



Department of Public Safety and Correctional Services

Maryland Commission on Correctional Standards

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ENTRY SERVICES

THOMAS REECE
CHAIRPERSON

VERONICA D. MOORE
EXECUTIVE DIRECTOR

280th Commission (Virtual) Meeting

March 30, 2023

Minutes

MEMBERS PRESENT:

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

Terry Kokolis, Director, Talbot County Department of Corrections, Vice Chairperson
Delores Alexander, Citizen Member

Annie Harvey, Commissioner, Division of Corrections (Acting DSA)

Laura Allen, Budget Analyst, Department of Budget and Management, Representing
Secretary Helene T. Grady

Beverly Hughes, Assistant Attorney General, representing Attorney General
Anthony G. Brown

Dionne Randolph, Commissioner, Division of Pretrial Detention Services

Nelson Reichart, Deputy Director, Department of General Services, Representing
Atif Chaudhry

STAFF PRESENT:

Veronica Moore, Executive Director

Tanya Joyner, Assistant Executive Director

Nicole Brown, Senior Correctional Program Specialist

Brian Raivel, Correctional Program Specialist

Officer Tareda Armwood-Faison

LaDonna Newman, Management Associate

VIRTUAL GUESTS:

Chief of Staff Anthony Gaskins, DPSCS

Facility Administrator Daniel Ogunmodede, Youth Detention Center

Officer Ashley Wright, Youth Detention Center

Warden Debora Darden, Metropolitan Transition Center

Assistant Warden Angelina Boyd, Metropolitan Transition Center

Warden David Greene, Maryland Correctional Pre-Release System

Assistant Warden Lorelei Sattler, Dorsey Run Correctional Facility

Sergeant June McClellan, Dorsey Run Correctional Facility

Facility Administrator James Sprecher, Central Maryland Correctional Facility
Captain Lance Bernhard, Central Maryland Correctional Facility
Officer Barry Jenkins, Central Maryland Correctional Facility
Acting Warden William Bailey, Eastern Correctional Institution
Acting Assistant Warden Monika Brittingham, Eastern Correctional Institution
Acting Captain Latoya Milligan, Eastern Correctional Institution
Officer Shanaeya Christian, Eastern Correctional Institution
Facility Administrator John Milligan, Eastern Correctional Institution-Annex
Warden Gregory Werner, Maryland Correctional Institution-Hagerstown
Assistant Warden Laura Golliday, Maryland Correctional Institution-Hagerstown
Lieutenant Joshua Shaw, Maryland Correctional Institution-Hagerstown
Warden William Bohrer, Maryland Correctional Training Center and Annex
Assistant Warden Bethany Cornachia, Maryland Correctional Training Center and Annex
Facility Administrator James Wilson, Maryland Correctional Training Center and Annex
Security Chief Joseph Lohman, Maryland Correctional Training Center and Annex
Lieutenant Foust, Maryland Correctional Training Center and Annex
Lieutenant Geneva Moats, Maryland Correctional Training Center and Annex
Warden Mary Ann Thompson, St. Mary's County Detention and Rehabilitation Center
Deputy Warden Michael Pilkerton, St. Mary's County Detention and Rehabilitation Center
Captain George Hayden, St. Mary's County Detention and Rehabilitation Center

The Maryland Commission on Correctional Standards held the 280th Commission Meeting (Virtual Meeting) via Google Meet. The agenda was as follows:

1. Welcome/Introduction/Remarks
2. Approval of Minutes, January 26, 2023
3. Chair's Comments
4. Executive Director's Comments
5. Nomination/Vote for Chairperson
6. Consideration of Final Reports
 - Youth Detention Center
 - Metropolitan Transition Center
 - Dorsey Run Correctional Facility
 - Central Maryland Correctional Facility
 - Eastern Correctional Institution-Annex
 - Eastern Correctional Institution
 - Maryland Correctional Training Center/Annex
 - St. Mary's County Detention and Rehabilitation Center
7. Continuing Business
 - Appeal Hearing-MCI-H
8. Announcements
9. Adjournment

1. WELCOME/INTRODUCTION/REMARKS

Chairperson T.D. Reece officially called to order the 280th Commission (Virtual) Meeting at 10:00 AM. Chairperson Reece welcomed everyone to the 280th Commission (Virtual) Meeting. 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 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 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 audit 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 by a M CCS 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 in the near future. 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 of the Commission members. The Roll Call of the Commission members was followed by a Roll Call regarding the attendance of the facility representatives and M CCS staff who were present at the virtual meeting.

**Assistant Attorney General Hughes reported that at the previous Commission meeting, she represented Attorney General Brian Frost and now she represents Attorney General Anthony Brown.

2. APPROVAL OF MINUTES – JANUARY 26, 2023

Chairperson T.D. Reece entertained a virtual motion/vote on the approval of the Minutes regarding the January 26, 2023 meeting. Vice Chairperson Terry Kokolis made a motion to approve the Minutes of the January 26, 2023 virtual meeting and Citizen Member Delores Alexander seconded. The unanimous response of silence denoted the approval of the Minutes of the January 26, 2023 Commission (Virtual) meeting.

3. CHAIR'S COMMENTS

Chairperson Reece stated that he did not have any comments. Chairperson Reece stated that he would move on to the Executive Director's comments.

4. EXECUTIVE DIRECTOR'S COMMENTS

Executive Director Veronica Moore introduced and welcomed to the Maryland Commission on Correctional Standards team, Senior Correctional Program Specialist Ms. Nicole Brown. Executive Director Moore stated that Ms. Brown joins the department with a number of years of experience in Corrections. Executive Director Moore stated that Ms. Brown joined the MCCA team on February 8, 2023. The Commission members welcomed Ms. Brown to the Maryland Commission on Correctional Standards. Executive Director Moore reported the audit of the Eastern Correctional Institution and Eastern Correctional Institution-Annex reports that would be heard today that represent the conclusion of the audits for 2020-2021 that were cancelled during the pandemic. Executive Director Moore stated that the conclusion of the ECI and ECI –Annex audits closes the chapter on all of the audits that the MCCA staff had to work through during that time and had to be rescheduled within an existing audit schedule. Executive Director Moore stated that it was a tremendous feat for the facilities around the state as well as MCCA today. Executive Director Moore emphasized that it was important to note all of the hard work of the audit coordinator staff, the Duly Authorized Inspectors and MCCA staff during that period of time. Executive Director Moore stated that she is always thankful to support of the managing officials throughout the state during that time as well. Executive Director Moore reminded everyone that MCCA is continuing with the Remote Audit Process. Executive Director Moore reported that MCCA would evaluate the process as the 15th audit cycle concludes. Executive Director Moore commented that she is hopeful that we will continue the creativity that we have seen and the resources for staff as the remote process continues. Executive Director Moore advised everyone that the MCCA audit schedules for fiscal year 2023 and 2024 are available online on the MCCA webpage, as well as the MCCA Standards Manual. Executive Director Moore announced that the DAI Training is scheduled for May 23, 2023. Executive Director Moore reported that there here have been some notices that have gone out for this training in order for managing officials to register their staff for the training. Executive Director Moore announced that there will be another training scheduled in October 2023. Executive Director Moore stated that MCCA again would send out notices concerning the training. Executive Director Moore stated that MCCA continues to search for auditors as well to join the MCCA team. Executive Director Moore reported that MCCA has a contractual position. Executive Director Moore reported that MCCA has asked MCAA to post the position for MCCA, as well as online and as well as individuals can contact her, if they are interested in the position. Executive Director Moore also thanked the Commission itself, especially the Chair, Mr. Reece and Vice Chair, Mr. Kokolis for their support throughout the 15th audit cycle, which was tremendously challenging for us all during the pandemic and auditing the scheduled audits as well as those that had to be rescheduled within that audit cycle. Executive Director

Moore stated that the audit cycle has come with learned experiences by the pandemic, of course, but most importantly, we made it through it with a new perspective on the audit process. Executive Director Moore commented that moving forward, MCCA will look at having the Commission meetings held in person and hopefully with a mix of hybrid meetings.

