



## Department of Public Safety and Correctional Services

### Maryland Commission on Correctional Standards

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INTERIM CHAIRPERSON

VERONICA MOORE  
ACTING EXECUTIVE DIRECTOR

271<sup>st</sup> Commission Meeting (Virtual Meeting)

July 30, 2020

### Minutes

#### MEMBERS PRESENT:

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

Delores Alexander, Citizen Member

Dr. Maria Elmo, Healthcare Representative

Wayne Hill, Commissioner, Division of Correction

Beverly Hughes, Assistant Attorney General, representing Attorney General

Brian E. Frosh

Terry Kokolis, Director, Talbot County Department of Corrections

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

Michael Resnick, Commissioner, Division of Pretrial Detention Services

Montrell Spence, Citizen Member

Shakia Word, Budget Analyst, Department of Budget and Management, representing  
Secretary David R. Brinkley

#### STAFF PRESENT:

Acting Executive Director Veronica Moore

Cheryle Moyer, Senior Correctional Program Specialist

Regina Russell, Correctional Program Specialist

Brian Raivel, Auditor

LaDonna Newman, Management Associate

#### VIRTUAL GUESTS:

Director Mary Lou McDonough, Prince George's County Department of Corrections

Director Angela Talley, Montgomery County Department of Corrections and  
Rehabilitation

Warden Suzy Malagari, Montgomery County Correctional Facility & Montgomery  
County Detention Center

Deputy Warden Martin Westby, Montgomery County Detention Center

Acting Chief Robin White, Montgomery County Medical and Behavioral Health

Warden Jama Acuff, Maryland Correctional Institution-Jessup

Assistant Warden John Kelson, Maryland Correctional Institution-Jessup

Sergeant Fateema Mobley, Audit Coordinator, Maryland Correctional Institution-  
Jessup

Mrs. Chidi Oriaku, Health Services Administrator, Maryland Correctional Institution-  
Jessup

Warden Charles Scott, Caroline County Detention Center

Deputy Warden Nicole Jackson, Caroline County Detention Center

Sergeant Timothy Brewer, Caroline County Detention Center

Facility Administrator Damilare Adisa, Baltimore City Correctional Center

Major Genieve Goodall, Baltimore City Correctional Center

Sergeant Evette Neaves, Baltimore City Correctional Center

Iyabo Clement, Registered Nurse, Baltimore City Correctional Center

Director Gail Watts, Baltimore County Department of Corrections

Deputy Director Renard Brooks, Baltimore County Department of Corrections

Captain Daniel Swain, Baltimore County Department of Corrections

Lieutenant Dawn Copper, Baltimore County Department of Corrections

Assistant Sheriff Brian Eley, Charles County Detention Center and Annex

Director Brandon Foster, Charles County Detention Center and Annex

Deputy Director Robert Studds, Charles County Detention Center and Annex

Lieutenant Richard Hulvey, Standards Coordinator, Charles County Detention Center and Annex

Warden Michael Capasso, Harford County Detention Center

Major Michael Gullion, Harford County Detention Center

Mrs. Christy Rumbaugh, Compliance Manager, Harford County Detention Center

The Maryland Commission on Correctional Standards held the 271<sup>st</sup> Commission Meeting (Virtual Meeting) via Google Meet, due to the State of Maryland's Elevated Level II status regarding COVID-19. The agenda was as follows:

1. Welcome/Introduction/Remarks
2. Approval of Minutes, January 30, 2020
3. Chair's Comments
4. Consideration of Final Reports
  - Prince George's County Department of Corrections
  - Prince George's County Community Release Center
  - Montgomery County Correctional Facility
  - Montgomery County Detention Center
  - Maryland Correctional Institution-Jessup
  - Caroline County Detention Center
  - Baltimore City Correctional Center
5. Continuing Business/Monitoring Reports
  - Baltimore County Department of Corrections
  - Charles County Detention Center and Annex
  - Harford County Detention Center
6. New Business
  - Nomination/Vote for Chairperson and Vice Chairperson
7. Announcements
8. Acting Executive Director's Comments
9. Adjournment

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

Major T.D. Reece (Interim Chairperson) commenced the 271<sup>st</sup> Commission Meeting (Virtual Meeting) at 10:00 AM. Major Reece stated that hopefully this meeting will not be one of many, rather it will be one of few virtual meetings. Major Reece informed the virtual audience that he would serve as the Interim Chairperson for the meeting. Interim Chairperson Reece announced the virtual meeting guidelines regarding how the meeting would be conducted. Interim Chairperson Reece announced that the meeting would be recorded. He requested that each guest state their name and title prior to speaking for the purpose of knowing who is speaking/responding to a question. Interim Chairperson Reece advised attendees that they may exit the meeting once their facility's report has been read/voted on by the Commission Board. Interim Chairperson Reece announced that the Recognition of Achievement awards will be forwarded directly to the individual facilities whose report is approved at the meeting. Interim Chairperson Reece conducted a Roll Call (attendance) of the Commission members for the purpose of a quorum for the virtual meeting. Interim Chairperson Reece conducted a Roll Call regarding the attendance of the MCCS staff who were present at the meeting.

Interim Chairperson Reece explained the voting process regarding the audit/monitoring reports. Interim Chairperson Reece further explained that the approval of reports will be denoted by a response of silence and covered in the motion to approve the report. He stated that if a Commission member is opposed to the report, the member can state his/her name and enter a response of "nay" regarding the report.

## **2. APPROVAL OF MINUTES – JANUARY 30, 2020**

Interim Chairperson T.D. Reece entertained a virtual motion/vote on the approval of the Minutes of the January 30, 2020 meeting. Deputy Director Nelson Reichart made a motion to approve the Minutes of the January 30, 2020 meeting and Citizen Member Delores Alexander seconded. The unanimous response of silence denoted the approval of the Minutes of the January 30, 2020 Commission meeting.

## **3. INTERIM CHAIR'S COMMENTS**

Interim Chairperson Reece noted a change regarding the Agenda for the 271<sup>st</sup> Commission meeting. Interim Chairperson Reece stated that the audit reports regarding the Prince George's County Department of Corrections and the Prince George's County Community Release Center would be presented first/second for the Consideration of Final Reports.

## **4. CONSIDERATION OF FINAL REPORTS**

### **• PRINCE GEORGE'S COUNTY DEPARTMENT OF CORRECTIONS**

Senior Correctional Program Specialist Cheryle Moyer reported on the audit of the Prince George's County Department of Corrections which was conducted on January 7-10, 2020 by Commission staff and eight Duly Authorized Inspectors. The Prince George's County Department of Corrections is located in Upper Marlboro, Maryland. The detention center detains male and female, sentenced and pretrial inmates. The facility comes under the administrative

authority of County Executive Angela Alsobrooks and is managed daily by Director Mary Lou McDonough. After a thorough review of the required documentation, the Prince George's County Department of Corrections was found to be in compliance with the majority of the standards for an Adult Detention Center. The identified deficiencies were as follows: First aid kit monthly inventories were not provided for transportation vehicles, as required by the standard. Weekly inventories of dental needles and syringes were not available for years 2017, 2018 and 2019, as required by policy and the standard. Records for the issuance and disposal of toxic, caustic and flammable materials were not available for the audit period of February 2017 through January 2020, as required by the standard. The pre-audit materials were received by MCCS, prior to the audit. Some primary and secondary documentation was located in the multi-purpose room and other documentation was available for review in the units of the facility where the specific functions occur. The facility staff, the administration and the audit coordinator were accessible to assist auditors with acquiring audit documentation, requests, to answer questions and to escort the auditors to assigned departments, as necessary. The majority of secondary and primary documentation was located in specific areas where the functions occur in the facility. The detention center post orders, emergency plans, inmate orientation materials, references materials, policy and procedure manuals were reviewed by auditors and found to adequately address staff and inmate concerns, and public safety of the community. The audit coordinator and assistants were new to the audit process. A system of storage and retrieval of audit documentation will prove to be beneficial for audit purposes. It is also important that the facility's audit team and staff work together, as a cohesively, to ensure that a tickler system is developed to assess and ensure the documentation meets the compliance criteria of the standards. The audit coordinator and audit team should devise organizational methods to retrieve audit documentation which will improve the audit process. Required primary and secondary audit documentation for the determined audit period should be stored, maintained and available for review and assessment during the MCCS audit. As the audit coordinator's team develops, the administration will need to provide the necessary resources and support to ensure audit documentation is available to assess and meets compliance with the standards. The facility tour was conducted by four groups of auditors. Facility staff was assigned to escort auditors throughout the detention center and the outside facility grounds. The detention center was found to be in fair condition. The majority of the maintenance and repair issues were not addressed prior to the conclusion of the audit. The facility staff expressed that these repairs and maintenance issues required additional time to repair. The majority of the housing units' issues were a part of the facilities renovation plans. The auditors cited significant maintenance issues during the tour, such as: peeling paint and a ceiling leak in classroom D, sticky traps located under a vending machine, inner sally port located in the basement had missing floor tiles and peeling paint. The basement delivery room had exposed wires at the junction box, cracked floor tiles, and peeling paint throughout the corridor walls, due to a roof leak. In the west stairwell, three lights were out and 2 damaged light covers. In housing unit H11A, phone # 2 was not working. Rusted pipes in housing unit H1, mold and mildew issues in all housing units, peeling paint and writing on walls in housing units H1 (104, 105, 106, 222 and 227), 4 ceiling lights out in the H17. The kitchen had an inoperable tray washer, a storage office that needs cleaning, and inmate bathroom in need of a soap dispenser. Auditors noted broken viewing blinds in the court corridor and a clogged sink in the security administration women's bathroom. For issues that required additional time to repair, work orders were submitted to MCCS on the last day of the audit. It is important that staff continuously enforce sanitation procedures to ensure a sanitary

