Reece called for a motion to accept/approve the Minutes of the September 28, 2023 virtual meeting with the requested modifications. Alderman Kelly Russell made a motion to approve the Minutes of the September 28, 2023 virtual meeting with the requested modifications and Assistant Attorney General Beverly Hughes seconded. The unanimous response of silence denoted the approval of the modified Minutes of the September 28, 2023 Commission (Virtual) meeting.

3. CHAIR’S COMMENTS

Chairperson Reece commented that he has a meeting with the Sheriff of Calvert County therefore, he is on a time constraint concerning the meeting. Chairperson Reece stated that the meeting will conclude by noon.

4. EXECUTIVE DIRECTOR’S COMMENTS

Executive Director Veronica Moore reported that the Duly Authorized Inspector Training was held on October 12, 2023 at the Maryland Police and Correctional Training Center. Executive Director Moore announced that additional training concerning the Duly Authorized

Inspector program will be scheduled for the spring and fall of 2024. Executive Director Moore commented that the Commission board still has one vacancy for a health care professional. Executive Director Moore stated that if anyone is aware of an individual who is interested in joining the board, who is a licensed health care professional, they can have the individual contact her. Executive Director Moore closed her remarks and expressed appreciation to everyone in the correctional community for their continued support of M CCS.

5. NOMINATION/VOTE FOR VICE CHAIRPERSON

Chairperson T.D. Reece turned the meeting over to Executive Director Veronica Moore to preside over the nomination/vote for Vice Chairperson of the Commission on Correctional Standards Board. Executive Director Veronica Moore opened the floor for nominations concerning the Vice Chairperson of the Commission on Correctional Standards Board. Executive Director Moore solicited nominations from the Commission members for the position of Vice Chairperson of the Commission on Correctional Standards Board. Chairperson Reece asked if anyone would like to nominate themselves for the position of the Vice Chairperson. Dr. Yolanda Bethea nominated herself as the Vice Chairperson of the Commission on Correctional Standards Board. Yolanda Bethea (Citizen Member) asked if a self-nomination was allowed. Executive Director Veronica Moore called for a motion regarding the nomination of Dr. Yolanda Bethea (Citizen Member) to the position of Vice Chairperson. Chairperson Reece made a motion to nominate Dr. Yolanda Bethea to the position of Vice Chairperson of the Commission on Correctional Standards Board and Deputy Director Nelson Reichart seconded the nomination. Executive Director Moore asked if there were any nays concerning the nomination of Dr. Yolanda Bethea as the Vice Chairperson of the Commission on Correctional Standards Board. Executive Director Moore entertained a vote in favor of the nomination of Dr. Yolanda Bethea as the Vice Chairperson of the Commission on Correctional Standards Board. Assistant Attorney General Beverly Hughes made a motion to accept the nomination of Dr. Yolanda Bethea as the Vice Chairperson of the Commission on Correctional Standards Board and Alderman Kelly Russell seconded. Executive Director Moore asked if there were any nays concerning the appointment of Dr. Yolanda Bethea as the Vice Chairperson of the Commission on Correctional Standards Board. The Commission members unanimously voted to appoint Dr. Yolanda Bethea as the Vice Chairperson of the Commission on Correctional Standards Board. Executive Director Moore called for a motion to close the nomination/vote concerning the Vice Chairperson of the Board of the Commission on Correctional Standards and Assistant Attorney General Beverly Hughes seconded.

Chairperson Reece stated that he is looking forward to working with Dr. Bethea. Chairperson Reece assured Dr. Bethea that he attends pretty much every meeting and rarely misses a meeting. Chairperson Reece commented that he would be at most of the meetings with the exception of the meeting scheduled in July of the calendar year, which always seems to fall on the week of his planned vacation. The Commission members extended congratulations to Dr. Yolanda Bethea on her appointment as the Vice Chairperson of the Commission on Correctional Standards Board. Executive Director Veronica Moore turned the meeting over to Chairperson Reece.

Chairperson Reece stated that Executive Director Moore would conduct a Roll Call of the facility representatives as the reports were presented according to the meeting agenda.

6. CONSIDERATION OF FINAL AUDIT REPORTS

• PRINCE GEORGE'S COUNTY DEPARTMENT OF CORRECTIONS

Senior Correctional Program Specialist Brian Raivel presented the audit report regarding the onsite audit conducted at the Prince George's County Department of Corrections on January 10-12, 2023 by Commission staff and five Duly Authorized Inspectors. The Prince George's County Department of Corrections is located in Upper Marlboro, Maryland. The detention center detains male and female, sentenced and pretrial inmates. The facility comes under the administrative authority of County Executive Angela Alsobrooks and is managed daily by Director Correne Labbe'. After a thorough review of the required documentation, the Prince George's County Department of Corrections was found to be in compliance with the majority of the standards for an Adult Detention Center. The identified deficiencies were: 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 February 2020 through January 2023, as required by the standard and Policy 7.2, Tool Control. Records of quarterly inspections which document the condition of the Property Maintenance Inventory for the Tool Box, and the Locksmith Tools were not provided for the audit period of February 2020 through January 2023, as required by the standard and Policy 7.2, Tool Control. A review of the medical files, EPHR, revealed that over 30% of inmates did not receive an initial physical within 14 days of arrival, as required by the standard. An annual Dietary Medical Screening that includes an examination to determine communicable, contagious, and infectious diseases or other health problems and a medical records review did not occur for one inmate dietary worker in 2021, one Aramark staff member in 2020 and another Aramark staff member in 2021, as required by the standard. An annual classification review, for approximately 42% of inmates, who were eligible, was not conducted, 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 used a software program, Power DMS, to share access and allow the remote review of documentation. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. The majority of the inventories and inmate interviews were completed remotely before the on-site portion of the audit. During the audit, primary and secondary documentation was located in a multipurpose room and other documentation was located in specific areas where the function occurred. 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. This high level of organization and preparation allowed the facility to achieve compliance with the standards. The facility tour was conducted by six groups of auditors who were escorted throughout the facility by staff. The auditors noted several sanitation, safety and maintenance issues, during the tour. It was noted that several areas had

dusty vents, or ceiling tiles that were missing or needed repair. Work orders were submitted for numerous plumbing issues to include a leak in the storage area in the Basement/Laundry area, leaking toilets in several cells in H-2, H-10, H-14, H-15, and H-16, clogged sinks and toilets in H-10, and inoperable showers in H-13. Work orders were also submitted for numerous lights not working in all housing units, inoperable wall outlets in H-2, H-12, H-14, H15, and H17 and sanitation and painting issues throughout the facility. A corrective action plan, to address the areas cited from the tour, was received prior to the conclusion of the audit. It was obvious to the auditors that the correctional staff and inmates take pride in facilitating efforts to maintain the sanitation and cleanliness of this facility on a regular, routine and consistent basis. The Maryland Commission on Correctional Standards' staff will conduct a remote monitoring review on compliance documentation, which must be submitted to MCCA by Thursday, August 1, 2024, to assess compliance with the standards found in noncompliance at the audit. Once compliance has been established, the Prince George's County Department of Corrections will be recommended to receive the Recognition of Achievement Award. In conclusion, the staff at the Prince George's County Department of Corrections demonstrated pride in their facility and dedication to the audit process. They have developed and executed successful management strategies that prove to be essential to the daily operations of the department and contribute to inmate, staff and public safety. The Board of Commissioners for Prince George's County continue to provide the necessary encouragement, support and resources.