5. NOMINATION/VOTE FOR CHAIRPERSON

Chairperson Reece inquired about the status of the Nomination/Vote for Chairperson. Assistant Attorney General Beverly Hughes raised a question. Assistant Attorney General Hughes asked Chairperson Reece if he wished to continue as the Chair of the Commission Board of the Commission on Correctional Standards. Chairperson Reece commented that he did not have much experience regarding the process regarding the nomination/vote for Chairperson. Chairperson Reece stated that he received a notice that his services on the Commission Board were no longer needed. Chairperson Reece stated that it was his understanding that the Governor's Office was moving on to selecting someone else for the position. Chairperson Reece commented that he believed the same was the case with Mr. Kokolis. Chairperson Reece asked Executive Director Moore to provide clarification regarding the nomination process and how the board is proceeding from this point. Executive Director Moore stated that there would be some changes regarding the memberships for members soon. Executive Director Moore stated that it has been communicated to her that a number of the members are expected to be in place, hopefully, but she would really like to table the matter. Assistant Attorney General Hughes stated that she was going to recommend that the nomination/vote for chairperson is tabled until more information is received regarding the members. Executive Director Moore requested that the matter is tabled until additional information is received regarding the changes concerning the board members. Chairperson Reece stated that he was going by the agenda and was in agreement with the matter being tabled until more information is received by Executive Director Moore regarding the new members. Chairperson Reece stated that he would move on with the agenda.

Chairperson Reece called for a motion to table the Nomination/Vote for Chairperson of the Board of the Commission on Correctional Standards. Assistant Attorney General Beverly Hughes made a motion to table the Nomination/Vote for Chairperson and Citizen Member Delores Alexander seconded. The unanimous response of silence denoted the approval to table the Nomination/Vote for Chairperson of the Board of the Commission on Correctional Standards.

6. CONSIDERATION OF FINAL AUDIT REPORTS

• YOUTH DETENTION CENTER

Correctional Program Specialist Brian Raivel presented the audit report regarding the onsite audit conducted at the Youth Detention Center on May 16-17, 2022 by Commission staff and two Duly Authorized Inspectors. The Youth Detention Center opened in September 2017 and serves as a separate institution within the Division of Pretrial and Detention Services. YDC is a three-story, dormitory style, juvenile detention facility located in Baltimore, Maryland. The

facility houses male and female detainees and inmates under the age of 18, who have been waived from juvenile court to criminal court and/or alleged to have committed or have been convicted of an exclusionary offense. The security levels are maximum to pre-release. At the time of the audit, there were no female detainees. The Youth Detention Center is under the authority of Commissioner Dionne Randolph and is managed daily by Facility Administrator Daniel Ogunmodede. After a thorough review of the required documentation, the Youth Detention Center was found to be in substantial compliance with the majority of the standards for an Adult Detention Center. The identified deficiencies were: Semi-annual searches of the inmate living and activity areas were not conducted, during the audit period, as required by the standard. The Youth Detention Center's Emergency Evacuation plans, which includes a copy of the building interior diagram that shows marked exits and symbols, were not reviewed annually, during the audit period, as required by the standard. Weekly dietary sanitation inspections were not conducted during July and August 2019 and July, August and December of 2021 of the audit period, as required by the standard. Annual reviews of all policies, procedures, post orders, emergency plans, orientation handbooks, and manuals were not conducted, during the 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 by the auditors. The facility provided compliance documentation for review on the M CCS U drive and the YDC Restrictive Folder. 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, to conduct remote inventories and provide the majority of documentation for the standards. During the audit, primary and secondary documentation was located in the audit coordinator's office, the roll call room. 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. The auditors toured the facility in four groups, escorted by the facility staff. Overall, the facility was found to be in exceptional condition, on the day of the audit. No deficiencies were found during the on-site tour and the facility was found to be orderly and sanitary. 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	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 part of this report for the DPSCS MFR 2022 fiscal year reporting requirements. The Maryland Commission on Correctional Standards will conduct a monitoring review of the required documentation to be submitted to M CCS, no later than Wednesday, October 11, 2023. Once the compliance has been determined, the Youth Detention Center will be recommended to receive the Recognition of Achievement Award. In conclusion, the Youth Detention Center is managed by professional, experienced and dedicated

staff who strive to integrate the standards into the daily operations of the facility. The Department of Public Safety and Correctional Services should continue to provide the needed support and resources to achieve total compliance with the standards for an Adult Detention Center.

Chairperson Reece welcomed comments from the representatives of the Youth Detention Center. Assistant Warden Angelina Boyd commented that the administration of the Youth Detention Center appreciated the auditors coming to the facility to conduct the audit. Assistant Warden Boyd commented that as it was stated some of the documents that were not scanned to the U drive were eventually located inside of the audit lieutenants' office. Assistant Warden Boyd stated that the administration and staff were appreciative of the audit and they are documenting and submitting the corrective action plan moving forward.

Chairperson Reece welcomed comments and questions from the Commission members. Assistant Attorney General Hughes stated that she would like some word clarity concerning the corrective action plan moving forward. Assistant Attorney General Hughes referenced the audit results and requested a detailed explanation for each non-compliance point-by-point. Assistant Attorney General Hughes raised a question regarding the non-compliance cited for standard .01 J concerning the semi-annual searches of the inmate living and activity areas. Assistant Attorney General Hughes asked if the semi-annual searches were conducted of the inmate living and activity areas and if not why were the semi-annual searches not conducted. Assistant Attorney General Hughes asked what is the corrective action moving forward that the facility has in place regarding standard .01 J Search Procedures. Assistant Warden Boyd responded that there was a change in the leadership at the Youth Detention Center. Assistant Warden Boyd commented that the facility had a change regarding the Facility Administrator and it was some other internal changes and there were some things that went by the wayside. Assistant Warden Boyd reported that the non-compliance was observed and corrected through a corrective action plan after the team had a meeting to ensure that the facility is aware that every year annually the semi-annual search of the inmate living and activity areas are conducted. Assistant Attorney General Hughes requested that Assistant Warden Boyd address each non-compliance. Assistant Attorney General Hughes referenced standard .02 C 7(a) Disaster Plans regarding Emergency Evacuation Plans, which includes a copy, the building interior diagram that shows marked exits and symbols were not received annually during the other period as required. Assistant Warden Boyd responded that the non-compliance was in reference to the evacuation plan. Assistant Warden Boyd said that the facility had to get the master plan design concerning the building. Assistant Warden Boyd stated that Ms. Kate Dixon was in charge of capital construction and Ms. Dixon had since retired. Assistant Warden Boyd reported that new staff members were on the team as well and they were having difficulties actually locating and finding out who was responsible for the emergency evacuation plans. Assistant Attorney General Hughes asked has someone been assigned the responsibility of ensuring and maintaining the emergency evacuation plans. Assistant Warden Boyd reported that Mr. John Green is now assigned to handle disaster plans. Assistant Warden Boyd reported that Mr. Green is working with another staff member and they are getting the specs regarding the emergency evacuation plans together in order to submit the work order to MCE. Assistant Attorney General Hughes requested an explanation regarding the standard concerning .03 I Weekly Dietary Sanitation Inspections that were not conducted

during July and August 2019 and August and December 2021. Assistant Warden Boyd responded that documentation was not available in order to determine compliance. She stated that when the dietary staff was asked about it, they said, that they conducted them. Assistant Warden Boyd commented that if it is not written it does not stand and there was no documentation for that period. Assistant Attorney General Hughes stated to Assistant Warden Boyd that she probably would not be able to address that because there was no documentation for that period at all. Assistant Warden Boyd reported that she spoke with the Regional Dietary Director (Ms. Hicks) and explained to her that if they do not have it documented and they cannot produce the documentation, the result is they do not have it and it does not stand. Assistant Attorney General Hughes asked is there a process in place moving forward to make sure that is not a recurring non-compliance. Assistant Attorney General Hughes commented that she is aware that some divisions are moving more to electronic processes as well as paper documents. Assistant Warden Boyd response was yes, regarding the facility looking into moving towards an electronic process regarding maintaining documentation. Assistant Attorney General Hughes asked is there any way moving forward that there is a way to not only have the hard copy, but at least have everything in an electronic form in the event, like this situation where the documentation can always be retrieved. Assistant Warden Boyd responded that it is absolutely possible to maintain the documentation in an electronic form. Assistant Warden Boyd commented that when MCCS introduced the U drive, the facility found that to be the remedy and the corrective action because it can be scanned into the computer for electronic copies. Assistant Attorney General Hughes requested an explanation regarding standard .08 D Official Publications/Annual Reviews concerning the annual reviews of all policies procedures, post orders, emergency plans, orientation handbooks and manuals were not conducted during the audit period, as required by the standard. Assistant Attorney General Hughes commented that standard .08 D Official Publication/Annual Review is really important. Assistant Warden Boyd commented that as stated before in her explanation regarding the first standard, the Youth Detention Center did experience a transition from a new facility administrator as well as internal moves and transitions. Assistant Warden Boyd stated that the issues regarding standard .08 D Official Publication/Annual Review is one of the things that the facility identified and immediately rectified. Assistant Warden Boyd commented that they had a regional audit coordinator (Major Tennille Johnson) and she came in with the team to assist to ensure that the Official Publication/Annual Reviews were completed. Assistant Attorney General Hughes commented that was really great because it is really important to have them done. Assistant Attorney General Hughes commented that she understands that the administration and staff have a lot on their hands. Assistant Attorney General Hughes commented that it is great that the administration recognizes the issues and is trying to address them moving forward. Assistant Attorney General Hughes stressed that the policies procedures and handbooks are extremely important for everyone so that individuals coming through the facility will know what is going on. Assistant Warden Boyd agreed with the comments of Assistant Attorney General Hughes. Assistant Attorney General Hughes commented that she cannot explain enough how important that is. Assistant Warden Boyd responded that she understood completely the importance of maintaining the policies and procedures. Assistant Warden Boyd expressed appreciation to Assistant Attorney General Hughes for her comments and the opportunity to address the non-compliances. Vice Chairperson Terry Kokolis raised a question regarding standard .01 J Search Procedures. Vice Chairperson Kokolis asked if the security searches were not completed or were