work and living environment for inmates and staff. The facility's housing unit renovations are still underway, with housing units being currently renovated are H-3, 4A, and 4B. Renovations include painting of the entire unit, reconditioned floors, stainless steel toilets, new dayroom lighting, new table tops and stools and outside recreation will have designed court areas for basketball and handball. Renovation of housing units 5, 6, 11A, 11, B, 12, 1, 2, 14, and 15 are projected to be completed by 2023. The expansion of the Medical Unit is projected to begin in the spring of 2020. The renovations will include increasing the cell capacities in the infirmary and the isolation cells. In addition, a second floor will be added for administrative offices. This project is scheduled to begin January 2021. The Maryland Commission on Correctional Standards will conduct a monitoring visit on Friday, February 19, 2021 at 10:00 a.m., to assess the compliance with the standards found in noncompliance at the audit. Once compliance has been determined, The Prince George's County Department of Corrections will be recommended to receive the Recognition of Achievement Award. The Prince George's County Department of Corrections staff and management must utilize the standards as a tool in the everyday operations within the facility. As an Adult Detention Center, staff demonstrate an understanding of the importance of the standards, as a foundation. The county leadership is encouraged to continue to support and necessary resources to encourage total compliance with the standards.

Interim Chairperson T.D. Reece welcomed comments from the representatives of the Prince George's County Department of Corrections. Director Mary Lou McDonough stated her name/title as required regarding the meeting guidelines of a virtual meeting. Director Mary Lou McDonough announced her retirement effective August 1, 2020. Director Mary Lou McDonough stated that she would be providing comments and addressing any questions regarding the audit report for the Prince George's County Department of Corrections. Director McDonough stated that there were a number of staff members who joined the meeting via telephone in order to gain more knowledge regarding the process. Director McDonough reported that the facility has a new audit coordinator. She added that she believed the assignment of a new audit coordinator contributed to the delay in the availability of some of the paperwork. Director McDonough reported that while the facility has been focused on COVID-19 since January 2020, they have had to redirect their focus on the audit results. She reported that the audit coordinator has put together the necessary paperwork to address the non-compliances that were cited during the audit regarding the three deficient areas. Director McDonough stated that the deficient areas have been corrected and they will be able to substantiate compliance at the time of the monitoring visit. Director McDonough reported that a major renovation project is underway in the jail. She stated that many of the conditions that were cited during the audit will be taken care of during the renovation. Director McDonough commented that prior to COVID-19, the facility was at a low point regarding the inmate population. She added that the Prince George's County Department of Corrections facility is operating at approximately fifty percent occupancy. Director McDonough addressed the non-compliance regarding standard .02 E (2) Emergency Medical Services. She reported that the first aid kits in the vehicles are being inventoried regularly. Director McDonough addressed the non-compliance regarding standard .02 K (4) Control of Medical and Dental Instruments. She stated that the inventories were being conducted, but the dentist does not work every week of the year. Director McDonough explained that the inventories were only conducted when the dentist office was open and there was no documentation to substantiate compliance regarding weekly inventories of dental needles and syringes as required by the standard. Director McDonough stated that the practice regarding

the weekly inventory of dental instruments is now in place. Director McDonough addressed the non-compliance regarding standard .04 A (3, 4) Toxic, Caustic and Flammable Materials. She reported that the non-compliance regarding Toxic, Caustic and Flammable Materials was cited regarding open cans of paint. She stated that open cans of paint were not inventoried as required by the standard. Director McDonough stated that the auditors will see proof of compliance at the time of the re-inspection which is scheduled in February 2021. Director McDonough assured the Commission members that the three deficiencies are now in compliance. Director McDonough expressed appreciation to the auditors for their assessment of the facility. She concluded by stating that the audit is always an enlightening experience.

Interim Chairperson T.D. Reece invited comments/questions from the Commission members. There were no comments or questions.

Interim Chairperson T.D. Reece entertained a virtual motion/vote to approve the audit report. Deputy Director Nelson Reichart 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.

- **PRINCE GEORGE'S COUNTY COMMUNITY RELEASE CENTER**

Senior Correctional Program Specialist Cheryle Moyer reported on the audit of the Prince George's County Community Release Center which was conducted on January 7-10, 2020 by Commission staff and eight Duly Authorized Inspectors. The Prince George's County Community Release Center, located in Upper Marlboro, Maryland is a 74-bed community based residential facility, opening in October 2018. The facility houses male and female, sentenced and pre-trial residents who have been approved for community placement. The residents are assessed and have agreed to participate in program with individual case management plans, to address their needs regarding; cognitive/behavioral interventions, substance abuse, mental health treatment and workforce development. The facility comes under the administrative authority of County Executive Angela Alsobrooks and is managed daily by Director Mary Lou McDonough. After a thorough review of the required documentation, the Prince George's County Community Release Center was found to be in substantial compliance with the standards for an Adult Community Correctional Facility. The identified deficiencies were as follows: A semi-annual recorded search of inmate living, program and activity areas was not conducted during the audit period of January 1, 2019 through January 1, 202, as required by the standard. Records of quarterly inspections, daily inventories and issue and return records for keys were not available for the entire audit period of January 1, 2019 through January 1, 2020, as required by the standard. Quarterly fire drills on each shift were not conducted during the audit period of January 1, 2019 through November 1, 2019, as required by the standard. Records of monthly first aid monthly inventories were not available for the entire audit period of January 1, 2019 through January 1, 2020 as required by the standard. Records were not available for release of medication upon the inmate's release/transfer during the audit period of January 1, 2019 through January 1, 2020, as required by the standard. Physical examinations were not conducted on four inmates within 14 days of their arrival and prior to their transfer to the community release center, as required by the standard. Quarterly inspections and inventories of toxic caustic and

flammable materials were not available for the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> quarters of the audit period of January 1, 2019 through September 1, 2019, as required by the standard. Issue and disposal records for TCF's were not available for the entire audit period of January 1, 2019 through January 1, 2020, as required by the standard. Records of weekly facility sanitation inspections were not available for the audit period of February 1, 2019 through September 1, 2019, as required by the standard. Records of inmate orientations were not available for the entire audit period January 1, 2019 through January 1, 2020, as required by the standard. Prior to the audit, pre-audit materials were submitted as requested to the MCCS staff for review. The facility was in immaculate condition on the days of the audit. The current manuals of standard operating procedures, emergency plans, post orders, manuals of standard operating procedures and inmate orientation materials were available for auditor review. This information was found to be informative and instructional to the needs of the residents, staff and the local community. Facility staff were available to assist auditors with the retrieval of specific documentation. The following standards were not applicable: .01 J (1, 2, 3, 4, 5, 6) Tool Control, .01 K (2) Transportation of Inmates (Security Equipment), .02 K (1, 2, 3, 4, 5, 6, 7) Control of Medical and Dental Instruments, .02 M Licensing/Certification, .03 A Menu Approval, .03 C Health Inspection, .03 D Dietary Hygiene Practices, .03 E Dietary Medical Screening, .03 H Supervision of Food Services, .03 I Weekly Dietary Sanitation Inspections, .03 J Kitchen Utensils. The facility tour was conducted by one group of auditors at the Prince George's County Community Release Center. This facility was renovated from a daycare center to a community corrections facility. It was found to be in immaculate condition. During the tour, the majority of the issues cited by the auditors; were minor and addressed prior to the conclusion of the audit. Other issues that required additional time to repair include the following: a janitors closet located in the receptions area, needs cleaning, three ceiling panels located in central control need repair, the stairwell in central control needs to be cleaned as well as, the security room located in the security administration room needs cleaning; the repair of a clogged sink in the woman's bathroom, located in the security administration area; the repair of broken viewing blinds, located in the roll call room and servicing of a fire extinguisher located in the pre-trial area. The facility was exceptionally clean and orderly which presents a sanitary environment for inmates and staff. The Maryland Commission on Correctional Standards will conduct a monitoring visit on Friday, February 19, 2021, at 10:00 a.m. to assess compliance with the standards found in noncompliance at the audit. Once compliance has been determined for the noncompliant standards, the Prince George's County Community Release Center may be recommended for the Recognition of Achievement Award. In conclusion, the standards remain a vital tool for managing the daily operations of the facility. The Prince George's County Community Release Center's management and staff are supportive regarding the use of the standards to promote total compliance. The Prince George's County Department of Corrections and the County Executives are encouraged to continue to provide the necessary support and resources to achieve and maintain a high level of compliance.