Chairperson Reece welcomed comments from the representatives of the Prince George's County Department of Corrections. Acting Director Terence Clark said that he did not have any comments. Acting Director Clark expressed appreciation to the audit team for their time spent at the facility and for their hard work. Acting Director Clark stated that the administration and staff look forward to the monitoring visit scheduled in August 2024.

Chairperson Reece welcomed comments and questions from the Commission members. Assistant Attorney General Beverly Hughes asked for clarification regarding Mr. Clark's title. Mr. Clark responded that he is the acting director at the Prince George's County Department of Corrections. Assistant Attorney General Hughes expressed appreciation to Acting Director Clark for his attendance (virtual) and being available to answer questions. Assistant Attorney General Hughes commented that the audit happened in January of 2023 and it is now a year later, January 2024. Assistant Attorney General Hughes commented that she understood that the facility is going to be having another visit in August 2024, but she was curious as to where the facility is now, a year later since the audit on all of the issues. Assistant Attorney General Hughes asked if there were updates on all of the issues. Assistant Attorney General Hughes asked Acting Director Clark if he had a list of the issues in front of him or did she need to go through them. Acting Director Clark responded that he actually had the list of areas where the facility was found non-compliant. Acting Director Clark commented that he was recently appointed as the acting director of the Prince George's County Department of Corrections. Acting Executive Director Clark reported that he came on board December 4, 2023. Acting Director Clark commented that he would defer to a staff member who was actually at the facility during the audit period in order to answer questions posed by Assistant Attorney General Hughes. Colonel Jerome Smith commented that since the time of the audit, they have tried to become compliant with the non-compliant standards. Colonel Smith commented that the

facilities have utilized the processes and policy to abide by the standards. Colonel Smith reported that some of the sanitation and maintenance issues were completed, as well as, other issues. Colonel Smith reported that some of the other issues are still ongoing but, for the most part, he believes that the facility is up to par. Colonel Smith deferred to the former compliance officer, Ms. Alecia Creighton, to directly address where the facility stands concerning the non-compliant standards. Assistant Chief Alecia Creighton reported that the facility is currently in compliance with all of the standards that were found to be non-compliant during the audit. Assistant Chief Creighton commented that the administration/staff look forward to the monitoring in August. Assistant Chief Creighton reported that they have made some corrections. Assistant Chief Creighton reported that an individual was hired, full-time to manage tool control. Assistant Chief Creighton reported that the medical unit has opened, in addition to the medical department. Assistant Chief Creighton referenced that at the previous audit, the facility was actually using two different databases. She reported that they are now using one database in order to track those medical evaluations every 14 days to make sure inmates are completing those 14-day evaluations. Assistant Chief Creighton also reported that they are monitoring to make sure that Aramark staff completes pre-employment physical examinations and annual physical examinations for dietary, and monitoring to make sure that classification is doing their annual reclassifications. Assistant Chief Creighton assured the Commission members that the facility is prepared and looking forward to the monitoring review on August 1, 2024.

Chairperson Reece entertained a virtual motion and vote to approve the audit report as written with the established monitoring date. Assistant Attorney General Beverly Hughes made a motion to approve the audit report as written with the established monitoring date and Deputy Director Nelson Reichart seconded. The unanimous response of silence denoted the approval of the audit report.

- **WASHINGTON COUNTY DETENTION CENTER**

Assistant Executive Director Tanya Joyner presented the audit report regarding the onsite audit conducted at the Washington County Detention Center on February 14-15, 2023 by Commission staff and four Duly Authorized Inspectors. The Washington County Detention Center (WCDC) is located in Hagerstown, Maryland and houses male and female detainees and inmates. The Adult Detention Center is under the administrative authority of Sherriff Brian K. Albert and is managed by Warden Craig Rowe. After a thorough review and assessment of the documentation, the facility was found to be in compliance with the standards for an Adult Detention Center. The identified deficiencies were: Semi-annual facility searches were not conducted throughout the period of 2021 and not in the following areas in 2022, the library, medical and gym, during the audit period, as required by the standard. Documentation of the issue and return of tools was not reflected in records during the audit period of January 2022 through February 2023, as required by the standard. A comprehensive health inspection was not conducted in the Washington County Detention Center's kitchen for the year 2022, as required by the standard. Annual dietary medical screenings were not available for one staff member in 2020 and another staff member in 2020 and 2021, 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, the

administration and staff were available to assist and address questions for the auditors. Primary and secondary documentation was provided, via a Google Teams Drive, and access was granted to the auditors. The Google Teams Drive proved to be very functional for auditing the standards. The audit coordination team was able to facilitate remote reviews, interviews and inventories, during the pre-onsite audit phase. The facility is encouraged to continue to make progress with providing documentation for the remote review component of the audit. Auditors were able to review documentation remotely; however, a significant amount of standard documentation was required for review on site. The administration and staff were prepared for the audit. The information and documentation was easily accessible to the audit team with staff's assistance. The Audit Coordinator and his team also provided documentation, as requested and in a timely manner. During the on-site audit, primary and secondary documentation was located in the multipurpose conference room and other documentation was located in specific areas where the function occurred. Additionally, the Google Teams Drive was accessible to the auditors with provided laptops, which were available in the multipurpose conference room. The emergency plans and post orders address staff and inmate concerns and public safety. Inmate orientation materials cover issues that are relevant to the inmate population. The current manuals of standard operating procedures continue to be instructional to staff, functional and comprehensive. The auditors toured the physical plant on the first day of the audit, in four groups. Minor sanitation and maintenance issues were noted by the auditors. The facility management provided a corrective action plan to verify that repairs were completed and cited issues were resolved. The facility staff provided maintenance work orders for areas which need additional time to address, such as, excessive heat in the female laundry. The facility is under contract and is actively developing, planning, and reviewing proposed renovations of the Washington County Detention Center's physical plant. Those areas that will be affected by the renovations are the existing Female Housing Unit (FHU) and the Detention Administrative Offices. The sanitation and maintenance of the facility continues to be exemplary for an adult detention center and provides a safe and sanitary environment for the staff and inmates. The Maryland Commission on Correctional Standards will conduct a monitoring review of the compliance documentation to be submitted to MCCS, no later than Friday, August 2, 2024, to assess compliance with the noncompliant standards that were noted during the initial audit. Once compliance has been established, the Washington County Detention Center will be recommended to receive the Recognition of Achievement Award. In conclusion, the staff at the Washington County Detention Center continue to operate in accordance with the standards. They strive for compliance with the standards of an Adult Detention Center. The Washington County Commissioners are encouraged to provide the support and the resources necessary to the Washington County Detention Center to achieve total compliance with the standards.

Chairperson Reece welcomed comments from the representatives of the Washington County Detention Center. Warden Craig Rowe expressed appreciation to Executive Director Moore, the MCCS staff and the DAI's. Warden Rowe commented that it is a difficult trek to travel to Washington County. Warden Rowe commented that he appreciated the efforts of the audit team and the job that they do.