the security searches not recorded for the three year audit period. Assistant Warden Boyd responded that they just were not documented. Assistant Warden Boyd added that the staff were doing facility searches; but, according to the policy, it is annually. Assistant Warden Boyd commented that it should be a whole overview of facility searches, so the staff conducts the searches daily; but, before that semi-annual search to fulfill the audit requirement. However, it was not documented. Vice Chairperson Kokolis asked if the same question holds through for the emergency evacuation plans. Vice Chairperson Kokolis stated that the signs on the wall are one thing; but, the actual assimilated evacuation of inmate housing units is something different. Vice Chairperson Kokolis asked were they completed during the audit period. Assistant Warden Boyd responded that the facility did not have the EOC drills and they were evacuation plans which were included inside of the annual drills. Assistant Warden Boyd reported that as far as the schematics were concerned regarding the blueprints of the building, they did not have that in writing and updated. Vice Chairperson Kokolis asked if the fire drills was the part of the standard that the facility did not comply with during the audit. Assistant Warden Boyd responded, yes that was correct.

Chairperson Reece entertained a virtual motion and vote to approve the audit report as written 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 Citizen Member Delores Alexander seconded. The unanimous response of silence denoted the approval of the audit report. Commissioner Annie Harvey requested a recusal regarding the vote to approve the audit report.

Chairperson Reece inquired about the status of a quorum concerning the Commission Members with the recusal of Commissioner Harvey (State Facilities) and Commissioner Dionne Randolph (DPSCS Facilities). Executive Director Moore advised Chairperson Reece that a quorum remained with the two members' request for a recusal from the voting process regarding facilities that fall under the area of responsibility concerning the Division of Correction and the Division of Pretrial Detention and Services.

- **METROPOLITAN TRANSITION CENTER**

Correctional Program Specialist Brian Raivel presented the audit report regarding the onsite audit conducted at the Metropolitan Transition Center on May 23-26, 2022 by Commission staff and two Duly Authorized Inspectors. The Metropolitan Transition Center (MTC) is located in Baltimore, Maryland. The Metropolitan Transition Center houses male pre-trial inmates. The facility is under the administrative authority of the Commissioner Dionne Randolph and was formerly managed by Warden Simon Wainwright. Warden Deborah Darden is the interim managing official at MTC. After a thorough review of the required documentation, the Metropolitan Transition Center was found to be in compliance with the majority of the standards for an Adult Detention Center. The identified deficiencies were: Semi-annual facility searches were not conducted twice a year for inmate living and activity areas for the audit period of January 1, 2018 through August 1, 2020, as required by the standard. Motor Vehicle Administration record checks were not available for the audit period of November 1, 2017–August 1, 2020 for approved staff drivers who transport inmates, as required by the Department

of Budget and Management and the standard. There were no inspections conducted by the Maryland State Fire Marshall for the entire audit period of November 1, 2017 – August 1, 2020, as required by the standard. The fire alarm system has been inoperable since January 2011 and MTC has continued on a Fire Watch Plan, since 2011. Annual reviews of the facility's disaster plans were not available for the audit period of November 1, 2017 – August 1, 2020, as required by the standard. A Maryland Department of Health comprehensive health inspection was not conducted on the MTC Kitchen for the year 2019, as required by the standard. Pre-employment dietary medical screenings for four staff in 2019 and one in 2020 along with annual dietary medical screenings for three staff were not conducted, as required by the standard. Dietary medical screenings were also not conducted on two inmate workers in 2017, three inmate workers in 2018 and three inmate workers in 2019, as required by the standard. There were no records of quarterly vermin/pest control for 2020, and no records of weekly trash removal for the entire audit period of November 1, 2017 – August 1, 2020, as required by the standard. The semi-annual inventory of inmate property was not conducted in 2018 and was only conducted once in 2020, instead of twice, as required by the standard. Records were not available for the annual reviews of the official publications for the audit period of November 1, 2017 – August 1, 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 MCCA U drive and the MTC restrictive folder developed to facilitate the remote audit process. The remote auditing process was challenged by minimal documentation being available in the MTC 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 at the JI Building, the Assistant Warden'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. Five teams of auditors conducted the facility tour, and five facility staff were assigned to escort auditors throughout the complex. On the day of the tour, the facility was found to be in substandard conditions. Some deficiencies noted by auditors consisted of the following: an inoperable fire alarm system, several stained and damaged ceiling tiles, inoperable bathroom toilets, numerous lights out in the dorm rooms and other areas, peeling paint and a flooded officers' dining room. For the majority of these issues, the management was required to submit a corrective action plan, work orders and requisitions, due to the need for additional time for repair. Sanitation and maintenance issues must be consistently monitored with supervision, oversight, and follow-up in order to ensure the areas are properly addressed and a safe and sanitary environment exists for facility staff and inmates. 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	88%
• Percent of applicable inmate well-being standards met	
* Medical, dental and mental health	100%
* Food Service	80%
* Housing and Sanitation	77%

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 Monday, October 2, 2023, to assess compliance with the standards found in noncompliance at the audit. Necessary inventories may be conducted remotely and a date and time will be arranged by MCCA and the MTC audit staff. Once compliance has been established, the Metropolitan Transition Center will be recommended to receive the Recognition of Achievement Award. The Metropolitan Transition Center's management continues to encourage and motivate staff to meet the standards for an Adult Correctional Institution on a routine basis. As a best practice, the administration and staff must continue to utilize the standards in their daily operations and to achieve compliance with the standards, to ensure a safe and sanitary environment for staff and inmates is constantly maintained. The Department of Public Safety and Correctional Services should continue to provide the support and resources necessary for total compliance with the standards.

Chairperson Reece welcomed comments from the representatives of the Metropolitan Transition Center. Assistant Warden Angelina Boyd commented that the rating period covered a period of time that she was not at the Metropolitan Transition Center and neither was Warden Debora Darden. Assistant Warden Boyd reported that when Warden Darden came on board, they looked at the deficiencies and referred to the policies and the standards and they immediately implemented things into place. Assistant Warden Boyd reported that she previously was the audit coordinator at Maryland Correctional Adjustment Center back in 2005. Assistant Warden Boyd commented that she understands the standards and knows what the requirements are regarding the standards. Assistant Warden Boyd commented that working together with the team and the regional audit coordinator (Major Tennille Johnson) they have put things in place to ensure that this will not happen at the next audit.

Chairperson Reece welcomed questions/comments from the Commission members. Citizen member Delores Alexander commented that she believed Assistant Warden Boyd answered the question in her comments. Citizen Member Alexander commented that she noticed that most of these deficiencies occurred during the same time, period between 2017 and 2020, and she thought she heard Assistant Warden Boyd comment that certain employees were not present. Citizen Member Alexander asked Assistant Warden Boyd to address that in more detail. Assistant Warden Boyd commented that during that period time she was not at the Metropolitan Transition Center. Assistant Warden Boyd commented that there was another warden assigned at the facility during the audit period. Assistant Warden Boyd said that she did not arrive at MTC until 2021. Assistant Warden Boyd stated that Warden Darden arrived at MTC in 2023. Assistant Warden Boyd reiterated that by working together as a team, they took the time to review this audit and to review the deficiencies and to implement and put things into place to ensure compliance with the deficiencies that were cited during this audit. Vice Chairperson Kokolis noted that it was a lot of deficiencies to be corrected and some deficiencies that cannot be corrected. Vice Chairperson Kokolis commented that he is looking forward to the monitoring date.