Interim Chairperson T.D. Reece welcomed comments from the representatives of the Prince George's County Community Release Center. Director Mary Lou McDonough stated her name/title as required regarding the meeting guidelines of a virtual meeting. Director Mary Lou McDonough reported that the Prince George's County Community Release Center is a new facility. She reported that the administration and staff were not sure that the community release center would be audited simultaneously with the main facility's audit until about two weeks prior

to the audit. Director McDonough stated that she thinks that some non-compliances in the notes that were presented were actually regarding the main facility. She mentioned that it was cited in the report that the community release center has a stair case, but the community release center is a one-story building. Director McDonough mentioned that she agreed with the statement made regarding the facility being in excellent condition with no maintenance issues. She stated that they were doing all of the things, but if there is no proof it means that it was not done. Director McDonough commented that one of the things that was lacking during the audit was some of the documentation. She assured the Commission members that all of the deficient areas have been corrected. Director McDonough commented that she was not sure if she was welcoming to the auditors because the facility was only open for about a year. Director McDonough stated that it was good that the audit was conducted this early because it will prepare the facility for the next audit. She stated that if the audit was conducted three years from now, many of the deficiencies would still be in existence. Director McDonough reported that days after the audit the necessary forms were created that were not available during the audit for the auditors to review e.g., the inventories and fire drills which were being conducted but not documented properly. Director McDonough stated that she is of the belief that all of the documentation is now being done. She stated that she had copies of the documentation in her possession to show that they are collecting and documenting the information. Director McDonough commented that she believes the monitoring visit scheduled in February 2021 will be a simple review of everything that they are doing. She emphasized that the facility will be in compliance with absolutely no problem. Director McDonough expressed appreciation to the auditors for their hard work throughout the audit process. She stated that it is always difficult to visit another facility, in particular the volunteers because they are used to how they do things. Director McDonough stated that Prince George's County is the last county to open a community release center. She also stated that Prince George's County was one of the first counties that opened a community release center in the 1990's, however the facility had to close due to financial issues. Director McDonough commented that they are the only jail in the country that converted the former facility into a daycare center and then converted a daycare center into a community release center. She stated that the community release center is a very nice facility that is in walking distance and within a block of the main facility which makes it convenient for medical and feeding. Director McDonough commented that the occupancy will likely increase when the pandemic is over. She stated that right now the occupancy is very, very low regarding residents. Director McDonough concluded her comments and expressed appreciation again to the auditors. She stated that she believes the MCCA staff will be very pleased with the results that they see. Director McDonough thanked the Commission members and Commission staff for all of their efforts.

Interim Chairperson T.D. Reece welcomed comments and questions from the Commission members. Interim Chairperson Reece asked Director McDonough is an audit coordinator assigned to each facility. Director McDonough stated that there is one audit coordinator assigned to both facilities.

Interim Chairperson T.D. Reece entertained a virtual motion/vote to approve the audit report. Citizen member Delores Alexander made a motion to approve the audit report and Deputy Director Nelson Reichart seconded. The unanimous response of silence denoted the approval of the audit report.

Interim Chairperson Reece extended best wishes to Director Mary Lou McDonough on her retirement. He stated that Director McDonough has been a great friend to corrections and the Maryland Correctional Administrators Association (MCAA). Interim Chairperson Reece said that Director McDonough could always be counted on to assist in any situation. Director McDonough announced that Deputy Director Corenne Labbe' will serve as the Acting Director as of August 1, 2020.

- **MONTGOMERY COUNTY CORRECTIONAL FACILITY**

Correctional Program Specialist Regina Russell reported on the audit of the Montgomery County Correctional Facility which was conducted on September 17-20, 2019 by Commission staff and four Duly Authorized Inspectors. The Montgomery County Correctional Facility located in Boyds, Maryland, is the main detention facility in the county for pretrial and sentenced male and female detainees. The facility operates under the administrative authority of Director Angela Talley of the Montgomery County Department of Correction and Rehabilitation and is managed by Warden Susan Malagari. After a thorough review and assessment of the required documentation, the facility was found to be in substantial compliance with the standards for an Adult Detention Center. The identified deficiencies were as follows: Records of the weekly inventories and usage of needles and syringes in the dental department were not available for the audit period of October 2016 through August 2019, as required by the standard. An annual comprehensive health inspection was not conducted during 2018 of the audit period of October 2016 through September 2019, as required by the standard. The following standards were not applicable to the Montgomery County Correctional Facility, at the time of the audit: .01 M Inmate Transportation, .01 N Intake Procedures, .01 O Release Procedures, .02 G Reception Medical Screening, .02 P Release Medical Screening, .04 I Inmate Property Management (except .04 I (3) Confiscation receipt/return). The administration and staff were well prepared and organized for the audit. The pre-audit materials were received prior to the audit. Secondary documentation was centralized in the conference room and laptops were available to access policies and procedures, as well as, additional secondary documents. Additional documentation was located in areas of the facility where specific functions occur. Facility staff remained accessible to answer questions, provide additional documentation and to escort the audit team members to various locations in the facility. The emergency plans and post orders address staff and inmate concerns and public safety. Inmate orientation materials cover issues that are relevant to the inmate population. The current manuals of standard operating procedures continue to be instructional to staff, functional and comprehensive. The facility tour was conducted by four groups of auditors and staff. The physical plant was in good condition during the tour of the facility. There were minor sanitation issues noted by the auditors. The majority of the sanitation and maintenance issues, cited by the auditors, were proactively addressed by the staff. Maintenance issues which required additional time for repair were the replacement of chipped and warped tile on W2 cluster, leaking pipe chases on W21, W22 and W23, a leaking toilet on W21 cell 13, a light burned out in recreation pod on W21, W23 cell 31 toilet does not flush, a light burned out in recreation pod on W23, missing and cracked tile in showers in W1.135, W1.136, W1.433, W1.434, W1.436, W1.533, W1.534, W1.535, W1.633, W1.634, W1.635, W1.636, W1.1 cell 19 has water leak and water pressure needs adjustment, there was no hot

water in W1.1 cells 8 and 22, W1.4 cells 5, 7, and 8 , W1.5 cells 8, 21, W1.6 cells 8, 9, 10, 11, 19, and 26, the sink was clogged in W1.6 cell 11, there was no water in W1.3 cell 8, a light burned out on N2 (N2016) and N2.015, there was no cold water on N2-1 D side cell 1 and W1.4 cell 3, low water pressure on N2-1 D side cell 2, a connection is needed for the lint trap in W1.1 laundry room, the washers were not working in W1.1. W1.2 and W1.3 laundry rooms, there was peeling paint in W1.2 multipurpose room and recreation pod, W1.3 multipurpose room and recreation pod, W1.4 recreation pod, W1.5 recreation pod, W1.6 recreation pod, and inmate processing area's holding cells, a water leak in W1.3 sanitation closet, the toilet button is stuck in W1.4 cell 3, the air vents need cleaning in W1.4 cell 3, 6, 7, and W1.6 cell 26, the repair is needed for W1.6 cell 12 door to avoid damage to the tile floor, there are lights out in the ODR salad bar and microwave area and soap dispenser needs repair in ODR male bathroom. Overall, the facility, as well as the grounds, was well maintained and orderly, during the dates of the audit. The Maryland Commission on Correctional Standards will conduct a monitoring visit on Tuesday, February 9, 2021 at 1:00p.m., to assess compliance with the noncompliant standard that was noted during the initial audit. Once compliance has been established, the Montgomery County Correctional Facility will be recommended to receive the Recognition of Achievement Award. The Montgomery County Correctional Facility has demonstrated their commitment to adhering to the standards for an Adult Detention Center. The Montgomery County Commissioners are encouraged to continue to provide the support and the resources necessary to the Montgomery County Correctional Facility in their efforts to achieve total compliance with the standards.