Chairperson Reece welcomed questions/comments from the Commission members. Assistant Attorney General Beverly Hughes reiterated that the audit happened in February 2023 and it is now almost a year later, January 2024. Assistant Attorney General Hughes commented

that there were some issues that she wanted to hear from the facility in terms of how they are currently addressing those issues concerning semi-annual facility searches not conducted, tools not being recorded and health inspections needed to be conducted which were all issues that were mentioned during the audit as deficiencies. Assistant Attorney General Hughes asked Warden Rowe to briefly address those issues and the steps that they are taking right now in terms of addressing those issues. Warden Craig Rowe addressed the non-compliance concerning standard .01 J (2) Searches. He reported that the semi-annual facility searches were not conducted in 2021 and 2022 because Sheriff Douglas Mullendore, who was the sheriff at the time of the audit, suspended all those actions due to COVID-19, so they were following his orders, even though they knew that there was an issue with the standards, but Sheriff Mullendore was the boss. Warden Rowe addressed the issue regarding the semi-annual searches regarding the library, medical and gym. Warden Rowe reported that post-COVID-19, once the facility returned to doing the facility searches, they missed it and that was on them. Warden Rowe reported that the semi-annual facility searches have been conducted in 2023 since the audit, and they have a plan in place for 2024 to continue the process. Warden Rowe addressed the non-compliance concerning standard .01 L (5) Tool Control. He reported that the issue of the tools was because the maintenance staff had been documenting the process in a particular way and then changed it and that is what caused the non-compliance. Warden Rowe reported that the issue has been fixed and that should no longer be a problem at the time of the monitoring review. Warden Rowe addressed the non-compliance concerning standard .03 C Health Inspection. Warden Rowe reported that they made multiple calls to the health department to come and do the inspection for 2022 and they did not do it. Warden Rowe reported that subsequently, the health inspection has been done for 2023. Warden Rowe addressed the non-compliance concerning standard .03 E Dietary Medical Screening. Warden Rowe reported that the non-compliance concerning standard .03 Dietary Medical Screenings was a difficult situation between the Aramark food service contractor and the Prime Care medical contractor. Warden Rowe stated that the facility did not have it in the contract that Prime Care would do the physicals and Prime Care refused to do them therefore, the physicals were missed. Warden Rowe reported that the issue has subsequently been addressed as well. Assistant Attorney General Hughes requested a follow-up to be clear regarding standard .01 L (5) Tool Control. Assistant Attorney General Hughes stated that the issue was not that the tools were missing, there just was no documentation or are the tools gone and there is no record of where the tools are? Lieutenant Eric Moats asked if he could elaborate on the issue concerning standard .01 L (5) Tool Control. Lieutenant Eric Moats reported that actually the tools are there. Lieutenant Moats added that the tools have been inventoried. Lieutenant Moats stated that the issue with the documentation stemmed from someone took the liberty to remove the issue date and return times from the documentation. Lieutenant Moats stated that it is not that the tools were not inventoried daily; however, it was just that the times per day were not on the document and that is where the discrepancy or issue arose from. Assistant Attorney General Beverly Hughes raised a question concerning the excessive heat in the women's' dorms. Assistant Attorney General Hughes asked, how hot is it in there? Warden Rowe responded that the area that is being asked about is the laundry area for the female housing unit. Warden Rowe stated that the heat is due to the dryers that are located in the area. Warden Rowe explained that the housing area is a dorm type setup. He further explained that in order to get the heat all the way back to it, it has to pump those old boilers pretty good and the laundry room is right next to the boilers. Warden Rowe commented that it has been difficult to get the required heat that they need back into the back of the housing unit

and keep it regulated in the laundry room. Warden Rowe commented that he believes that is where the problem stemmed from. Assistant Attorney General Hughes asked if there is some kind of cooling system to offset the excessive heat until it is permanently replaced? Assistant Attorney General Hughes asked what is being done in the meantime as far as addressing the issue. Warden Rowe responded that it is in the facility's CIP plan regarding the replacement of all the boilers to include an update and to redo it all. Warden Rowe reported that as of right now everything is still with the architects and in the planning stage; but, it is in the plan. Warden Rowe reported that the maintenance staff have done a number of things to try to mitigate the issue as best they can at this time.

Warden Rowe requested a change to the audit report regarding the name of the sheriff. Warden Rowe reported that at the time of the audit the facility was under the administrative authority of Sheriff Douglas Mullendore. Warden Rowe reported that the facility is currently under the administrative authority of Sheriff Brian Albert.

Chairperson Reece entertained a virtual motion and vote to approve the audit report with the requested modification concerning the current sheriff and the established monitoring date. Assistant Attorney General Beverly Hughes made a motion to approve the audit report with the requested modification and established monitoring date and Vice Chairperson Dr. Yolanda Bethea seconded. The unanimous response of silence denoted the approval of the audit report and the requested modification to the report.

- **SOMERSET COUNTY DETENTION CENTER**

Senior Correctional Program Specialist Brian Raivel presented the audit report regarding the on-site audit at the Somerset County Detention Center conducted on March 7-8, 2023 by Commission staff and one Duly Authorized Inspector. The Somerset County Detention Center, located in Westover, Maryland houses both male and female pretrial and sentenced inmates. The Somerset County Detention Center comes under the administrative authority of the County Commissioner and the daily management of Warden Keith Muir. After a comprehensive and thorough review of the documentation, the Somerset County Detention Center was found to be in total compliance with the standards for an Adult Detention Center. The Somerset County Detention Center has received total compliance with the standards, at the initial MCCS audit. 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 on a Microsoft OneDrive. Remote interviews were conducted with the male and female inmates and most of the remote inventories were conducted as a part of the remote auditing process. The administration and staff were well prepared for the audit. The information and documentation were easily accessible to the audit team with staff's assistance. During the on-site audit, primary and secondary documentation was located in the Administrative Multipurpose room and in specific areas where the function occurred. The administration and staff were available to assist and address questions for the auditors. 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. During the tour, four groups of auditors were escorted throughout the

facility. The physical plant was observed to have a high level of sanitation. A few minor sanitation and maintenance issues were noted by the auditors and all were addressed prior to the conclusion of the audit. Overall, the facility was observed to be well maintained and the cleanliness of the facility demonstrated the commitment of staff to ensure a high level of sanitation. The Somerset County Detention Center has demonstrated their continued commitment to the use of the standards in their daily operations. The Somerset County Detention Center is managed by dedicated staff who take great pride in their facility. The facility has achieved total compliance with all the standards for an Adult Detention Center and is recommended to receive the Recognition of Achievement Award.

Chairperson Reece welcomed comments from the representatives of the Somerset County Detention Center. Acting Warden James Balderson commented that he would like to thank all of the auditors for their professionalism. Acting Warden Balderson commented that it was a pleasure having the auditors at the Somerset County Detention Center.

Chairperson Reece welcomed comments and questions from the Commission members. There were no questions presented by the Commission members.

Chairperson 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 Deputy Director Nelson Reichart seconded. The unanimous response of silence denoted the approval of the audit report and the Recognition of Achievement award. The Commission members congratulated the facility on their achievement of total compliance with the standards for an adult detention center.