Chairperson Reece entertained a virtual motion and vote to approve the audit report as written with the established monitoring date as written. Citizen Member Dolores Alexander 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. Commissioner Annie Harvey and Commissioner Dionne Randolph requested a recusal regarding the vote to approve the audit report.

- **DORSEY RUN CORRECTIONAL FACILITY**

Assistant Executive Director Tanya Joyner presented the audit report regarding the on-site audit at the Dorsey Run Correctional Facility conducted on April 18-20, 2022 by Commission staff and two Duly Authorized Inspectors. The Dorsey Run Correctional Facility is located in Jessup, Maryland and provides housing for medium and prerelease security inmates, male and female, sentenced to the Division of Correction. The facility comes under the authority of Commissioner Annie Harvey and is managed daily by Warden David Greene. After a thorough review of the required documentation, the Dorsey Run Correctional Facility was found to be in compliance with the majority of the standards for an Adult Community Correctional Facility. The identified deficiencies were: An annual fire safety inspection conducted by the Maryland State Fire Marshal's Office, on July 13, 2021, indicates that the fire alarm system was identified as the fire protection equipment's manual fire alarm system needs repair, provide inspection and testing of fire alarm system, provide inspection, testing and maintenance for automatic sprinkler system, and provide semi-annual inspection, testing, and maintenance for hood fixed extinguishing system, which does not meet compliance with State COMAR 12.13.01 and local fire safety codes, as required by the standard. A review of the inmate internal complaints, ARPS, revealed that complaints reviewed for the audit period, were not responded to or addressed within the required timeframe, as required by policy and the standard. The Remote Audit Process was initiated with the facility providing compliance documentation and the pre-audit packet for remote review by the auditors. The facility utilized the MCCS U drive and the DRCF restrictive folder which was developed to facilitate the remote audit process. The audit coordinator and the auditors were able to conduct remote inventories and activities, during this period, except in areas with no network connectivity. Based on the amount of remote activity, there were very few remote inventories which remained during the on-site audit component. There was a high level of organization for documents within the DRCF restrictive folder and those provided on-site. Primary and secondary documentation was located in the audit coordinator's office, the conference room and in specific areas where the function occurred. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. After the on-site portion of the audit, there was minimal documentation required to assess compliance with a specific standard. As time continues with the Remote Audit Process, the facility will benefit from technology to continue the objectives of the auditing processes. The facility tour was conducted by three groups of auditors and staff. The physical plant was observed to be in fair condition on the days of the audit. However, there were maintenance issues that required attention and a corrective action plan was requested to address the areas cited. The majority of the cited areas required a work order and/or requisition

and additional time to repair. The following issues were cited in the housing units: there was rust and mold in shower areas; there were fan chords in hazardous positions on the floors; vents needed cleaning; windows were cracked in the housing areas; sheets were hanging in the back toilet area of the bathrooms from ceiling to the floor; proper organization is needed to ensure ease of egress in storage areas; there were phones, showers and sinks that were out of order; the pool table and dryer were improperly installed on F Tier; and there were a number of dryers improperly installed. It was noted that there was a disproportionate number of fans on each tier, which could result in security and hazard issues. In order to maintain the facility, staff and inmates must have continuous and daily sanitation practices to ensure a safe and sanitary facility. 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 **Monday, October 9, 2023**, to assess compliance with the two standards found in noncompliance, at the audit. Upon completion of the assessment of the noncompliant standards, the Dorsey Run Correctional Facility may be recommended for the Recognition of Achievement Award. In conclusion, the Dorsey Run Correctional Facility 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 the Dorsey Run Correctional Facility to achieve and maintain compliance with the standards. Executive Director Veronica Moore noted that there was a correction necessary regarding monitoring date that was verbally reported and indicated on the audit report. Executive Director Moore reported that the audit report would be modified to reflect the monitoring date of Monday, October 9, 2023.

Chairperson Reece welcomed comments from the representatives of the Dorsey Run Correctional Facility. Warden David Greene noted that the summary portion of the audit report indicated that the Dorsey Run Correctional Facility is a maximum security facility which houses, men and women. Warden Greene stated that the Dorsey Run Correctional Facility is a minimum security facility which only houses male offenders. Warden Greene requested that the summary portion of the audit report is updated with the correct information. Warden Green commented that he and the administration would like to thank Ms. Moore and the entire audit team for coming out. Warden Green stated that he would also like to give credit to Sergeant June McClellan (audit coordinator at the Dorsey Run Correctional Facility) for her organization and getting all of the documentation prepared well in advance of the audit. Warden Greene reported that the facility has made some substantial improvements to some of the issues that were noted relating

to the facility's maintenance. Warden Greene reported that a full facility renovation is currently underway and some mechanical engineering firms have been contracted to correct some ventilation systems that were the result of or the cause of some of the rust in some of those areas. Warden Greene commented that the facility is looking forward to the monitoring visit later this year. Warden Green reported that the facility had some new staff in place and some updated tracking mechanisms. Warden Green reiterated that they are looking forward to the visit and feel that they are currently in full compliance.

Chairperson Reece welcomed comments and questions from the Commission members. Assistant Attorney General Hughes asked Warden Green to provide a follow up regarding for the non-compliance cited regarding the fire safety inspections issue. Assistant Attorney General Hughes stated that she knows some facilities have a fire watch in place since they are having problems with getting inspections. Assistant Attorney General Hughes asked what is it that the facility is doing in response to the deficiency. Warden David Greene responded that the Dorsey Run Correctional Facility has had a fire watch in place since the Fire Marshal's inspection report from July of 2021. Warden Greene stated that he did want to note that all of the fire suppression systems work. Warden Greene reported that they are all in perfect order. Warden Greene reported that it was an issue with the LED light panel. Warden Greene reported that the ARC Systems has visited the facility a number of times since the audit. Warden Greene commented that they made substantial progress in repairing the LED light panel. Warden Green stated again that he feels that they will be in full compliance by the time of the monitoring visit. Assistant Attorney General Hughes raised a question with respect to the ARP's. Assistant Attorney General Hughes referenced the non-compliance regarding the administrative remedy procedure and forms reviewed revealed that complaints were not responded to or addressed within the required timeframe, as required by policy and the standard. Assistant Attorney General Hughes asked what is the facility doing to correct the non-compliance and has it been corrected. Assistant Attorney General Hughes added to her original question and asked are the ARP's on time now and are any ARP's currently pending. Warden Greene reported that as a former program manager for the ARP process for the department he was particularly disappointed in that audit finding. Warden Greene reported that since the audit they have made some changes in the staffing of the facility's ARP office. Warden Green reported that the facility has an updated tracking mechanism and everything is currently up to date and will continue to be current up through the monitoring visit, forever after. Vice Chairperson Kokolis referenced the tour notes section of the audit report and raised a question regarding a number of the dryers that were improperly installed. Vice Chairperson Kokolis referenced the facility tour and noted that it was mentioned that a number of the dryers were improperly installed. Vice Chairperson Kokolis asked were the dryers improperly installed to the point that they could be a fire hazard. Warden Greene responded that the issue was related to the dryers were not hooked up to external ventilation. Warden Greene added that the dryer installation involved the use of the kind of internal water filtration mechanism that you see in units that do not vent to the outdoors. Warden Greene reported that some of the dryers with those water filtration buckets had cracked and had been replaced with the non-authorized homemade filtration system. Warden Greene reported that they have been repaired or replaced. Warden Greene commented that the facility should be good to go moving forward.

Chairperson Reece entertained a virtual motion and vote to approve the audit report to include the modification to the summary section of the audit report and with established monitoring date as written. Vice Chairperson Terry Kokolis made a motion to approve the audit report with the modification and established monitoring date and Citizen Member Dolores Alexander seconded. The unanimous response of silence denoted the approval of the audit report and the monitoring date. Commissioner Annie Harvey requested a recusal regarding the vote to approve the audit report.