Interim Chairperson Reece welcomed comments from Warden Suzy Malagari of the Montgomery County Correctional Facility. Warden Malagari stated that Director Angela Talley joined the virtual meeting. Director Angela Talley stated her name/title as required regarding the meeting guidelines of a virtual meeting. Director Talley stated that Warden Suzy Malagari would join in to add comments and address questions from the Commission members. Director Talley commented that she would like to thank the Commission staff for "getting us together" in this difficult time in order to get business completed. Director Talley stated that everybody is focused on COVID-19 and the challenges in dealing with it. Director Talley said that it was good to see everyone healthy. She expressed appreciation to Correctional Program Specialist Regina Russell for a thorough report. Director Talley thanked the audit team for visiting the facility. Director Talley stated that quite frankly when she hears the non-compliance (Standard .02 K Control of Medical and Dental Instruments) regarding the missing records, she is perplexed because they still cannot locate the missing records. She stated that it was done but they cannot find the records. Director Talley stated that the administration/staff have addressed the issue regarding standard .02 K (4, 6, 7) Control of Medical and Dental Instruments. She stated that when the audit team visits the facility to conduct the monitoring visit, they will find that all of the documentation is where it needs to be. Director Talley addressed the non-compliance regarding standard .03 C Health Inspections. She reported it is her understanding that it was a clerical issue with the issuing authority. She stated that they are working with the health officer to correct it because the health inspections were completed but they were miscoded. Director Talley stated that they are working on correcting the paperwork before the scheduled monitoring visit. Director Talley thanked the audit team for their recommendations and time. She stated that it takes a lot to do the work that the auditors do. She stated that they appreciate the ongoing feedback because it keeps them sharp and helps with maintaining compliance with the standards. Director Talley invited comments by Warden Suzy Malagari.

Warden Malagari echoed the comments made by Director Angela Talley. She stated that the administration and staff are always thankful to the audit team for their views and recommendations. Warden Suzy Malagari stated her name/title as required for the meeting guidelines of a virtual meeting. Warden Malagari commented that an outside view is always helpful. Warden Malagari stated that the administration and staff are always appreciative of the recommendations of the audit team.

Interim Chairperson T.D. Reece invited comments/questions from the Commission members. Dr. Maria Elmo asked for an explanation regarding the non-compliance with standard .02 K (4, 6, 7) Control of Medical and Dental Instruments as it related to the inventory of the sharps and syringes. Director Talley responded to the question raised by Dr. Elmo. Director Talley stated that Acting Chief Robin White (Medical and Behavioral Services) was also present to provide additional information regarding the non-compliance with standard .02 K (4, 6, 7) Control of Medical and Dental Instruments. Director Talley responded that the medical personnel check in and check out at the front desk. Director Talley stated that it was believed that the logs were taken. Director Talley commented that Sergeant Chris Auen (audit coordinator) was not present at the meeting due to unforeseen circumstances. She commented that Sergeant Auen could provide more insight on the matter. Director Talley stated that the logs were collected as far as the preparation for the audit process. Director Talley stated that they could not locate the logs in the audit room. Director Talley stated that the logs were there at one point. She explained that it is her belief that the logs/records were shredded by accident. Director Talley asked Warden Malagari if she had any additional comments regarding the missing logs/records. Warden Malagari stated that she agreed with the explanation provided by Director Talley. Warden Malagari stated that she witnessed that the logs were collected and placed in folders. She stated that perhaps the logs were shredded or filed in another file. Warden Malagari commented that the issue has been corrected. Warden Malagari stated that all parties (medical staff and facility staff) have been involved in the process to ensure compliance. Warden Malagari stated that she is confident that standard .02 K (4, 6, 7) Control of Medical and Dental Instruments will be in compliance at the time of the scheduled monitoring visit.

Interim Chairperson T.D. Reece entertained a virtual motion/vote to approve the audit report. Citizen member Delores Alexander made a motion to approve the audit report and Dr. Maria Elmo seconded. The unanimous response of silence denoted the approval of the audit report.

- **MONTGOMERY COUNTY DETENTION CENTER**

Correctional Program Specialist Regina Russell reported on the audit of the Montgomery County Detention Center which was conducted on October 22-24, 2019 by Commission staff and three Duly Authorized Inspectors. The Montgomery County Detention Center (MCDC) is located in Rockville, Maryland. As the Central Processing Unit, it is responsible for the intake and release processing of male and female detainees. The facility operates under the administrative authority of Angela Talley, Director of the Montgomery County Department of Correction and Rehabilitation and is managed by Warden Suzy K. Malagari. After a thorough review and assessment of the documentation, the facility was found to be in compliance with the standards for an Adult Detention Center. The identified deficiencies were: The majority of the quarterly fire drills (50%) documented on the Emergency Drill Reports for the audit period of

November 2016 through October 2019 were not fire emergency related, as required by policy and the standards. Signatures of staff and inmates were not documented on the Inmate Property Confiscated Form, DCA-14B, upon the return of the inmate's confiscated property, during the audit period of November 2016 through October 2019, as required by the standard. Semiannual inventories of all inmate property retained by the facility was not conducted for the audit period of April 2018 through October 2019, as required by the standard. Training records for uniform and civilian staff demonstrated that (13 of the 24) uniform staff did not receive annual CPR certification and (3 of 13) civilian staff did not receive disaster plan awareness, during the audit period of November 2016 through October 2019, as required by policy 3000-38 and the standard. The following standards were not applicable to the Montgomery County Detention Center, at the time of the audit: .01 M Inmate Transportation and .01 P Special Confinement. The administration and staff were prepared and organized for the audit. The pre-audit materials were received prior to the audit. Secondary documentation was centralized in the multipurpose room and laptops were available to access policies and procedures, as well as, additional secondary documents. Additional documentation was located in areas of the facility where the specific functions occur. Facility staff remained accessible to answer questions, provide additional documentation and to escort the audit team members to various locations in the facility. Several officers were being mentored for certain roles in the audit process and were helpful to the auditors regarding accessing and retrieval of documentation for review and assessment. The emergency plans and post orders continue to address staff and inmate concerns and public safety. Inmate orientation materials provide relevant information that is specific to the inmate population. The current manuals of standard operating procedures are instructional to staff, functional and comprehensive. The policies and procedures are quickly accessible online for the auditor's review and assessment of the facility's practices. The auditors toured the physical plant on the first day of the audit, in three groups. Several sanitation and maintenance issues were noted by the auditors which were promptly addressed by the facility staff throughout the week of the audit. The facility staff provided maintenance work orders for areas which need additional time to address, such as, the repair of the following cited areas: the light cover over the grill in the kitchen, the light in the inmate visiting room, floor tiles in the male locker room, a hole outside the freezer area in the kitchen, no hot water in CPU – female holding cell, the cold water button and hot water pressure in CPU – Male Jail Service, the hot water button and cold water pressure in CPU Male Holding #1, no water in CPU Female Holding Cell, the faucets were not working in CPU Female Isolation Cell #1, the cold water button in CPU Male Jail Service Cell, the ceiling leaks in the female bathroom in Security Administration Area, at the Visiting Desk, the kitchen by the freezer and middle station in Pretrial, the floor needs painting at the E-5 Intake Sally Port, the left knob on the sink is broken in E-5 Cell 3, replace the stained ceiling tile in the Lobby Area, the Storage Room and Office Services Coordinator's Office of the records section, replace the vent cover in the Records Manager's Office, the right button on sink in women's bathroom in the Records Section, the ceiling leak above middle station in Pretrial Area, the sink in the R and D – L-2, the peeling paint on walls in the R and D – General Holding, the toilet leaks in F-3 cell 10, replace the ceiling tile in F-5, the fire alarm cover in Unit 1 of WQ, the hole in the ceiling in patio stairwell of WQ, the toilet in F-3 cell 8, replace the shower light in F-1, the light in WQ – Female Locker Room and F-3, the sink buttons in F-3 cells 12, 9, and 10, the toilet, shower #1 and sink in F-3, repair sinks in F-1 cell 1, 3, 9, 10 and 12, the shower in F-1, adjust water pressure in F-5, cells 4 and 5, the sink in F-5, replace shower light and the handle on

the door in F-5, replace smoke detector cover in WQ Supply Closet, the leaking toilet in E-2 cells 1 and 4, adjust water pressure in E-2 cell 7, the toilet button and function in E-2 cells 8 and 14, replace light in E-3 cell 2, the toilet in E-3 cell 4, adjust water pressure in E-3 cell 10, the leak due to sink button in E-3 cell 14, replace the light in E-3 cell 15, and the water leak between cells 4 and 3 in E-4. The facility is expected to begin a partial roof replacement due to the number of ceiling leaks throughout the building, which are to be addressed by the Department of General Services. The facility continues to have several housing units which no longer house detainees and are now closed. As observed by the auditors, the sanitation and maintenance of the facility continues to be exemplary for an adult detention center and provides a safe and sanitary environment for the staff and inmates. The Maryland Commission on Correctional Standards will conduct a monitoring visit on Tuesday, February 9, 2021 at 10:00 a.m. to assess compliance with the noncompliant standards that were noted during the initial audit. Once compliance has been established, the Montgomery County Detention Center will be recommended to receive the Recognition of Achievement Award. In conclusion, the staff at the Montgomery County Detention Center is dedicated to the mission of the department. The standards are implemented to strive for compliance with the standards of an Adult Detention Center. The management and staff take pride in their operations and the facility overall. They proudly share their years of service with the Montgomery County Department, with many staff members having over 20 years of service. The Montgomery County Commissioners are encouraged to provide the support and the resources necessary to the Montgomery County Detention Center to achieve total compliance with the standards.