- **DORCHESTER COUNTY DETENTION CENTER**

Assistant Executive Director Tanya Joyner presented the audit report concerning the on-site audit conducted at the Dorchester County Detention Center on April 18-19, 2023 by Commission staff and two Duly Authorized Inspectors. The Dorchester County Detention Center is located in Cambridge, Maryland. The facility houses minimum to maximum security, male and female sentenced and pretrial inmates. The detention center is managed daily by Director Kenneth Rodgers, who is under the administrative authority of the Dorchester County Commissioners. After a thorough review of the required audit documentation, the Dorchester County Detention Center was found to be in total compliance with the standards for an Adult Detention Center. After a thorough review of the required audit documentation, the Dorchester County Detention Center was found to be in total compliance with the standards for an Adult Detention Center. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. The facility utilized Google Meet to assist with facilitating remote reviews, interviews and inventories, during the pre-on-site audit phase of the audit. Primary and secondary documentation was provided via a Google Drive and access granted to the auditors. Significant progress was made regarding the review of standard documentation, which allowed for sufficient on-site audit time at the facility to complete further standard reviews. Auditors were provided with documentation, as requested and in a timely

manner. During the on-site audit, primary and secondary documentation was located in the audit coordinator's office, the multipurpose room and other documentation was located in specific areas where the function occurred. The audit coordinator and other correctional staff were available to escort the audit team, answer questions, and provide documentation to auditors, upon request. The current manuals of standard operating procedures were found to be instructional to staff and functional to the needs of the inmates. Emergency plans and post orders addressed staff and inmate concerns and public safety. Inmate Orientation materials addressed those issues important to the inmate population. The facility provided Inmate Handbooks, for review. The facility tour was conducted by 4 groups of auditors to assess the sanitation and maintenance of the facility. There were several repair and maintenance issues cited by the auditors; however, all were addressed and repaired, prior to the audit exit conference. The facility provided a corrective action plan and photos of the repairs. The staff and inmates are committed to maintaining the sanitation and maintenance of the facility. The Dorchester County Detention Center's staff are committed to the audit process and effectively managed the Remote Audit Process. The facility utilizes the standards on a daily basis, as an effective management tool. The facility has maintained this standard of operation and continues to achieve total compliance with the standards for an Adult Detention Center. The County Commissioners should continue to provide the necessary support, resources, and assistance to the facility, in order to maintain this high level of compliance with the standards. The Dorchester County Detention Center is recommended to receive the Recognition of Achievement Award.

Chairperson Reece welcomed comments from the representatives of the Dorchester County Detention Center. Director Don Satterfield expressed appreciation to the MCCS staff and DAI's. Director Satterfield commented that he attended the very first Duly Authorized Inspector training class in the 1990's. Director Satterfield commented that he returned to the Dorchester County Detention Center as the director of the facility in November 2023. Director Satterfield stated that he can attest that the staff at the Dorchester County Detention Center are very professional and dedicated. Director Satterfield commented that the administration and staff look forward to future audits. Director Satterfield assured the Commission members that they will continue to maintain the standards that are required of an adult detention center.

Chairperson Reece welcomed comments and questions from the Commission members. There were no questions presented by the Commission members.

Chairperson Reece entertained a virtual motion and vote to approve the audit report and grant the Recognition of Achievement award. Vice Chairperson Dr. Yolanda Bethea made a motion to approve the audit report and grant the Recognition of Achievement award and Deputy Director Nelson Reichart seconded. The unanimous response of silence denoted the approval of the audit report and the Recognition of Achievement award. The Commission members congratulated the facility on their achievement of total compliance with the standards for an adult detention center. Chairperson Reece welcomed Director Satterfield back to the corrections community.

- **CARROLL COUNTY DETENTION CENTER**

Senior Correctional Program Specialist Brian Raivel presented the audit report regarding the on-site audit at the Carroll County Detention Center conducted on May 16-17, 2023 by Commission staff and two Duly Authorized Inspectors. The Carroll County Detention Center is located in Westminster, Maryland. The detention center houses both male and female pretrial, sentenced and work release inmates classified at the maximum to minimum security levels. The facility operates under the administrative authority of Sheriff James T. DeWees and the daily management of Warden Dennis Strine. After a thorough review of the required audit documentation, The Carroll County Detention Center was found to be in total compliance with the standards for an Adult Detention Center. The Remote Audit Process was initiated for this audit and the facility provided compliance documentation in an external hard drive which was submitted to MCCS. 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, as well as, remote inventories. The administration and staff were prepared for the audit. During the on-site portion of the audit, some primary and secondary documentation was located in the specific areas where the function occurred. The 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. The facility tour commenced on the first day of the audit. The facility tour was conducted by four groups of auditors. Facility staff was assigned to escort the auditors throughout the facility. The facility was found to be clean and in good condition. Minor sanitation and maintenance issues were identified that were addressed, prior to the end of the audit. Work orders were submitted for nonworking lights in several areas of the facility, and a kiosk on unit 50. Overall, the facility was observed to be well maintained and clean. In conclusion, the administration and staff of the Carroll County Detention Center have worked attentively to continue to incorporate standards into the daily operations of the facility. The administration of Carroll County should continue to provide the support and resources necessary to ensure that total compliance is maintained. The Carroll County Detention Center is recommended to receive the Recognition of Achievement Award.

Chairperson Reece welcomed comments from the representatives of the Carroll County Detention Center. Warden Strine thanked the audit team. Warden Strine expressed appreciation to his staff for their diligence and a special thanks to the audit department at the Carroll County Detention Center.

Chairperson Reece welcomed comments and questions from the Commission members. There were no questions presented by the Commission members.

Chairperson Reece entertained a virtual motion and vote to approve the audit report and grant the Recognition of Achievement award. Deputy Secretary Nelson Reichart made a motion to approve the audit report and 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 the Recognition of the Achievement award. The Commission members congratulated the facility on their achievement.

7. CONTINUING BUSINESS

MONITORING REPORTS

- **BALTIMORE CENTRAL BOOKING AND INTAKE CENTER**

Mrs. Cassandra Holdsclaw reported on the monitoring review conducted on July 6, 2023 regarding the Baltimore Central Booking and Intake Center's non-compliant standard. Mrs. Holdsclaw reported that the purpose was to review the standard that was found in non-compliance at the initial audit conducted in May 2022. Mrs. Holdsclaw reported that this was the first monitoring review since the audit. The documentation to substantiate compliance with the standard was submitted via email by Lieutenant Latanya Maynard (Audit Coordinator). The results of the monitoring period from December 1, 2022 through June 1, 2023 was as follows: Standard .03 C Health Inspections was found to be compliant. A comprehensive health inspection was conducted on Baltimore Central Booking Intake Center Dietary Department by the Maryland Department of Health in November 4, 2022, and all noted issues were corrected on site. Inspection reports were reviewed from other regulatory agencies. The Maryland Department of Health and Mental Hygiene conducted a comprehensive Food Service Facility Inspection on November 4, 2022 and all noted violations have been corrected as of June 28, 2023. Dietary Menus were reviewed and approved on April 9, 2023 for the 2023 calendar year by Scott Steininger, Dietician (Lic. #DO1350). The Maryland State Fire Marshal's Office conducted a fire safety inspection on January 6, 2023 all violations have been corrected. A review was conducted of the report submitted by the Maryland Department of Labor, Licensing, and Regulations for a MOSH inspection completed of the facility on September 14, 2021 all violations were corrected. After a thorough review of the requested documentation for the non-compliant standard, the facility was found to be in compliance for an Adult Correctional Institution. The Baltimore Central Booking and Intake Center is recommended to receive the Recognition of Achievement Award.