- **CENTRAL MARYLAND CORRECTIONAL FACILITY**

Assistant Executive Director Tanya Joyner presented the audit report concerning the on-site audit conducted at the Central Maryland Correctional Facility on June 14-15, 2022 by Commission staff and three Duly Authorized Inspectors. The Central Maryland Correctional Facility, constructed in 1960, is located in Sykesville, Maryland. The facility houses male minimum and pre-release security inmates. The facility is under the administrative authority of Warden David Green and is managed daily by Acting Facility Administrator Jim Sprecher. After a thorough review of the required documentation, the facility was found to be in compliance with the majority of the standards for an Adult Community Correctional Facility. The identified deficiencies were: Records of monthly inspections of security equipment were not available for the audit period of September 1, 2019 through August 1, 2022, as required by the standard. Records of the motor vehicle licensure checks of staff authorized to transport inmates were not available from September 2019 through December 2021, of the audit period, as required by the standard. An annual Maryland State Fire Marshall Inspection was not conducted in 2021, as required by the standard. Five dietary staff members did not have a dietary medical screening in 2020, and two dietary staff members did not have a dietary medical screening in 2019, as required by the standard. The Remote Audit Process was initiated with the facility providing compliance documentation and the preaudit packet for remote review by the auditors. The facility utilized the M CCS U drive and the CMCF restrictive folder which was developed to facilitate the remote audit process. Facility Administrator Sprecher, Major Hatcher, the audit coordinator and the auditors were able to conduct remote inventories and activities, during this period, except in areas with no network connectivity. Based on the amount of remote activity, there were very few remote inventories which remained during the on-site audit component. There was a high level of organization for documents within the CMCF restrictive folder and those provided on-site. Primary and secondary documentation was located in the audit coordinator's office, the multipurpose areas and in specific areas where the function occurred. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. After the on-site portion of the audit, there was minimal documentation required to assess compliance with a specific standard. As time continues with the Remote Audit Process, the facility will benefit from technology to continue the objectives of the auditing processes. The facility tour was conducted by four groups of auditors and staff. The facility was found to be in good condition on the days of the audit. During the tour, the auditors noted several maintenance and sanitation issues. The majority of the issues noted were addressed and communicated in the corrective action plan, submitted by management. Requisitions were submitted for issues that required additional time to repair, such as, the

purchase of a new ice machine. All fire extinguishers were in need of service, which was scheduled to occur on August 25, 2023. Prior to the exit conference, repairs were completed, according to the corrective action plan. The facility must be monitored to ensure sanitation and maintenance matters are addressed timely to ensure a safe and sanitary environment for both staff and inmates. 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: 85%
- 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 part of this audit report for the Department of Public Safety and Correctional Services MFR 2023 fiscal year reporting requirements. The Maryland Commission on Correctional Standards will conduct a monitoring review of the documentation required to be submitted to MCCS, no later than Friday, October 6, 2023 to assess compliance with the four minimum mandatory standards found in noncompliance at the audit. Once compliance has been determined, the Central Maryland Correctional Facility may be recommended to receive the Recognition of Achievement Award. The Central Maryland Correctional Facility should continue to strive to incorporate the standards in their daily operations for use as an effective management tool. In order to achieve total compliance, the staff and management must have a working knowledgeable concerning the requirements of the standards and how they regulate all areas of the facility. The Department of Public Safety and Correctional Services is encouraged to provide the support and necessary resources to enable the Central Maryland Correctional Facility to obtain total compliance with the standards.

Chairperson Reece welcomed comments from the representatives of the Central Maryland Correctional Facility. Warden David Greene stated that he was not certain how the process works, but an appeal was filed on three of those four standards that were found to be non-compliant. Warden Greene commented that they did receive notice from the Maryland Commission on Correctional Standards on March 28, 2023 that three of those four standards have now been found to be in compliance as the result of some additional documentation that was provided. Warden Greene commented again that he would like to thank the Commission, Executive Director Moore and the audit team. Warden Greene also expressed appreciation to Facility Administrator Jim Sprecher and his entire team and the audit coordinators for the work that they did to prepare the facility for the audit.

Chairperson Reece welcomed comments and questions from the Commission members. Assistant Attorney General Hughes mentioned that Warden Greene said that three of the four standards were found to be compliant. Assistant Attorney General Hughes inquired about the fourth one standard that is still not in compliance. Warden Greene responded that the 2021 Fire Marshal inspection remains non-compliant. Warden Green reported that the facility filed an additional appeal regarding standard .02 A Fire Safety Inspections. Assistant Attorney General Hughes referenced that there is an appeal concerning standard .02 A Fire Safety Inspections as well right now. Warden Greene responded, yes that is correct.

Chairperson Reece noted that prior to the motion that the appeals submitted the Central Maryland Correctional Facility concerning standard .01 D (3) Security Equipment; standard.01 K (1) Transportation of Inmates and standard .03 E Dietary Medical Screening were accepted and handled at the initial level.

Chairperson Reece entertained a virtual motion and vote to approve the audit report as written with the established monitoring date and noted that the appeal regarding standard .02 A Fire Safety Inspections would be tabled until the next regularly scheduled Commission meeting. Citizen Member Delores Alexander made a motion to approve the audit report with the established monitoring date and request to table the appeal regarding standard .02 A Fire Safety Inspections until the next regularly scheduled Commission meeting and Vice Chairperson Terry Kokolis seconded. The unanimous response of silence denoted the approval of the audit report and the monitoring date. Commissioner Annie Harvey requested a recusal regarding the vote to approve the audit report.

- **EASTERN CORRECTIONAL INSTITUTION-ANNEX**

Senior Correctional Program Specialist Nicole Brown presented the audit report regarding the on-site audit at the Eastern Correctional Institution-Annex conducted on June 28-30, 2022 by Commission staff and three Duly Authorized Inspectors. The Eastern Correctional Institution-Annex is located in Westover, Maryland. This facility is classified at the minimum and prerelease security levels and houses sentenced male inmates. The Eastern Correctional Institution - Annex was previously under the administrative authority of Warden Debora Darden. It is currently under the administrative authority of Acting Warden William Bailey and is managed daily by Facility Administrator Monica Brittingham. After a thorough review of the required documentation, the Eastern Correctional Institution-Annex was found to be in substantial compliance with the standards for an Adult Correctional Institution. The identified deficiencies were: There were no semi-annual searches of the Support Building for the entire audit period of May 1, 2018 – June 1, 2021 and one of the two semi-annual searches was not completed in 2020, as required by the standard. Dietary medical screenings were not available for four staff members in 2018, one staff member in 2020, two inmate workers in 2021 and one inmate worker in 2019 and 2020, 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 provided compliance documentation for review on the MCCS U drive and the ECI-A Restrictive Folder. 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, to conduct remote inventories and provide the majority of documentation for the standards. During the audit, primary and secondary documentation was located in the audit coordinator's office and the Security Chief's conference room. The facility provided computers and network ports for laptops, in order to access and review electronic records. Other documentation was located in specific areas where the function occurred. The audit coordination staff were prepared for the remote and on-site audit process. 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. There were five tour groups of auditors who inspected all areas, as they were escorted throughout the facility. The physical plant continues to be in exceptional condition, as demonstrated during the facility tour. Many of the issues cited during the tour were corrected prior to the conclusion of the audit. Maintenance orders were submitted for the following: the replacement of light bulbs for several areas in the Wicomico, Worcester, Somerset, and Support Buildings; the repair of a toilet, sink and water fountain in the Wicomico Building; and the repair of two showers in the Somerset building. Overall, the staff and inmates maintain a sanitary and well maintained facility. 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	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 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 MCCA, no later than Wednesday, October 11, 2023, to assess compliance with the two standards found in noncompliance at the audit. Once compliance has been established, the Eastern Correctional Institution-Annex may be recommended to receive the Recognition of Achievement Award. In conclusion, the staff at the Eastern Correctional Institution-Annex 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 institution and contribute to inmate, staff and public safety.

Chairperson Reece welcomed comments from the representatives of the Eastern Correctional Institution-Annex. Acting Captain Latoya Milligan (audit coordinator) addressed the deficiency regarding standard .01 J Search Procedures. Acting Captain Milligan reported that the facility was found non-compliant regarding standard .01 J Search Procedures. Acting Captain Milligan reported that an email was forwarded to Executive Director Moore where the institution requested to do two mass searches; however, they were told to stand down for unforeseen reasons. Acting Captain Milligan reported that emails were also forwarded to Executive Director Moore regarding the searches that were conducted by the facility's Intel Team, K9, and Contraband Introduction Team. Acting Captain Milligan reported that some of the searches were conducted; however, they were not able to conduct the mass searches as required. Acting Captain Milligan reported that a new executive team is in place at the institution and moving forward the institution will be in compliance with standard .01 J Search Procedures.