Interim Chairperson T.D. Reece welcomed comments from the representatives of the Montgomery County Detention Center. Director Angela Talley stated her name/title as required for the meeting guidelines of a virtual meeting. Director Angela Talley expressed appreciation to the audit team for visiting the facility. Director Talley stated that the Montgomery County Detention Center is the old facility. She stated that it is good to know that the auditors found the facility to be well-maintained and cared for. Director Talley commented that the administration/staff have addressed all of the deficiencies noted in the audit report. Director Talley stated that she is confident that the auditors will find the facility in total compliance at the time of the scheduled monitoring visit. Director Talley welcomed comments from Warden Suzy Malagari and Deputy Warden Martin Westby. Deputy Warden Martin Westby stated his name/title as required for the meeting guidelines of a virtual meeting. Deputy Warden Westby expressed appreciation to the audit team, notably Correctional Program Specialist Regina Russell. He said that the audit opened their eyes to areas that they may have missed during the audit period. Deputy Warden Westby noted that all of the deficiencies were clearly identified by the audit team. Deputy Warden Westby commented that all of the deficient areas have been addressed. He concluded by stating that they are looking forward to the re-visit.

Interim Chairperson Reece welcomed comments/questions from the Commission members. Dr. Maria Elmo raised a question regarding the non-compliance related to standard .08 G Training. Dr. Elmo asked what led to the non-compliance and how will the non-compliance be corrected in this time of COVID-19. Director Talley responded that during COVID-19, CPR training classes have been conducted with the firearms staff while practicing social distancing. Director Talley reported that there are classrooms within the facility which allows for up to six participants socially distanced and individuals can use their own equipment. She added that they have been very creative regarding training. Director Talley reported that they had a number of employees who required training by June 2020 in order to be

able to continue to work on the floor. Directory Talley stated that the remote learning/virtual learning have been successful tools during this time. Director Talley stated that the facility has acquired space and enough personal protective equipment in order to be able to hold those trainings throughout the summer. Director Talley deferred to Deputy Warden Westby for an explanation regarding the non-compliance with standard .08 G Training. Deputy Warden Westby reported that the non-compliance was due to the absence of several individuals who were on leave and when they returned several of the processes fell through the cracks. Deputy Warden Westby reported that a new administrative lieutenant is in charge of coordinating and scheduling all of the training for the staff. Deputy Warden Westby stated that the administrative lieutenant has worked very hard to ensure that the staff receives all of the required training. Deputy Warden Westby added that moving forward a checks/balance system was established to ensure the staff receives all of the required training in a timely manner. Interim Chairperson Reece inquired about the non-compliance cited regarding standard .02 C (5) Disaster Plans, specifically fire drills that were conducted but not fire related. Deputy Warden Westby responded that the individuals who were conducting the fire drills were basically focused on other emergency maintenance issues, to include leaks and the flooding of cells. Deputy Warden Westby reported that during the audit, the auditor stressed that the fire drills need to be fire related. Deputy Warden Westby stated that the auditor provided some good examples regarding the fire drills. Deputy Warden Westby stated that moving forward the drills are now more fire-related. Interim Chairperson Reece inquired about the non-compliance regarding standard .04 I Inmate Property Management, specifically the confiscated property form. Deputy Warden Westby responded that the issue regarding the confiscated property form may have been the result of a shakedown or a cell search. Deputy Warden Westby explained that the issue may have resulted from an officer's observance of an inmate having contraband. He further explained that the confiscated property form is made in triplicate form, the original of the form is placed inside of the property bag of the confiscated property and is forwarded to the detention center. Deputy Warden Westby further explained that another copy is filed in the recordkeeping binder. He stated that it was noticed that the original form that was placed inside of the bag with the original signatures was getting filed in a different location. Deputy Warden Westby stated that at the time of the release, the form was not accompanying the regular confiscated property form. He stated that the issue was that the form would have one signature at the bottom and no signature at the top or vice versa. Deputy Warden Westby reported that since the audit, steps have been taken to ensure that the original documentation form is attached to the original property form at the time of arrival and at the time of release the inmate will receive their original property and any confiscated property.

Interim Chairperson T.D. Reece entertained a virtual motion/vote to approve the audit report. Citizen member Delores Alexander made a motion to approve the audit report and Commissioner Michael Resnick seconded. The unanimous response of silence denoted the approval of the audit report.

- **MARYLAND CORRECTIONAL INSTITUTION-JESSUP**

Correctional Program Specialist Regina Russell reported on the audit of the Maryland Correctional Institution-Jessup which was conducted on November 12-15, 2019 by Commission staff and six Duly Authorized Inspectors. The Maryland Correctional Institution-Jessup is located in Jessup, Maryland. The facility houses sentenced male medium, minimum and pre-

release security inmates. It is the designated institution for deaf and hearing impaired inmates. This facility comes under the administrative authority of Commissioner Wayne Hill and is managed daily by Warden J. Philip Morgan. After a thorough review of the required documentation, the Maryland Correctional Institution–Jessup was found to be in compliance with the majority of the standards for an Adult Correctional Institution. The identified deficiencies were as follows: Weekly inventories (monthly with seal) of the Emergency Bag were not conducted within the audit period of December 2018 through November 2019, as required by the policy and the standard. Weekly inventories of bulk needles and syringes were not conducted (minimum of 4x/month), during the audit period of November 2016 through November 2019, as required by the standard. Needle and syringe usage records for (23 types) the Medical Department were not available for the audit period of November 1, 2016 through November 1, 2019, as required by the standard. Records of issue and return of inmate bedding and linen for receiving were not available for the audit period of September 1, 2017 through November 1, 2019, as required by policy and the standard. Prior to the audit, the facility submitted the required pre-audit materials to the MCCA office for review. Some primary documentation was located in the administrative conference room. The majority of the secondary documentation was located in the specific areas of the facility where the functions occur. The audit coordinators were new to the audit process. Their organizational methods, knowledge of facility operations and a can-do attitude, were invaluable to the auditors' ability to access needed information and to expedite the audit process. Debriefings with management were conducted daily in the administrative conference room to provide feedback regarding the status of the audit process. Manuals of standard operating procedures and inmate orientation materials were found to be current, useful to staff and responsive to the needs of inmates. Emergency plans, post orders, policies and procedures reviewed by the audit staff were informative and appropriate for facility staff, inmates and the local community to address public safety concerns. The tour of the institution was conducted by four groups of auditors who were escorted throughout the facility. The physical plant was in good condition during the tour of the facility. Maintenance and minor sanitation issues were noted and were corrected prior to the conclusion of the audit. Work orders and requisitions were provided for issues requiring additional time to repair. In the MCE's Envelope Shop, two lights were out, peeling paint was noted in the Auto Shop, and two lights were out in the Shaw Crow Office. There were two lights out and the inmate bathroom had a broken sink in the Print Shop. In addition, broken lights, broken inmate bathroom sinks and missing tiles were noted in the Gym, Library, Chapel, Maintenance and Education areas. In the Dietary area, the refrigerators were out of order, lights needed replacement in the ODR and repairs for hot water were needed for the dining room serving line and the production area in the Kitchen. Issues with lighting, plumbing, water temperatures, shattered security glass in the pod dayrooms and broken fixtures were noted in housing units BHU, CHU, DHU, EHU, FHU, HHU and L 2/3. Additionally, repairs were in progress for inoperable locking mechanisms on housing unit doors and control center control panels. Overall, the facility was found to be a clean 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 100%
- Percent of applicable inmate well-being standards met:
  - \* Medical, Dental and Mental Health 93%
  - \* Food Service 100%
  - \* Housing and Sanitation 89%

The compliance results are incorporated as a part of this report for the DPSCS MFR 2020 fiscal year reporting requirements. The Maryland Commission on Correctional Standards will conduct a monitoring visit on Wednesday, February 17, 2021 at 10:00 a.m., to assess compliance with the standards found in noncompliance at the audit. Once compliance has been established, the Maryland Correctional Institution – Jessup may be recommended to receive the Recognition of Achievement Award. In conclusion, the staff at the Maryland Correctional Institution–Jessup has demonstrated pride in their facility and dedication to the audit process. The Department of Public Safety and Correctional Services is encouraged to continue to provide the support and resources necessary to support the Maryland Correctional Institution - Jessup to achieve and maintain compliance with the standards for an Adult Correctional Institution.