Chairperson Reece welcomed comments from the representatives of the Baltimore Central Booking and Intake Center. Warden Tyrell Wilson, Sr. expressed appreciation to the MCCS staff for their patience throughout the audit process. Warden Wilson commented that the administration and staff is looking forward to the audit scheduled, in February 2024.

Chairperson Reece entertained a virtual motion to approve the monitoring report concerning the Baltimore Central Booking and Intake Center and grant the Recognition of Achievement award. Assistant Attorney General Beverly Hughes made a motion to approve the monitoring report and grant the Recognition of Achievement award and Vice Chairperson Dr. Yolanda Bethea seconded. The unanimous response of silence denoted the approval of the monitoring report and the Recognition of Achievement award. The Commission members congratulated the administration and staff on the achievement of total compliance with the standards.

- **MARYLAND RECEPTION, DIAGNOSTIC AND CLASSIFICATION CENTER**

Mrs. Cassandra Holdsclaw reported on the monitoring review conducted on June 7, 2023 regarding the Maryland Reception, Diagnostic and Classification Center's non-compliant standards. Mrs. Holdsclaw reported that the purpose was to review the standards that were found in non-compliance at the initial audit conducted in April 2022. Mrs. Holdsclaw reported that this was the first monitoring review since the audit. The documentation was submitted, via the MCCS restrictive U drive and MRDCC 14th Cycle folder, by Sergeant ChiQuana Murry (Audit Coordinator), at the request of MCCS. The results of the monitoring period from December 1, 2022 through June 1, 2023, were as follows: Standard .01 E (6) Security Equipment was found to be compliant. A review was conducted of the Security Equipment Issue and Return forms to determine compliance with the standard. The issue and return records were provided to demonstrate the issuance and return of security equipment, during the monitoring period. Based on the review of the records for the issuance and return of security equipment, it was determined that the documentation meets compliance with the standard. Standard .01 H (1, 4) Supervision of Inmates was found to be compliant. A review of the DPDS Official Count Sheets for each shift for MRDCC buildings proved that the counts were conducted, and documentation was maintained for the monitoring period, as required by the standard. The records of random inmates tested for drugs along with the lab results, showing negative use, demonstrates that MRDCC is drug testing inmates, in accordance with policy and the standard. Standard .01 I Post Orders was found to be compliant. A review was conducted of the MRDCC's Post Sign-Off Sheets for all post orders. The records demonstrate that staff acknowledged reading the various post orders throughout MRDCC, as required by the standard. Standard .01 J (2, 6) Search Procedures was found to be compliant. A review of the Mass Search After Action report and matter of records for the semi-annual searches was conducted. The documentation demonstrates that all living and common areas of the facility were searched. It is recommended that the searches are conducted in the time-period prescribed by both policy and the standard. A review was conducted of the DPSCS Consent to Frisk Search forms for visitor searches, during the monitoring period. This documentation demonstrated that inmate's visitors are being searched upon entry to the facility, as required by the standard. The facility was determined to be compliant with semi-annual and visitor searches, for the monitoring period. Standard .01 K (2, 3, 5) Key Control was found to be compliant. A review was conducted of the Key Master Inventory records which document the quarterly inspections of keys. The Issue and Return forms and the Daily Key Control Inventory and Inspection Sheets for MRDCC for the monitoring period were also reviewed to determine compliance with the standard. The documentation demonstrates that the Key Control and Control Center Officers maintain, organize and file all records concerning facility keys, as required by the standard. Standard .01 L (2, 3, 5) Tool Control was found to be compliant. A review was conducted of the Master Tool Inventory List, the Daily Inventory/Inspection Form and the Daily Tool Issue and Return Form to determine compliance with the standard. The Master Tool Inventory List documents the quarterly inspections of all tools stored at MRDCC. The daily inventory and inspection of tools is noted on the Daily Inventory/Inspection Forms. The Tool Issue and Return Form is used to document the daily issuance and return of tools. The records of the inventory, inspection, and issuance and return of tools were completed and maintained, during the monitoring period, as required by the

standard. Standard .01 M (1) Transportation of Inmates was found to be compliant. A review of the MRDCC motor vehicle licensure check report for 2023 was conducted for staff, who are responsible to transport inmates. The report confirmed that the approved facility drivers were licensed to operate state vehicles, as required by the Department of Budget and Management and by the standard. Standard .02 A Fire Safety Inspection was found to be compliant. The Maryland State Fire Marshal conducted a fire safety inspection, on June 1, 2023, with noted violations. The facility developed a corrective action plan to resolve all violations by July 1, 2023. The completed fire safety inspections were conducted annually, as required by the standard. Standard .02 C (5) Disaster Plans was found to be compliant. The quarterly fire drill reports and accompanying documents were reviewed for the monitoring period. Fire drills were conducted quarterly on each shift, for the entire facility. The reports demonstrated that MRDCC was conducting fire drills, quarterly, as required by the standard. Standard .02 C (7a) Disaster Plans was found to be compliant. The MRDCC Institutional Policy/Procedure Review form, Appendix #1 to General Policy on Publications, was provided for the annual review of the Emergency Operations Plan, dated March 6, 2023. The Emergency Operations Plan, which includes interior diagrams with marked exits and symbols, was reviewed annually, as required by the standard. Standard .02 E (2) Emergency Medical Services was found to be compliant. The Maryland Reception, Diagnostic and Classification Center's First Aid Kit Reports were reviewed, for the monitoring period. The form demonstrates that all first aid kits are being inventoried monthly, as required by the standard. Standard .02 J (3) Control of Medications was found to be compliant. A review was conducted of the submitted documents for the monitoring period, which included the Medication Return Inventory Log, to determine compliance with the standard. The records of the issuance and return of medication substantiated that medications were received and returned from and to the pharmacy, during the monitoring period, as required by the standard. Standard .02 K (3, 4, 6) Control of Medical and Dental Instruments was found to be compliant. A review was conducted of the submitted documents for the monitoring period of the Daily Sharps Inventory, Sharps Inventory and Bulk Sharp Counts to determine compliance with the standard. The records of the inventory, inspection, and issuance and return of medical instruments demonstrated compliance, during the monitoring period, as required by the standard. Standard .02 Q Release Medical Screening was found to be compliant. A review was conducted of the submitted Continuity of Care records for released detainees, during the monitoring period. The records demonstrated that a review of the medical file and the completion of the release medical screening forms were conducted, during the monitoring period, as required by the standard. Standard .03 E Dietary Medical Screening was found to be compliant. Dietary Medical screenings for both staff and inmates were reviewed for the monitoring period. The review consisted of a listing with the start dates of both the dietary staff and the inmates, and the Dietary Medical Screenings. The documentation demonstrates that Dietary Medical Screenings were completed, annually, as required by the standard. Standard .03 I Weekly Dietary Sanitation Inspections was found to be compliant. A review was conducted of the DPSCS Food Service Weekly Sanitation Inspection reports, for the monitoring. The reports demonstrated that the MRDCC kitchen was being inspected weekly for sanitation issues, and those issues were addressed, as required by the standard. Standard .03 J (2, 3, 4) Kitchen Utensils was found to be compliant. The Daily Kitchen Utensil Issue and Return logs, the Daily Inventory logs and the quarterly inspection forms were reviewed for both the Officer's Dining Room (ODR) and the Kitchen Assembly Room. The documentation demonstrates that the issue and return, inventories