Chairperson Reece welcomed questions/comments from the Commission members. Assistant Attorney General Hughes inquired about the non-compliance concerning standard .01 J Search Procedures. Assistant Attorney General Hughes asked if it was her understanding

regarding standard .01 J Search Procedures that the smaller searches, not the mass searches and they were able to provide documentation regarding the searches subsequent to the audit. Acting Captain Milligan responded that was correct. Assistant Attorney General Hughes inquired about the non-compliance concerning standard .03 E Dietary Medical Screenings. Assistant Attorney General Hughes requested a little bit more information about the dietary medical screenings that were not available for four staff members in 2018, one staff member in 2020, two inmate workers in 2021 and one inmate worker in 2019 and 2020. Officer Shanaeya Christian (assistant audit coordinator at ECI and ECI-Annex) provided a response regarding the deficiency concerning standard .03 E Dietary Medical Screenings. Officer Christian stated that she emailed the medical screenings to M CCS that she had for the current inmate population workers. Officer Christian stated that she forwarded an email to M CCS regarding the medical screenings for the dietary officers. Officer Christian stated that the institution was without an occupational nurse for almost a year. Officer Christian commented that it was difficult to get the medical screenings conducted. Officer Christian reported that the institution has a new occupational nurse. Officer Christian reported that she met with the occupational nurse and moving forward, the occupational nurse has been advised to make sure that Officer Christian receives a copy of the medical screenings. Acting Captain Milligan referenced the recommendation regarding standard .02 C (7a) Disaster Plans. Acting Captain Milligan reported that copies of the disaster plans, to include pictures of all the signs and evacuation symbols. Acting Captain Milligan commented that even though it was just a recommendation concerning standard .02 C (7a) Disaster Plans, it was fixed because the administration and staff take pride to ensure compliance with the standards. Chairperson Reece raised a question regarding standard .01 J (2) Search Procedures. Chairperson Reece asked if the searches of the facility are semi-annual and if the annual search of the entire facility are always organized to take place in one day. Chairperson Reece asked if it could be done in small chunks and done twice a year. Acting Captain Milligan stated that the institution used to conduct a mass search. Acting Captain Milligan reported that the executive team organizes it when the time comes for each compound and the annex which is the minimum facility. Acting Captain Milligan reported that other than mass searches, the institution does conduct smaller searches, which would be like your bar checks where you are going on the pods and checking living areas. Acting Captain Milligan reported that they have mass searches, bar checks and the CIT teams and K9 which may come in randomly and it may not be known when they are coming in. Chairperson Reece commented that he thinks the audit team was focusing on the support buildings like the out buildings, not necessarily the inmate housing areas. Acting Captain Milligan stated that those are being done individually to the outbuildings and waiting for the mass search. Acting Captain Milligan reported that the searches could have been done and just were not recorded.

Chairperson Reece entertained a virtual motion and vote to approve the audit report with the established monitoring date. Vice Chairperson Terry Kokolis made a motion to approve the audit report with the established monitoring date and Citizen Member Delores Alexander seconded. The unanimous response of silence denoted the approval of the audit report. Commissioner Annie Harvey requested a recusal regarding the vote to approve the audit report.

- **EASTERN CORRECTIONAL INSTITUTION**

Senior Correctional Program Specialist Nicole Brown presented the audit report regarding the on-site audit at the Eastern Correctional Institution conducted on July 12-14, 2022 by Commission staff and six Duly Authorized Inspectors. The Eastern Correctional Institution is located in Westover, Maryland and provides housing for maximum and medium security male inmates, sentenced to the Division of Correction. The facility comes under the authority of Commissioner Annie Harvey and was managed by Warden Deborah Darden, at the time of the audit. The facility is currently managed by Acting Warden William Bailey. After a thorough review of the required documentation, the Eastern Correctional Institution was found to be in compliance with the majority of the standards for an Adult Correctional Institution. The identified deficiencies were: Records of bulk needles and syringes in the West Medical Dispensary did not reflect weekly inventories, for the entire audit period, as required by the standard. Annual dietary medical screenings were not conducted for six dietary staff in 2018, two dietary staff in 2019, six dietary staff in 2020, and eight dietary inmate workers in 2020, during the audit period, as required by the standard. The Remote Audit Process was initiated upon the facility providing the compliance documentation and the preaudit packet for remote review by the auditors. The facility utilized the MCCS U drive and the ECI restrictive folder which was developed to facilitate the remote audit process. The audit coordination team and the auditors were able to conduct remote inventories and activities, during this period, except in areas with no network connectivity. There was a high level of organization for documents within the ECI restrictive folder and those provided on-site. Primary and secondary documentation was located in the audit coordinator's office, the conference room and in specific areas where the function occurred. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. After the pre on-site and on-site portions of the audit, there was minimal documentation remaining to assess compliance with a specific standard. As time continues with the Remote Audit Process, the facility will benefit from technology to continue the objectives of the auditing processes. During the tour, six groups of auditors were escorted throughout the facility. The physical plant was in good condition during the tour of the facility. The auditors noted several maintenance issues throughout the East and West compounds of the facility. A corrective action plan was requested to address maintenance and sanitation issues reported to management on the last day of the on-site. The cited areas within the compounds, which require additional time to repair, are as follows: West Compound-Housing Unit #1 – A, lower level, had four shower heads leaking, three lights out, toilets were leaking, the water was backing up in cells, and there was peeling paint in the shower areas. A, upper level, had lights out, the ice machine was leaking, and the ceiling was peeling. B, lower level, the plumbing chase was leaking, the washing machine was broken and the ceiling was leaking. B, upper level, there were five lights out and a toilet was broken. Housing Unit #2 – A, lower level, the showers were leaking, lights were out, the water was backing up in the cells, and the ceiling has peeling paint. A, upper level, 7 lights were not working. C, lower level, there were leaks in the cells and on the upper level, there were lights out and the shower leaks, in the dayroom the faucet was leaking and the ceiling was peeling. Housing Unit #3 – In the Case Management office and Room 133, the lights were out. C, lower level, there was a light out. D, a phone

needs repair, the showers were not draining, there were three lights out and lights out in the exit sign. A, lower level, the showers are leaking and lights are out on exit sign. A, upper level, the lights were out, 3 showers will not turn off and lights were out in the dayroom. Housing Unit #4 – Dayroom, the lights were out. West Dietary – Walk in refrigerator door does not close, securely. East Kitchen had peeling paint in the ODR and a light was out. West Visitation Area – The Strip Search/Bathroom area had a light out. West Gym/Chapel – There were several lights out in the area, the light fixtures needed cleaning and in the band room, there was a hole in the ceiling. East Compound-East Visiting Room – The light cover needs to be fixed. East Operations – The light was out near the conference room. Housing Unit #5 – B, cell 2 has no hot water. Housing Unit #6 - B, the exit light is dim and chase pipes near cell 19 and 9 are wet. Housing Unit #7 – The housing unit needs painting. A, brown water is flushing in the toilets and cell lights were out. B, the water is leaking from the upper tier, lights were out in cells and toilets were hard to flush. C, electrical outlet is out of order, cell lights were out, and sinks were running and leaking. D, the toilets are hard to flush, lights were out and pipe chases need cleaning. Housing Unit #8 – A, shower areas are missing concrete and the pipes are exposed. B, toilet water backs up to another cell when flushed, there is a cell with a light out and leaking sink. C, shower area has missing concrete and missing light on upper level. D, toilet is leaking and two phones on the lower level are not working. Compound Buildings - Central Kitchen - It was noted that there were no dates on the dry storage, the ice machine was out of order, the walk in refrigerator, air hand dryers and the proof box were out of order, the officers bathroom was missing tiles, the paper towel holders were rusted, and the entire area needed cleaning. Warehouse - There was ice buildup on the freezer doors and floor and there were no wet floor signs present. Laundry - There was noted that the washers were leaking. Training - The women's bathroom's third stall was out of order. The areas need organization and to be cleaned. Maintenance–There were noted lights out in the corridor and the electrical shop. Administration Building–The tiles need to be adjusted in the Warden's corridor, in the Janitor's closet, the light was dim and in the Personnel Office, there was a light out. Gatehouse–In the male and female bathrooms, there is peeling paint behind the sink areas, in the armory, there is a light out and the light fixture needs cleaning and in the gas room, the light fixture needs cleaning. The facility must continue to demonstrate sanitation and maintenance practices throughout the compound to ensure that inmate and staff are in a sanitary 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. 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	92%
*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 MFR 2023 fiscal year reporting requirements. The Maryland Commission on Correctional Standards will conduct a monitoring review of the documentation required to be submitted to MCCS, no later than Friday, October 6, 2023, to assess compliance with the two standards found in noncompliance, at the audit. Upon completion

of the assessment of the noncompliant standards, the Eastern Correctional Institution may be recommended for the Recognition of Achievement Award. In conclusion, the Eastern Correctional Institution 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 the Eastern Correctional Institution to achieve and maintain compliance with the standards

Chairperson Reece welcomed comments from the representatives of the Eastern Correctional Institution. Officer Shanaeya Christian addressed the non-compliance regarding standard .02 K Control of Medical and Dental Instruments, specifically the records of bulk needles and syringes in the West Dispensary. Officer Christian stated that they are working with the medical department due to a shortage of nurses. Officer Christian reported that there is a shortage of 48 nurses. Officer Christian assured the Commission members that they are working extremely hard to ensure compliance at the time of the monitoring review. Officer Christian commented that the same explanation is valid for the annual dietary medical screenings regarding the comments that she stated previously regarding the Eastern Correctional Institution-Annex.