Interim Chairperson Reece welcomed comments from the representatives of the Maryland Correctional Institution-Jessup. Warden Jama Acuff stated her name/title as required for the guidelines of a virtual meeting. Warden Jama Acuff reported that she was assigned as the Warden of the Maryland Correctional Institution-Jessup in January 2020. Warden Acuff introduced the staff who had joined the virtual meeting. Warden Acuff introduced Sergeant Fateema Mobley (Audit Coordinator); Assistant Warden John Kelson (oversees audit process) and Health Services Administrator Chidi Oriaku (HSA). Warden Acuff commented that the staff have worked very hard to correct the deficiencies cited during the audit. Warden Acuff addressed each of the four non-compliances. Warden Acuff addressed the non-compliance regarding standard .02 K (4, 6) Control of Medical and Dental Instruments, specifically the inventories of the emergency medical bags. She reported that Health Services Administrator Chidi Oriaku and Assistant Director of Nursing (ADON) Battle ensure that weekly inventories are conducted by reviewing the appropriate documentation on a weekly basis. Warden Acuff reported that the Audit Department conducts random unannounced audits to ensure compliance with the standard. She reported that the random spot check findings are reported to the assistant warden. Warden Acuff addressed the non-compliance regarding standard .02 K (4, 6) specifically weekly inventories of bulk needles and syringes. She stated that the tool control officer conducts weekly inventories with the charge nurse to ensure completion. Warden Acuff reported that Health Services Administrator Chidi Oriaku and Assistant Director of Nursing Battle conduct monthly spot checks to ensure the inventory is completed. Warden Acuff reported that the audit department conducts random spot checks to ensure that the standard is compliant. She reported that the findings of the spot checks are forwarded to the assistant warden. Warden Acuff addressed the non-compliance regarding the bulk needle and syringe usage records. She reported that Health Services Administrator Chidi Oriaku and Assistant Director of Nursing Battle conduct monthly spot checks to ensure the documentation is compliant. She reported that the audit department conducts random spot checks to ensure the standard is compliant. Warden Acuff stated once again that the results of the spot checks are reported to the assistant warden. Warden Acuff addressed the non-compliance regarding standard .04 G Inmate Bedding and Linen, specifically the issue and return of inmate bedding and linen. She reported that all of the inmate cells were inspected to ensure that the inmates had adequate bedding and linen. Warden Acuff reported that a new form (Bed Roll Requisition) was created. She reported that a copy of the Bed Roll requisition form is forwarded to the audit department. Warden Acuff stated that the original of the Bed Roll Requisition form is placed in the inmate's property file. Warden Acuff commented that she has personally observed volumes and volumes of those reports. Warden Acuff reported that the audit department has developed a tracking system to track new intakes or transfers. She stated that the audit department conducts

monthly audits to ensure each new inmate Bed Roll Requisition form is placed in their personal property file and forwarded to the audit department. Warden Acuff commented that the administration/staff appreciates the audit. She stated that the team is very dedicated to the standards compliance process. Warden Acuff concluded her remarks and stated that the administration/staff appreciated the feedback from the audit to make the institution better.

Interim Chairperson T.D. Reece invited comments/questions from the Commission members. Dr. Maria Elmo expressed appreciation to Warden Acuff regarding the corrections that have been made regarding the medical department. Dr. Elmo asked for an explanation regarding the bulk needles/syringes regarding this audit. Warden Jama Acuff reported that the records just were not there, but the records are there now. Dr. Elmo raised a question regarding why no one realized that the records were missing for that significant period of time. Warden Acuff deferred to HSA Chidi Oriaku to respond to the question raised by Dr. Elmo. HSA Oriaku asked for clarification regarding the timeframe that was being questioned regarding the missing records. HSA Oriaku stated that she could not locate the records for 2016 which was prior to her arrival at MCI-J. She stated that the records for calendar year 2017 when she arrived at MCI-J were available for the audit team to review. Dr. Elmo asked what is the plan regarding the records when another transition occurs and in the event the current health services administrator leaves to accept another job. Dr. Elmo expressed concern regarding the ongoing issues related to the medical department within the correctional facilities. She stressed that she has been hearing the same explanations each time a transition occurs. Dr. Elmo stated that there are always going to be changes and turnover within the facility, but that does not mean that the records should be missing. Dr. Elmo commented that a plan needs to be developed to ensure the records remain at the facility in the event of changes/transition. Dr. Elmo commented that the medical records are the property of the Division of Corrections. Warden Jama Acuff stated that if there is a changing of the guard again, the audit department will continue to monitor processes to ensure that the records remain at the facility. Dr. Elmo emphasized that the audit department may also change and there needs to be a sound plan in place to ensure the records remain at the facility.

Interim Chairperson T.D. Reece entertained a virtual motion/vote to approve the audit report. Citizen member Delores Alexander made a motion to approve the audit report and Commissioner Michael Resnick seconded. The unanimous response of silence denoted the approval of the audit report. Commissioner Wayne Hill abstained from the voting process.

- **CAROLINE COUNTY DETENTION CENTER**

Senior Correctional Program Specialist Cheryle Moyer reported on the audit of the Caroline County Detention Center which was conducted on November 5-7, 2019 by Commission staff and four Duly Authorized Inspectors. The Caroline County Department of Corrections is 100 years old, and located in the historical district in Denton, Maryland. The facility houses male and female pretrial, sentenced, and work release inmates classified at the maximum, medium and minimum levels of security. The Detention Center is under the administrative authority of the Caroline County Board of Commissioners. The facility is managed daily by Warden Charles Scott. After a thorough review of the required documentation, the Caroline County Detention Center was found to be in substantial compliance with the standards for an Adult Detention

Center. The identified deficiencies were: Records of quarterly inspections and inventories of medical instruments did not reflect documentation of a physical inventory and inspection for the audit period of January 2018 through October 2019 and April 2017 through December 2017, as required by policy and the standard. Needle and syringe usage records were not available for the audit period of January 2017 through November 2019, as required by the standard. Records of initiation, provision and renewal for special diets were not available for the entire audit period of November 2017 through January 2019, as required by policy and the standard. A comprehensive health inspection from the department of health and mental hygiene was not conducted for year 2017, as required by policy and the standard. The administration and staff were organized and prepared for the audit. The pre-audit materials were received by MCCA, prior to the audit. A large portion of the secondary documentation was arranged and located in the multipurpose room. Other audit documentation was available for review in the respective departments, where the specific functions occur. The audit coordinator, facility staff and the administrative staff were accessible to assist with audit documentations requests, answer questions, and escort auditors to the specific departments of the facility when necessary. The emergency plans, post orders, inmate orientation materials, policy and procedure manuals and reference materials were available for the auditors review. This vital documentation, comprehensively, addressed staff and inmate concerns, public safety, and issues relevant to the inmate population. The facility tour was conducted by three groups of auditors. Escorts were assigned to escort auditors throughout the facility. This facility is 100 years old and was found to be in good condition on the day of the tour, with the exception of minor maintenance and plumbing issues. The majority of the issues cited by auditors were repaired, prior to the end of the audit. Work orders were provided for maintenance and plumbing issues that required additional time to repair. These issues include the following: broken toilet lever in wing A9, the replacement of a sink faucet in A7, no hot water in cells B1, B2, D2, D3; no cold water in D5 and D6; a clogged toilet and sink in D10; cracked light cover in B wing, broken toilets in C2 and C4, low water pressure in C3, and a loose railing in the control center. Overall, during the tour auditors found the facility to be in good condition, orderly and sanitary. The Maryland Commission on Correctional Standards' staff will conduct a monitoring visit on Thursday, February 11, 2021 at 11:00 a.m., to assess compliance with the standards found in noncompliance at the audit. Once compliance has been determined, the Caroline County Detention Center will be recommended to receive the Recognition of Achievement Award. The Caroline County Detention Center's staff routinely utilizes the standards as an effective management tool in their daily facility operations. Management and staff are committed to the use of the standards in the audit process and as a guide to achieve total compliance with the standards established for an Adult Detention Centers. The Caroline County Board of Commissioners are encourages to continue to provide the resources and support necessary to achieve total compliance with the standards.

Interim Chairperson T.D. Reece welcomed comments from the representatives of the Caroline County Detention Center. Warden Charles Scott stated his name/title as required for the meeting guidelines of a virtual meeting. Warden Charles Scott expressed appreciation to the audit team for visiting the facility and conducting the audit. Warden Scott thanked the Commission staff for the assistance provided in order to address the deficiencies that were cited during the audit. Warden Scott deferred to Sergeant Timothy Brewer (audit coordinator) to address the non-compliances that were cited during the audit. Sergeant Timothy Brewer stated his name/title as required for the meeting guidelines of a virtual meeting. Sergeant Brewer

addressed each non-compliance and provided the corrective action regarding each non-compliance. Sergeant Brewer addressed the non-compliance regarding standard .02 K (3 4, 6). He reported that the binder was not available regarding the records for inventory of the sharps. Sergeant Brewer stated that the medical staff was keeping records in individual files which led to the disorganization of the documentation and contributed to the facility's failure to provide the necessary documentation to meet compliance with the standard. Sergeant Brewer stated that since the audit, a new medical contractor/staff was hired. Sergeant Brewer reported that the new medical staff developed a system and all records are now maintained in sharps binders which are routinely checked (weekly) to ensure compliance. Sergeant Brewer displayed the new sharps binders. Sergeant Brewer addressed the non-compliance regarding standard .03 F Special Diets. He stated that the medical department now keeps track of the special diets. Sergeant Brewer stated that the kitchen department also keeps track of the special diets. Sergeant Brewer added that he keeps track of the special diets as well. He reported that the facility has three checks/balances systems in order to monitor and ensure compliance with standard .03 F Special Diets. Sergeant Brewer addressed the non-compliance regarding standard .03 C Health Inspections, specifically the health inspection for 2017. He reported that the facility received two health inspections, however neither of which was a comprehensive inspection. Sergeant Brewer stated that the health department was contacted and it is understood that the facility needs a comprehensive inspection each visit, not just annually. Sergeant Brewer reported that it was explained to the health department representative that the inspection paperwork needs to be marked as a comprehensive inspection. He stated that there is good communication between the Caroline County Detention Center and the health department. Sergeant Brewer concluded his remarks and stated that all of the deficiencies have been corrected and the facility will be prepared at the time of the monitoring visit.