and inspections of kitchen utensils were conducted and documented, during the monitoring period, as required by the standard. Standard .04 A (2, 4) Toxic, Caustic and Flammable Materials was found to be compliant. The MRDCC Daily Toxic, Caustic and Flammable Material Sheets for all storage areas of the facility were reviewed for the monitoring period. The forms demonstrated that quarterly inventory and inspections and issuance and disposal of all TCFs were completed, during the monitoring period, as required by the standard. Standard .04 B Weekly Facility Sanitation Inspections was found to be compliant. The Daily Post Inspection Sheets for each post and all areas of the facility were reviewed, for the monitoring period. The documentation demonstrated that weekly sanitation inspections were conducted for the entire facility, as required by the standard. Standard .05 C (5) Legal Matters was found to be compliant. The Legal Call logbook and other documentation was reviewed to assess compliance. The documentation demonstrates that inmates have access to legal calls, during the monitoring period, as required by the standard. Standard .08 D Official Publications/Annual Review was found to be in noncompliance. Documentation was assessed for the monitoring period and it was determined that annual reviews were only available for MRDCC post orders. Records of the annual reviews of the official publications, specifically all policies and procedures and the inmate handbook, were not provided for review for the monitoring. The standard was assessed to be noncompliant. Inspection reports were reviewed from other regulatory agencies. Scott Steininger, Dietician (Lic. #DO1350) reviewed and approved the dietary menus on August 23, 2022. The Maryland Department of Labor, Licensing, and Regulations conducted a MOSH inspection at the facility, on October 11, 2022. The inspection cited eight violations, two of which were abated onsite and the remaining were resolved, by December 22, 2022. The Baltimore City Health Department conducted a comprehensive health inspection on November 4, 2022, with three deficiencies. These deficiencies were corrected, on June 9, 2023. After a thorough review of the secondary documentation for the noncompliant standards, the facility continues to be in non-compliance with standard .08 D Official Publications/Annual Review. Correctional Services Article §8-114 requires that a Letter of Reprimand be issued to the facility for continued noncompliance of a standard for an Adult Detention Center. MCCA will conduct a monitoring review to assess the compliance of standard .08 D Official Publications/Annual Review. The required documentation to substantiate compliance with the standard must be submitted to MCCA for review, no later than Friday, March 22, 2024. The Maryland Reception, Diagnostic and Classification Center must be in compliance with all standards for an Adult Detention Center to be eligible and recommended for the Recognition of Achievement Award.

Executive Director Veronica Moore reported that a modification was necessary regarding the date that was indicated on the original monitoring report regarding the Maryland Reception, Diagnostic and Classification Center. The modification regarding the correct date was made to the monitoring report as reflected above concerning the draft minutes of the 282nd Commission (Remote) Meeting.

Chairperson Reece welcomed comments from the representatives of the Maryland Reception, Diagnostic and Classification Center. Security Chief Yevoncia Boyd stated that Assistant Warden Angelina Boyd-Burrell was unavailable to attend the meeting. Security Chief Boyd stated that she did not have any comments. Security Chief Boyd reported that the facility had begun the process of correcting the non-compliance concerning standard .08 D Official Publication and Annual Review. Chairperson Reece commented that it was evident that the

facility did a lot of work. Chairperson Reece commented that it was outstanding work and they should be proud of themselves. Chairperson Reece asked if the Maryland Reception, Diagnostic and Classification Center was re-purposed. Security Chief Boyd responded that the Maryland Reception, Diagnostic and Classification Center was formerly operating under the Division of Correction. She reported that the Maryland Reception, Diagnostic and Classification Center is now operating under the Division of Pre-trial Detention and Services. Chairperson Reece stated that was a huge transition for the facility. Assistant Attorney General Hughes stated that she echoed the comments of Chairperson Reece. Assistant Attorney General Hughes commented that she reviewed the monitoring report and emphasized that the facility achieved compliance with 20 of the 21 standards, since the initial audit. Assistant Attorney General Hughes commented that she understood the difficulties and challenges that they faced. Assistant Attorney General Hughes commented that the facility looks like they are on the right track to achieve total compliance with the standards. Assistant Attorney General Hughes commented that the Commission looks forward to the monitoring review scheduled on March 22, 2024. Vice Chairperson Dr. Yolanda Bethea thanked the administration/staff for their commitment and continuous work towards compliance.

Chairperson Reece entertained a virtual motion to approve the monitoring report with the established second monitoring date concerning the Maryland Reception, Diagnostic and Classification Center. Assistant Attorney General Beverly Hughes made a motion to approve the monitoring report with the established second monitoring date and Vice Chairperson Dr. Yolanda Bethea seconded. The unanimous response of silence denoted the approval of the monitoring report.

- **WESTERN CORRECTIONAL INSTITUTION**

Mrs. Cassandra Holdsclaw reported on the monitoring review conducted on July 6, 2023, a monitoring review was conducted concerning the Western Correctional Institution. Mrs. Holdsclaw reported that the review was conducted by Auditor LaShawn Payton-Muhammad. The purpose was to review the standards found in non-compliance at the initial audit conducted in April 2022. This was the first monitoring review since the audit. The documentation to substantiate compliance with the standards was submitted, via email, by Sergeant Casey Hardman (Audit Coordinator). The results of the monitoring period from December 1, 2022 through June 1, 2023 were as follows: Standard .02 E (2) Emergency Medical Services was found to be compliant. A review was conducted of the current master list of the vehicle first aid kits at Western Correctional Institution. Staff conducted monthly inventories of the vehicle first aid kits and documented on the Western Correctional Institution Inventory and Inspection Report. The master list and the inventory and inspections records of the monthly inventories of vehicle first aid kits were maintained for the monitoring period, as required by the standard. Standard .02 K (4) Control of Medical and Dental Instruments was found to be compliant. The Crash Cart Inventory records were maintained and reviewed for the monitoring period. The weekly inventories of the contents of the medical crash cart were conducted, during the monitoring period. The replenishment of the contents in the medical crash cart was documented and the records were maintained to demonstrate compliance, as required by the standard.