Chairperson Reece welcomed questions/comments from the Commission members. Vice Chairperson Kokolis commented that he is not familiar with the logistics of ECI. Vice Chairperson Kokolis asked how many dispensaries are in use at ECI. Officer Shanaeya Christian responded that there is one on the west side and there is just the one dispensary area on the east and the medical area where patients are housed. Officer Christian commented that you can say for you know the ones that are down and cannot get out and then there is a housing Unit 9 in that area as well. Vice Chairperson Kokolis asked if sharps are maintained in either of the other areas other than the West Medical Dispensary. Captain Milligan responded that the sharps are actually kept on the East Compound and accounted for in a log, so if the West Medical needs sharps, they have to go to the East side and sign out how many they have to bring over to the west side. Vice Chairperson Kokolis stated that he was referring to the sharps being needles and syringes it as opposed to other sharps. Vice Chairperson Kokolis asked are needles and syringes kept in the other dispensaries. Officer Christian asked Vice Chairperson Kokolis for clarification regarding the question posed by Vice Chairperson Kokolis. Vice Chairperson Kokolis clarified that he was referring to needles and syringes. Captain Milligan stated that the needles and syringes are kept on the east compound and as stated they bring them over. Captain Milligan stated that the process involves the nurses go in the morning and sign out what they need to bring over for their daily usage. Vice Chairperson Kokolis commented that the way he sees is that the inventory on the east side is correct regarding the needles and syringes, but the needles and syringes in medical dispensary located on the West side is not correct. Officer Christian explained that if you were to go by the records, the book that is maintained at the regional West Dispensary did not match. Officer Christian stated that it was her understanding that they did not sign out or enter the information like they needed to in order to ensure that the inventory was correct and therefore, it was an incorrect count. Vice Chairperson Kokolis asked if it was an incorrect count on both sides or just the West Medical Dispensary side. Executive Director Moore commented that to keep track of the needles and syringes that they may take them out of one area and put

them in the other area. Executive Director Moore explained that they were still maintained there; therefore, it is not as if they move them from one area and then at the end of the day they move them back to that area. Executive Director Moore stated that those needles that are taking from one area to the other are maintained in the area. Executive Director Moore stated that when you look at the documentation, they were not inventorying them on a weekly basis. Executive Director Moore explained that they were just showing the in and out. Executive Director Moore further explained that they (medical staff) brought them in, they were there, maybe used or taken out, and that was it. Executive Director Moore stated that there was no actual counting of the needles on at least a minimum of weekly. Vice Chairperson Kokolis said that is a relaxed approach in security for sure. Chairperson Reece agreed with the comments of Vice Chairperson Kokolis. Vice Chairperson Kokolis asked if he is confident to feel that they are not a lot of needles and syringes in the housing units of ECI because they are conducting shakedowns and will find the needles. Officer Christian stated that they do very well making sure that the needles and syringes are not that easy to get. Officer Christian explained that when the inmates come up for the insulin, there is an officer standing there to watch to make sure that they are putting the needle inside of the needle dispenser/container. Vice Chairperson Kokolis commented that three years is a long time to not conduct the inventory of needles and medical instruments going into that area. Citizen member Delores Alexander raised a question regarding a non-compliance that was cited for the entire audit period. Citizen member Alexander asked what is the timeframe concerning an entire audit period. Officer Christian was not clear regarding the question. Chairperson Reece asked Executive Director Moore to provide a response to the question. Executive Director Moore responded that the entire audit period is, once the audit team goes into a facility or schedule a facility for an audit the timeframe is established as the audit period of documentation that the auditor is looking for. Executive Director Moore stated that in the case concerning ECI, she believes the audit period was 2017 to 2020, probably, June of 2017 to June of 2020. Executive Director Moore reported that this was also one of the facilities that had to be rescheduled within the M CCS current audit scheduled as well. Executive Director Moore stated that the M CCS kept the same audit period and most likely it was 2017 to 2020, June of 2017 to June 2020. Executive Director Moore commented that she hoped that the information provided answered the question. Citizen member Alexander responded that Executive Director Moore answered her question. Officer Christian commented that she greatly appreciated the assistance of Executive Director Moore for providing a thorough explanation to the question. Assistant Attorney General Hughes commented that she would like to follow-up on the rest of the deficiencies. Assistant Attorney General Hughes asked if maintenance requests been submitted. Assistant Attorney General Hughes commented that if the maintenance requests were submitted, has the facility received any response regarding a timetable for completion. Officer Christian responded that a lot of things have been corrected. Officer Christian commented that a lot of work orders were submitted and a lot of things were corrected. Officer Christian commented that everything might not be in compliance because sometimes a part is needed or it requires something that may be drastic in order to complete the maintenance request. Officer Christian stated for the most part, the lights, the phones, all of those were taken care of within the short period of time after the audit. Vice Chairperson Kokolis commented that the staff at ECI seem to be doing a great job and they seem to know the direction they need to go. Vice Chairperson Kokolis congratulated them on doing a good job. Chairperson Reece commented that the staff comes across as highly motivated. Chairperson Reece commented that he appreciated the motivation displayed by the staff. Officer Christian expressed appreciation to Chairperson Reece and Vice Chairperson Kokolis for their positive comments.

Chairperson Reece entertained a virtual motion and vote to approve the audit report with the established monitoring visit date. Vice Chairperson Terry Kokolis made a motion to approve the audit report with the established monitoring date and Citizen Member Delores Alexander seconded. The unanimous response of silence denoted the approval of the audit report. Commissioner Annie Harvey requested a recusal from the vote regarding the audit report.

- **MARYLAND CORRECTIONAL TRAINING CENTER AND ANNEX**

Officer Tareda Armwood-Faison presented the audit report regarding the on-site audit at the Maryland Correctional Training Center and Annex on July 19-21, 2022 by Commission staff and three Duly Authorized Inspectors. The Maryland Correctional Training Center is located in Hagerstown, Maryland. It is a reception facility that processes new inmates and transportation hub for the Western Region, as well as a maintaining institution. MCTC is one of the largest single-compound correctional institutions and HED, pre-release, facility in the State of Maryland. The facility houses male inmates classified at the medium, minimum, and pre-release levels of security. The facility is under the administrative authority of Commissioner Annie Harvey and is managed daily by Warden William Bohrer. Based on a thorough review of the required audit documentation, the Maryland Correctional Training Center was found to be in total compliance with all the standards for an Adult Correctional Institution. This is the first time that the Maryland Correctional Training Center was found to be in total compliance with the standards for an Adult Correctional Institution, at the initial audit. The Remote Audit Process was used for this audit. The facility provided compliance documentation and the pre-audit packet for remote review by the auditors. The facility utilized the MCCA U drive and the MCTC restrictive folder to facilitate the remote audit process. Secondary documentation was located throughout the facility at the respective units, departments, in the conference room or in the audit coordinator's office. The audit coordinators demonstrated a high level of organization for documents within the MCTC restrictive folder and records provided on-site. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. The auditors reviewed institutional policies, procedures, post orders, emergency plans and inmate orientation materials. These directives were found to address the needs of the institutional staff, inmates and the community. Six groups of auditors conducted the facility tour. The facility tour included the MCTC and HED compounds. Auditors cited minor maintenance and plumbing issues. The majority of these issues were addressed prior to the conclusion of the audit. Work orders were submitted to MCCA for plexi-glass replacement in the ODR and replacement of tiles in the Case Management area. The facility was found to have a high level of sanitation and was in good condition. The Department of Public Safety and Correctional Services (DPPSCS) Managing for Results (MFR) initiative includes specific core objectives that address compliance with the minimum standards for places of adult confinement. The results for these objectives are outlined below:

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|---|------|
| • 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 MFR 2023 fiscal year reporting requirements. The administration and staff of the Maryland Correctional Training Center 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 Maryland Correctional Training Center is recommended to receive the Recognition of Achievement award.

Chairperson Reece welcomed comments from the representatives of the Maryland Correctional Training Center and Annex. Warden Bohrer commented that he appreciated all of the kudos regarding the achievement that shows the dedication and professionalism of the staff. Warden Bohrer commented that all of the credit goes to the staff for achieving total compliance with the standards. Warden Bohrer noted a correction in the audit report concerning the year in which the facility originally opened. Warden Bohrer reported that the facility did not open until 1967. Warden Bohrer reported that he believes construction of the facility began in 1966. Chairperson Reece congratulated the facility on a job well done.