Interim Chairperson T.D. Reece invited comments/questions from the Commission members. There were no comments or questions.

Interim Chairperson T.D. Reece entertained a virtual motion/vote to approve the audit report. Citizen member Delores Alexander made a motion to approve the audit report and Commissioner Michael Resnick seconded. The unanimous response of silence denoted the approval of the audit report.

- **BALTIMORE CITY CORRECTIONAL CENTER**

Correctional Program Specialist Regina Russell reported on the audit of the Baltimore City Correctional Center which was conducted on December 9-13, 2019 by Commission staff and three Duly Authorized Inspectors. The Baltimore City Correctional Center is located in Baltimore, Maryland. The facility houses male minimum and pre-release security and work release inmates. The facility is under the administrative authority of Warden Cleveland Friday and is managed daily by Facility Administrator Damilare Adisa-Thomas. 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 Correctional Institution. The identified deficiency was as follows: Needle and syringe usage records for the 23g push button lancets were not available for the entire audit period of January 1, 2017 through December 9, 2019, as required by the standard.

Pre-audit materials were submitted to the MCCS staff for review prior to the audit. The audit documentation was located in the multi-purpose room. Other primary and secondary documentation was located in areas where the specific functions occurred. The manuals of standard operating procedures, policies, post orders, emergency plans, and inmate orientation materials were reviewed by auditors and found to be functional, instructional and responsive to the needs of inmates, correctional staff and the public's safety. The audit coordinator and other correctional staff were available to escort the audit team, answer questions, and provide documentation to auditors, upon request. The facility tour was conducted by two groups of auditors and staff. During the tour, the auditors observed a physical plant that was in good condition. There were minor maintenance and sanitation issues that were addressed, prior to the conclusion of the audit. Other areas that required additional time to repair included: an inoperable kitchen exhaust system, a leak in the three compartment sink, and a broken freezer window insert in dietary. The North Wing Upper and Lower housing units had several missing cell door knobs, two broken urinals, one inoperable shower, a leaking washer and a jammed tier window. The South Wing Upper and Lower housing units were noted with cracked and/or missing floor tiles in the restrooms, cracked windows in cells C-1-4 and D-4-8, missing light bulbs in cells D-4-1, D-3-16, an inoperable fan and no hot water on C tier. The inoperable south side elevators and other identified issues will be included in the capital improvement project. Overall, the administrative areas were clean and organized. The Department of Public Safety and Correctional Services (DPSCS) Managing for Results (MFR) initiative includes specific core objectives that address compliance with the minimum standards for places of adult confinement. Outlined below are the results for these objectives:

- Percent of applicable inmate security standards met 100%
- Percent of applicable inmate well-being standards met:
  - \*Medical, Dental and Mental Health 93%
  - \*Food Service 100%
  - \*Housing and Sanitation 100%

The compliance results are incorporated as a part of this report for the DPSCS MFR 2020 fiscal year reporting requirements. The Maryland Commission on Correctional Standards' staff will conduct a monitoring visit on Wednesday, February 17, 2021 at 9:00 a.m., to assess compliance with the minimum mandatory standard found in noncompliance at the audit. Once compliance has been established, the Baltimore City Correctional Center may be recommended to receive the Recognition of Achievement Award. In conclusion, the Baltimore City Correctional Center continues to be managed by dedicated staff. The administration and staff take pride in their work and are making a concerted effort to instill that pride into all operational elements. The Department of Public Safety and Correctional Services is encouraged to continue to provide the support and resources necessary to the Baltimore City Correctional Center to achieve and maintain compliance with the standards.

Interim Chairperson T.D. Reece welcomed comments from the representatives of the Baltimore City Correctional Center. Facility Administrator Damilare Adisa stated his name/title as required for the meeting guidelines of a virtual meeting. Facility Administrator Damilare Adisa thanked Chairperson Reece, Commission staff and auditors for the three days spent at the facility to conduct the audit. Facility Administrator Adisa stated that he was assigned as the

facility administrator of the Baltimore City Correctional Facility on September 11, 2019, which was three months before the scheduled audit of the facility. Facility Administrator Adisa stated that the administration/staff learned a lot during the audit, although the facility fell short of total compliance with the standards. Facility Administrator Adisa addressed the non-compliance regarding standard .02 K (6) Control of Medical and Dental Instruments, specifically the 23g push button lancets. Facility Administrator Adisa stated that as a correction the records were available during the audit period. He reported that the medical department was completing the process on a monthly basis, as opposed to the standards required, which is four days (weekly) a month. Facility Administrator Adisa expressed concern that during the previous years' audit, standard .02 K (6) Control of Medical and Dental Instruments was found to be in compliance. Facility Administrator Adisa stated that during the exit interview, a discussion ensued regarding his concern that the same standard was found in compliance at previous audits. He stated that he asked the audit team if there had been an addendum to the standard in order to gain an understanding regarding the non-compliance with standard .02 K (6) Control of Medical and Dental Instruments during this audit. Facility Administrator Adisa stated that he asked the auditors was there an oversight at some point regarding the standard. Facility Administrator Adisa commented that he was told by the audit team that there have been no changes to the standard regarding the criteria for compliance. Facility Administrator Adisa reported that the medical department in conjunction with the lieutenant have started conducting a daily needle/syringe count in order to ensure compliance with the standard. Facility Administrator Adisa reported that his assistant also visits the medical department on a weekly basis to ensure the process is on track. Facility Administrator Adisa commented that the administration/staff embarked on the audit with the expectation of achieving total compliance with the standards. Facility Administrator Adisa re-iterated his concern/disappointment regarding the non-compliance with standard .02 K (6). Facility Administrator Adisa stated that he believes they were blind-sided regarding the non-compliance with the needles/syringes. Facility Administrator Adisa closed his remarks by stating the he can assure the Commission without a shadow of a doubt that the Baltimore City Correctional Center will be in total compliance with the standards at the time of the scheduled monitoring visit. Chairperson Reece stated the standards requires us to take the initiative to look at the standards to ensure that we are meeting the standards criteria. Chairperson Reece commented that the audit team does an excellent job, however volunteers from other facilities are utilized and some of the volunteers are more experienced than others. Chairperson Reece emphasized that overall the process is outstanding and the hard work of the auditors is very much appreciated. Chairperson Reece extended kudos to Facility Administrator Adisa. He stated that the administration/staff did an excellent job regarding the measures and corrective steps taken to ensure compliance at the scheduled monitoring visit. Dr. Elmo commented that it is better to check the needles/syringes daily because if there are missing needles/syringes it could be dangerous to the staff and other inmates. She added that it is a good practice to do more than the standard requires in order to do what is best for the safety of the staff and inmates.

Interim Chairperson T.D. Reece entertained a virtual motion/vote to approve the audit report. Citizen member Delores Alexander made a motion to approve the audit report and Deputy Secretary Nelson Reichart seconded. The unanimous response of silence denoted the approval of the audit report. Commissioner Wayne Hill abstained from the voting process.