Standard .03 E Dietary Medical Screenings was found to be compliant. Western Correctional Institution's dietary employees' and dietary inmate workers' Medical Clearance for Food Handling forms were reviewed for the monitoring period. Each dietary staff member assigned to work in the kitchen, had an annual dietary medical screening. All dietary staff were medically cleared to work in the kitchen, as required by the standard. Inspection reports were reviewed from other regulatory agencies. The Maryland State Fire Marshal's Office conducted a fire safety inspection, on April 11, 2023. The inspection noted that all violations were corrected; but, the fire alarm had several issues rendering the system out of service. Western Correctional Institution is currently on a 24 Hour Fire Watch, per orders of the Fire Marshal's Office. The facility's compliance with .02 A will be further assessed at the next M CCS audit. The Maryland Department of Health and Mental Hygiene conducted a comprehensive Food Service Facility Inspection, on April 13, 2023, and all noted violations were corrected. Dietary Menus were reviewed and approved, on April 24, 2022, by Scott Steininger, Dietician (Lic. #DO1350). A review was conducted of the report submitted by the Maryland Department of Labor, Licensing, and Regulations for a MOSH inspection completed, on July 1, 2020. A new MOSH inspection is scheduled for July 31, 2023 once it is completed the report should be submitted to M CCS, once it is received by the facility. After a thorough review of the all required documentation for the three non-compliant standards, the facility was found to be in compliance with all of the standards for an Adult Correctional Institution. The Western Correctional Institution is recommended to receive the Recognition of Achievement Award.

Chairperson Reece welcomed comments from the representatives of the Western Correctional Institution. Warden Ronald Weber expressed appreciation to Executive Director Moore and the M CCS staff for their patience while the facility's issues were being fixed. Warden Weber stated that the administration and staff are looking forward to the audit in March 2024.

Chairperson Reece entertained a virtual motion to approve the monitoring report concerning the Western Correctional Institution and grant the Recognition of Achievement award. Assistant Attorney General Beverly Hughes made a motion to approve the monitoring report and grant the Recognition of Achievement award and Vice Chairperson Dr. Yolanda Bethea seconded. The unanimous response of silence denoted the approval of the monitoring report and the Recognition of Achievement award. The Commission members congratulated the administration and staff on the achievement of total compliance with the standards.

- **JESSUP CORRECTIONAL INSTITUTION**

Ms. Diana Viville reported on the monitoring review conducted on June 6, 2023 regarding the Jessup Correctional Institution's non-compliant standards. Ms. Viville reported that the review was conducted by Officer Tareda Armwood-Faison. Ms. Viville reported that the purpose was to review the standards that were found in non-compliance at the initial audit conducted in November 2022 and this was the first monitoring review since the audit. The documentation to substantiate compliance with the standard were submitted via email, by Sergeant Shanee Jones (Audit Coordinator). The results of the monitoring period from December 1, 2022 through June 1, 2023, were as follows: Standard .02 A Fire Safety Inspection was found

to be compliant. A Maryland State Fire Marshal fire safety inspection was conducted on November 4, 2022. The Fire Marshal found eight deficiencies in which two involved an inoperable fire alarm and sprinkler system. On January 18, 2024, MCCS received a copy of an annual Fire Marshal inspection report, in which a fire safety inspection was conducted on August 28, 2023, by Deputy Fire Marshal Warren Ashbrook. The fire safety inspection report states that there were no fire code violations for use and occupancy found during the inspection at JCI. The facility is determined compliant with the standard for fire safety inspections, during the monitoring period. Standard .02 K (4, 6, 7) Control of Medical and Dental Instruments was found to be compliant. A review was conducted of submitted documents for the JCI Dispensary's Dental Unit and the JCI Intake Unit. The documents included, The Jessup Correctional Institution Master Sharp Inventory Lists, the Daily Inventory/Inspection Forms and the Daily Tool Issue and Return Forms to determine compliance with the standard. The Master Tool Inventory List documented the quarterly/weekly inspections of all sharps/tools stored at JCI Dispensary's Dental Unit and the JCI Intake Unit. Master listings of instruments for both units were provided for the review and a physical remote inventory was conducted to determine accountability. Needles Syringes (Bulk and Active) and the Emergency Bag were also remotely inventoried in the JCI Intake Unit. The daily inventory and inspections of sharps/tools are noted on the Daily Inventory/Inspection Forms, and the Tool Issue and Return Forms were used to document the daily issuance and return of instruments. The records of the inventory, inspection and issuance and return of instruments and needles and syringes were completed and maintained during the monitoring period for the JCI Dispensary's Dental Unit and the JCI Intake Unit, as required by the standard. Standard .03 E Dietary Medical Screenings was found to be compliant. The DPSCS Inmate Education Food Service Kitchen Detail forms were reviewed and cross checked with the inmate kitchen worker detail list. All inmate dietary workers had a dietary medical screening during the monitoring period, as required. The Correctional Dietary Officer list for JCI was cross checked with the Employee Medical Clearance for Food Handling forms. standard. All CDO's had a dietary medical screening during the monitoring period, as required by the standard. Standard .03 I Weekly Dietary Sanitation Inspections was found to be compliant. A review was conducted of the Jessup Correctional Institution's weekly dietary inspections. The weekly sanitation report verified that the staff was completing the necessary inspections, during the monitoring period. Based on a thorough review of the documentation, the weekly dietary sanitation inspections were conducted, as required by the standard. Standard .04 A (2) Toxic, Caustic and Flammable Materials was found to be compliant. A review was conducted of the Jessup Correctional Institution's quarterly inspections of toxic, caustic and flammable materials must be conducted in all stored areas. The records were maintained, as required by the standards. Inspection reports were reviewed from the other regulatory agencies. The Maryland Department of Mental Health and Hygiene conducted a comprehensive inspection of the Dietary Department on December 14, 2022 with noted violations. A corrective action plan was developed to address the cited violations by the health department. The menus were reviewed and approved by Scott Steininger, Dietician (Lic. #DO1350), on March 4, 2023. The MOSH Inspection was conducted on March 4, 2022, which noted five violations. The five violations were abated on May 20, 2022. After a thorough review of the secondary documentation for the five non-compliant standards, the facility was found to be in compliance with all the standards for an Adult Correctional Institution. The Jessup Correctional Institution is recommended to receive the Recognition of Achievement Award.

Chairperson Reece welcomed comments from the representatives of the Jessup Correctional Institution. Warden Robert Dean expressed appreciation to the M CCS staff for the assistance provided concerning compliance with the standards.

Chairperson Reece entertained a virtual motion to approve the monitoring report concerning the Jessup Correctional Institution and grant the Recognition of Achievement award. Assistant Attorney General Beverly Hughes made a motion to approve the monitoring report and grant the Recognition of Achievement award and Vice Chairperson Dr. Yolanda Bethea seconded. The unanimous response of silence denoted the approval of the monitoring report and the Recognition of Achievement award. The Commission members congratulated the administration and staff on the achievement of total compliance with the standards.