Chairperson 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 Citizen member Delores Alexander seconded. The unanimous response of silence denoted the approval of the audit report. The Commission members congratulated the facility on the Recognition of Achievement award. Commissioner Annie Harvey requested a recusal from the vote regarding the audit report.

- **ST. MARY'S COUNTY DETENTION AND REHABILITATION CENTER**

Officer Tareda Armwood-Faison presented the audit report regarding the on-site audit at the St. Mary's County Detention and Rehabilitation Center conducted on August 23-24, 2022 by Commission staff and four Duly Authorized Inspectors. The Saint Mary's County Detention and Rehabilitation Center houses male and female sentenced and pretrial inmates. The Saint Mary's County Detention and Rehabilitation Center is centrally located in Leonardtown, Maryland. The facility comes under the administrative authority of Sheriff Steven Hall. Warden Mary Ann Thompson manages the facility daily. Primary and secondary documentation was thoroughly reviewed by auditors. After a comprehensive and thorough review of the required documentation, the Saint Mary's County Detention and Rehabilitation Center was found to be in compliance with a majority of the standards for an Adult Detention Center. The deficiencies noted were: Records for vehicle searches of items being delivered and entering the facility were not available for the audit period of September 1, 2019 through August 1, 2022, as required by the standard and the St. Mary's County Office of the Sherriff Search Plans C7.03 policy. A pre-employment medical screening was not conducted on one Aramark employee who began employment in the dietary department in June 2022, 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 escort, assist and address questions for the auditors. The facility utilized Google Meet to assist with facilitating remote reviews, interviews and inventories, during the pre-onsite 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. The majority of the secondary documentation was provided through the Google Drive, a process that proved to be very functional for auditing the standards. The administration and staff were well prepared for the audit. The information and documentation was easily accessible to the audit team with staff's assistance. The Audit Coordinator and the staff also provided the auditors 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 and the multipurpose room and other documentation was located in specific areas where the function occurred. Additionally, the Google Drive was accessible to the auditors with a computer and laptops available in the audit coordinator's office and the multipurpose room. Overall, the Remote Audit Process worked efficiently to provide an appropriate assessment of the facility and 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. This high level of organization and preparation allowed the facility to achieve compliance with the standards. The facility was found to be in good condition, clean and sanitized, during the tour. Four groups of auditors performed the tour of the facility. The auditors cited minor maintenance issues and the majority of the cited areas were addressed prior to the conclusion of the audit. Work orders were submitted to MCCS regarding an inoperable urinal in housing unit E2 and a pencil sharpener in C pod. 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 MCCS by Monday, October 9, 2023, to assess compliance with the two standards found in noncompliance at the audit. Once compliance has been established, the Saint Mary's County Detention and Rehabilitation Center will be recommended to receive the Recognition of Achievement Award. In conclusion, the staff at the Saint Mary's County Detention and Rehabilitation Center 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 institution and contribute to inmate, staff and public safety. The Board of Commissioners for Saint Mary's County should continue to provide the necessary encouragement, support and resources.

Chairperson Reece welcomed comments from the representatives of the St. Mary's County Detention and Rehabilitation Center. Warden Mary Ann Thompson expressed appreciation to Executive Director Moore and the whole team that visited the facility during the audit. Warden Thompson commented that the audit was a very, very professional visit. Warden Thompson stated that to be able to have the audit team onsite and to be able to go through the facility with a fine toothcomb to make sure that not only their manuals are up to date but also to ensure that the facility meets state standards is very, very paramount to the facility's operation.

Warden Thompson noted that while the audit team was at the facility, they had just finished an expansion project. Warden Thompson reported that the facility added on a new medical section, and currently the facility continues to undergo renovations because the facility was built in 1989. Warden Thompson stated that security panels and such had not been upgraded since that time. Warden Thompson commented that the administration and staff take great pride, over the years to be able to maintain the facility. Warden Thompson commented that they are very much looking forward to the renovations. Warden Thompson addressed the two non-compliant areas. Warden Thompson reported that standard .01 J (5) Search Procedures was being done however, the documentation that was used to record it in a logbook and due to some process-changes it was overlooked. Warden Thompson commented that since the audit, they visited with the Charles County Detention Center and Calvert County Detention Center because those facilities are in close proximity to the St. Mary's County Detention and Rehabilitation Center. Warden Thompson stated that they visited those two facilities to try to glean how they could best improve documentation. Warden Thompson reported that the facility has implemented a combination of the processes between those two facilities to make sure that they document as searches coming in. Warden Thompson emphasized that we all know that it is very paramount to be able to do the search of items coming in. Warden Thompson commented that recently, they caught a screwdriver on the bread delivery. Warden Thompson commented that they know it is very important to do these searches and it is paramount to the safety of not only the staff, but also the inmates. Warden Thompson commented on the non-compliance concerning standard .03 E Dietary Medical Screenings. Warden Thompson commented that the administration and staff know that the non-compliance regarding dietary medical screenings is very serious. Warden Thompson reported that the facility had some staffing challenges as everybody has faced and before somebody is granted access to the facility, they have to ensure that they do that. Warden Thompson reported that they facility could not provide the documentation, so if it is not documented then it did not happen. Warden Thompson commented that the administration fully gets it. Warden Thompson said that the administration and staff are prepared for when MCCS visits the facility for the monitoring visit. Warden Thompson commented that they welcome the audit team at any time. Warden Thompson stated that she would also like to extend kudos because Ms. Moore and her staff are always available if they have any questions in regards to state standards. Warden Thompson commented that she reached out to MCCS just last week about restrictive housing and she very much appreciated being able to consult with Executive Director Moore as they go forward. Warden Thompson concluded her comments with a huge thank you to the MCCS staff.

Chairperson Reece entertained a virtual motion and vote to approve the audit report with the established monitoring date. Vice Chairperson Terry Kokolis made a motion to approve the audit report with the established monitoring date and Citizen Member Delores Alexander seconded. The unanimous response of silence denoted the approval of the audit report.

7. CONTINUING BUSINESS

APPEAL HEARING – MCI-H

Chairperson Reece called to order the Appeal Hearing at 11:46 a.m. regarding the Maryland Correctional Institution-Hagerstown. The Appeal Hearing regarding the Maryland Correctional Institution-Hagerstown was rescheduled until the next regularly scheduled Commission meeting due to the lack of a quorum at the 279th Commission (Remote) Meeting, held on January 26, 2023.

Continuation of Appeal Hearing-Maryland Correctional Institution-Hagerstown – Standard .02 A Fire Safety Inspections. The representatives from the Maryland Correctional Institution-Hagerstown were: Warden Gregory Werner, Assistant Warden Laura Golliday and Lieutenant Joshua Shaw. The representative from the Maryland Commission on Correctional Standards was Mr. Brian Raivel (Correctional Program Specialist). The Commission Oath was presented to all parties by Assistant Executive Director Tanya Joyner regarding the testimonies to be presented at the hearing regarding the Maryland Correctional Institution-Hagerstown. The Commission on Correctional Standards Board members reviewed all documentation submitted, heard testimony and arguments from each party, accepted evidence submitted by each party, and allowed direct and cross-examination of all witnesses. As the presiding officer of the Commission meeting and hearing, Chairperson T.D. Reece stated the decision of the Commission is the record based on the findings of fact and conclusions of law. The Commission on Correctional Standards Board members deliberated and unanimously determined that the facility was noncompliant with Standard .02 A Fire Safety Inspections and affirmed the auditor and Executive Director Veronica Moore's decision and found the appeal without merit and the standard remains non-compliant. The vote to uphold the findings of the non-compliance regarding standard .02 A Fire Safety Inspections was unanimous. Due to the length of the testimonies presented, the full transcript (testimonies, questions and responses) of the hearing is maintained on a separate transcript.

Chairperson Reece entertained a virtual motion and vote to approve the audit report with the established monitoring date. Assistant Attorney General Beverly Hughes made a motion to approve the audit report with the established monitoring date and Citizen Member Delores Alexander seconded. The unanimous response of silence denoted the approval of the audit report. Commissioner Annie Harvey requested a recusal from the vote regarding the appeal and the audit report.

8. ANNOUNCEMENTS

None

9. ADJOURNMENT

Chairperson Reece entertained a motion to adjourn the 280th Commission (Virtual) Meeting. Citizen member Delores Alexander made a motion to adjourn the meeting and Commissioner Dionne Randolph seconded. The 280th Commission (Remote) Meeting concluded at 12:18 p.m.