- **CECIL COUNTY DETENTION CENTER**

Ms. Diana Viville reported on the monitoring review conducted on November 17, 2023 regarding the Cecil County Detention Center's non-compliant standards. Ms. Viville reported that the review was conducted by Officer Tareda Armwood-Faison. Ms. Viville reported that the purpose was to review the standards that were found in non-compliance at the initial audit conducted in April 2022. Ms. Viville reported that this was the first monitoring review since the audit. The documentation to substantiate compliance with the standards was submitted via email, by Lieutenant William Jolly (Audit Coordinator), at the request of M CCS. The results of the monitoring period from February 1, 2023 through August 1, 2023 were as follows: Standard .03 E Dietary Medical Screening was found to be compliant. A list of Aramark dietary employees and inmate dietary workers from Cecil County Detention Center kitchens were reviewed to determine compliance with the standard. The dietary medical screenings of the employees and inmates were reviewed for the monitoring period. The documentation demonstrated that both dietary staff and inmates assigned to work in the dietary department received dietary medical screenings and were medically cleared, as required by the standard. Standard .03 J (2, 3, 4) Kitchen Utensils was found to be compliant. The Daily Kitchen Utensil Issue and Return logs, the Daily Inventory logs and the quarterly inspection forms were reviewed for the Kitchen. The documentation demonstrates that the issue and return of kitchen utensils was documented properly during the monitoring period. The Daily Inventory logs and quarterly inspections forms of kitchen utensils indicated that the utensils were inventoried daily and inspected quarterly, as required by the standard. Standard .04 H Inmate Laundry Services was found to be compliant. A review was conducted of Cecil County Detention Center's records of weekly laundry exchange. The forms listed the housing location and provided the date and time when the laundry was exchanged. The review of this documentation demonstrated accountability for the entire monitoring period for inmate laundry exchange, as required by the standard. Standard .06 A (4) Classification was found to be compliant. A review was conducted of the automated records for the initial classification for each detainee, admitted during the monitoring period. The assessment determined that each detainee was initially classified within seven days of admission to the facility, as required by the standard. Inspection reports were reviewed from other regulatory agencies. The Maryland State Fire Marshal conducted a fire inspection on September 30, 2022, with no cited violations. The Maryland Department of Health and Mental

Hygiene conducted a food service facility inspection on November 9, 2021, with no cited violation. However, a current comprehensive Health Department Inspection was not conducted for 2022, and as of the monitoring review, a comprehensive health inspection had not been conducted for 2023. The compliance with this standard will be determined at the next MCCC audit. Dietary menus were reviewed and approved on June 29, 2023 by Julie Duckendorff, Dietician (Lic. #710510). The Maryland Department of Labor, Licensing, and Regulations conducted a MOSH inspection at the facility on April 6, 2022. The inspection cited four violations, three of which were abated on site. The fourth violation was corrected on April 6, 2022. After a thorough review of the secondary documentation for the four non-compliant standards, the facility was found to be in compliance with all of the standards for an Adult Detention Center. The Cecil County Detention Center is recommended to receive the Recognition of Achievement Award.

Chairperson Reece welcomed comments from the representatives of the Cecil County Detention Center. Major Matthew Carr thanked the Commission for keeping the facility “on their toes”. Major Carr commented that the administration and staff are looking forward to the next audit.

Chairperson Reece entertained a virtual motion to approve the monitoring report concerning the Cecil County Detention Center and grant the Recognition of Achievement award. Assistant Attorney General Beverly Hughes made a motion to approve the monitoring report and grant the Recognition of Achievement award and Deputy Secretary Nelson Reichart seconded. The unanimous response of silence denoted the approval of the monitoring report and the Recognition of Achievement award. The Commission members congratulated the administration and staff on the achievement of total compliance with the standards.

- **ALLEGANY COUNTY DETENTION CENTER**

Ms. Diana Viville reported on the monitoring review conducted on September 7, 2023 regarding the Cecil County Detention Center’s non-compliant standards. Ms. Viville reported that the purpose was to review the standards that were found in non-compliance at the initial audit conducted in June 2022. Ms. Viville reported this was the first monitoring review since the audit. The documentation, provided in order to substantiate compliance with the standards, was submitted via email by Officer Iosefa Pua’auli (Audit Coordinator). The results of the monitoring period from February 1, 2023 through August 1, 2023 were as follows: Standard .03 C Health Inspections was found to be compliant. A comprehensive health inspection was conducted on the Allegany County Detention Center Dietary Department by the Maryland Department of Health, on March 23, 2023. The noted issue cited upon inspection was corrected on site, the same day. Standard .03 E Dietary Medical Screenings was found to be compliant. The Allegany County Detention Center dietary employees’ Medical Clearance for Food Handling forms were reviewed for each dietary staff member assigned to work in the kitchen. All dietary staff received a dietary medical screening and were medically cleared to work in the kitchen, as required by the standard. Inspection reports were reviewed from other regulatory agencies. The Office of the State Fire Marshal conducted a fire safety inspection on March 9, 2023. One issue was noted from the inspection which was corrected the same day. Dietary menus were reviewed and

approved on June 9, 2023 by Julia Dunnigan, Dietician (Lic. #DX4883). A review was conducted of the report submitted by the Maryland Department of Labor, Licensing, and Regulations for a MOSH inspection completed, on March 22, 2023. There was one issue cited which was corrected on site the same day. After a thorough review of all requested documentation from Allegany County Detention Center for the two non-compliant standards, the facility was found to be in compliance with all of the standards for an Adult Detention Center. The Allegany County Detention Center is recommended to receive the Recognition of Achievement Award.

Chairperson Reece welcomed comments from the representatives of the Allegany County Detention Center. Captain Dan Lasher commented that his team had no apprehension concerning the audit. He commented that the administration was accepting of the non-compliances at the initial audit.

Chairperson Reece entertained a virtual motion to approve the monitoring report concerning the Allegany County Detention Center and grant the Recognition of Achievement award. Assistant Attorney General Beverly Hughes made a motion to approve the monitoring report and grant the Recognition of Achievement award and Vice Chairperson Dr. Yolanda Bethea seconded. The unanimous response of silence denoted the approval of the monitoring report and the Recognition of Achievement award. The Commission members congratulated the administration and staff on the achievement of total compliance with the standards.

Assistant Attorney General Beverly Hughes noted that seven facilities were approved for the Recognition of Achievement award. Assistant Attorney General Hughes commented that it was an outstanding achievement for those facilities. Assistant Attorney General Hughes commented that those facilities that did not quite make it, they can see what it takes to achieve 100% compliance. Assistant Attorney General Hughes commented that the Commission Board looks forward to the monitoring reports for those facilities and the awarding of the Recognition of Achievement award.

8. NEW BUSINESS

No New Business was presented at the meeting.

9. ANNOUNCEMENTS

No Announcements were presented at the meeting.

10. ADJOURNMENT

Chairperson Reece entertained a motion to adjourn the 282nd Commission (Virtual) Meeting. Vice Chairperson Dr. Yolanda Bethea made a motion to adjourn the meeting and Assistant Attorney General Beverly Hughes seconded. The 282nd Commission (Remote) Meeting concluded at 11:40 a.m. Chairperson Reece thanked the attendees from the facilities for logging on and joining the virtual meeting. Chairperson Reece thanked everyone for their commitment to corrections across the correctional community. Chairperson Reece thanked Executive Director Moore and the MCCS staff for their efforts and excellent work concerning the standards. Executive Director Moore expressed appreciation to everyone for their attendance. Executive Director Moore acknowledged the work of her staff and stated that the staff did a great job!