## 5. CONTINUING BUSINESS

### MONITORING REPORTS

- BALTIMORE COUNTY DEPARTMENT OF CORRECTIONS

Mr. Brian Raivel reported on a monitoring visit conducted on October 8, 2019, at the Baltimore County Department of Corrections. This is the first monitoring visit since the initial audit in December 2018. The initial monitoring visit was conducted by Senior Correctional Program Specialist Cheryle Moyer, Correctional Program Specialist Regina Russell and Auditor Brian Raivel. The purpose of the visit was to review the standards that were found in non-compliance during the initial audit. A brief meeting was held with Captain Daniel Swain (Audit Coordinator) and the Primecare Regional Manager Cindy Black, Assistant Regional Manager Ashlee Ramirez and Director of Nursing Jessica Myers and other invited staff. The results of the monitoring period from April 1, 2019 through October 1, 2019 were as follows: Standard .02 J (4) Control of Medications was found to be compliant. The records of weekly inventories for controlled dangerous substances were reviewed for the monitoring period. A physical inventory was conducted for all narcotics (CDS) located in the medical department and cross referenced with the Primecare Controlled Dangerous Substances white books. The physical inventory, the Primecare CDC white books and the records of weekly inventories for all controlled dangerous substances demonstrated that the controlled dangerous substances were accurately accounted for and daily inventoried per shift, as required by policy and the standard. Standard .02 K (4, 6) Control of Medical and Dental Instruments was found to be compliant. The records of the Primecare Medical Inc., Baltimore County Department of Corrections' needle and syringe inventories and usage/issuance count logs, the Primecare perpetual inventory/usage records, and the pharmacy/sharps working stock sharps control logs were reviewed for the monitoring period. A physical inventory was conducted of all the bulk and active needles and syringes located in the medical treatment department, the pharmacy, medication refrigerator and the intake department. As the needles and syringes were counted, they were cross referenced with the Primecare Medical, Inc., Baltimore County Department of Corrections' Sharps Control Log. The Sharps Usage Control Log provided the date, time, dose, inmate's name and ID number, the inventory and staff's signature who used the needle or syringe. The Sharps Usage Control Log documented counts at the beginning and at the end of the shift. The inventory and the individual needle and syringe records demonstrated that the active and bulk needles and syringes and the medication refrigerator syringes were accurately accounted for in the medical department and were inventoried daily per shift during the monitoring period, as required by the standard. Standard .03 J (3, 4) Kitchen Utensils was found to be compliant. A review was conducted of the Baltimore County Department of Corrections' Daily Utensil Issue and Return Record for the Bosley Kitchen and the Trailer, for the monitoring period. The forms indicated the following for each kitchen utensil: the date issued, the name of the staff member issuing the kitchen utensil, the specific kitchen utensil issued, the name of the person that the utensil was issued to and the Name of the receiving officer. This documentation demonstrated accountability and the daily issue and return records of kitchen utensils were assigned to a specific dietary employee and/or inmate worker and were returned to the designated storage area in the Bosley Kitchen and the Trailer, as required by the standard. Inspection reports were reviewed from other regulatory agencies. The Baltimore County Fire Department Investigative Services conducted a fire

inspection on February 6, 2019, with no violations. The Baltimore County Department of Health conducted a Food Service Facility Inspection on September 27, 2019. The noted violations were abated on October 8, 2019. Dietary Menus were reviewed and approved on February 1, 2019 by Wendy A. Johnson, Dietitian (License #D02093). A Maryland Occupational Safety Hazard Inspection (MOSH) was conducted on August 30, 2019, with noted violations that were abated during the inspection. After a thorough review of the secondary documentation for the three non-compliant standards, the facility was found to be in total compliance with all the standards for an Adult Detention Center. The Baltimore County Department of Corrections is recommended to receive the Recognition of Achievement Award.

Interim Chairperson T.D. Reece welcomed comments from the representatives of the Baltimore County Department of Corrections. Director Gail Watts stated her name/title as required for the meeting guidelines of a virtual meeting. Director Watts introduced her staff (Deputy Director Renard Brooks, Captain Daniel Swain and Lieutenant Dawn Copper) that joined on the call. Director Gail Watts commented that the administration of the Baltimore County Department of Corrections recognizes that auditing facilities of various types and sizes throughout the state of Maryland is a mammoth and important responsibility. Director Watts expressed appreciation to the Commission staff and audit team for their professionalism, explanations and recommendations during the audit and monitoring time at the detention center.

Interim Chairperson T.D. Reece invited comments/questions from the Commission members. There were no comments or questions from the Commission members.

Interim Chairperson T.D. Reece entertained a virtual motion to vote and approve the monitoring report and grant the Recognition of Achievement award. Citizen member Delores Alexander made a motion to approve the monitoring report and grant the Recognition of Achievement award and Commissioner Michael Resnick seconded. The vote to approve the report and grant the Recognition of Achievement award was unanimous. The Commission members congratulated the administration and staff of the Baltimore County Department of Corrections on their achievement.

- **CHARLES COUNTY DETENTION CENTER AND ANNEX**

Mr. Brian Raivel reported on the monitoring visit conducted on October 10, 2019, at the Charles County Detention Center and Annex. The review was conducted by Sr. Correctional Program Specialist Cheryle Moyer and Correctional Program Specialist Regina Russell. The purpose of the visit was to review the standards that were found in non-compliance during the initial audit in January 2019. This was the first monitoring visit since the audit. A brief meeting was held with Captain Amy Stine and Lieutenant Richard Hulvey (Standards Coordinator). The results of the monitoring period from April 1, 2019 through October 1, 2019 were as follows: Standard .02 K (4, 6) Control of Medical and Dental Instruments were found to be compliant. The records of the Charles County Detention Center and Annex's weekly inventories and quarterly inspections of medical instruments located in the medical department's emergency bags were reviewed for the monitoring period. The Charles County Detention Center's equipment monthly inspection report listed all the contents of the emergency box, the amount, expiration date, date of inspection, condition, old tag number, new tag number and if the items and instruments were replenished. The Primecare Medical (CCDC) Emergency Disaster Bag Daily Check form/Usage log listed the date of inspection, Name of Nurse, left seal number, bag

seal number, inventory of contents, condition and right seal number. This documentation demonstrated accountability for the medical department's medical instruments located in the emergency medical disaster bags, as required by the standard. Standard .03 E Dietary Medical Screening was found to be compliant. The Charles County Detention Center Food Service Employee lists of correctional dietary staff and the Dietary Trustee Work Program Schedule for inmate dietary workers were reviewed to determine compliance with the standard. The employment and assignment dates and the dietary medical screenings of the employees and inmates were reviewed for the monitoring period. The documentation demonstrated that the dietary staff and inmates assigned to work in the dietary department, received dietary medical screenings prior to employment and annually, as required by the standard. The inspection reports were reviewed from other regulatory agencies. The State Fire Marshal's Office conducted an inspection on April 25, 2019, with no noted violations. A Maryland Occupational Safety Hazard Inspection (MOSH) was conducted on January 25, 2018 with violations that were abated at the time of the inspection. The Department of Mental Health and Hygiene conducted an inspection of the Dietary Department on August 27, 2019, with no violations noted. The menus were reviewed and approved on April 4, 2019 by Shelby Rae Sampson, RD, RDN (Lic. #1097314). After a thorough review of the secondary documentation for the two non-compliant standards, the facility was found to be in compliance with all of the standards for an Adult Detention Center. The Charles County Detention Center and Annex is recommended to receive the Recognition of Achievement Award.

Interim Chairperson T.D. Reece welcomed comments from the representatives of the Charles County Detention Center and Annex. Director Brandon Foster stated his name/title as required for the meeting guidelines of a virtual meeting. Director Brandon Foster expressed appreciation to the audit team for their professionalism throughout the audit process. Director Foster commented that he is confident that the revisions that have been made to the processes and forms contributed to compliance with the standards. Director Foster stated that the process is working, therefore they will continue to utilize the processes and practices to ensure continued compliance with the standards.

Interim Chairperson T.D. Reece invited comments/questions from the Commission members. There were no comments or questions from the Commission members.

Interim Chairperson T.D. Reece entertained a virtual motion to vote and approve the monitoring report and grant the Recognition of Achievement award. Ms. Delores Alexander made a motion to accept the monitoring report and grant the Recognition of Achievement award and Deputy Director Nelson Reichart seconded. The vote to approve the report and grant the Recognition of Achievement award was unanimous. The Commission members congratulated the administration and staff of the Charles County Detention Center and Annex on their achievement.

- **HARFORD COUNTY DETENTION CENTER**

Mr. Brian Raivel reported on the monitoring visit conducted on October 17, 2019, at the Harford County Detention Center. The review was conducted by Correctional Program Specialist Regina Russell, and Auditor Brian Raivel. The purpose was to review the standards found in non-compliance at the initial audit conducted in February 2019. This was the first monitoring visit since the audit. A brief meeting was held with Warden Michael Capasso, Audit Coordinator Christy Rumbaugh and invited guests. The results of the monitoring period from April 1, 2019 through October 1, 2019 were as follows: Standard .02 K (4, 5) Control of Medical and Dental Instruments was found to be compliant. A physical count of needles and syringes was conducted and the count was compared to the PrimeCare Medical Sharps Control Logs in the Dental Department. The monthly Emergency Bag Inventory Checklist forms were reviewed and a physical count was conducted of the needles and syringes in the sealed medical emergency bag. The counts, logs and forms reflected an accurate accountability for needle and syringe usage, as required by the standard. Standard .03 C Health Inspection was found to be compliant. The Maryland Department of Health and Mental Hygiene conducted a comprehensive food service facility inspection on February 15, 2019 and found forty-eight violations. A re-inspection was conducted on March 15, 2019 in which all the previous violations had been corrected except for eleven. The eleven noted violations were resolved on March 20, 2019. The Harford County Detention Center kitchen met the food service facilities requirements, as required by the standard and COMAR 10.15.03.30. Standard .03 F Special Diets was found to be compliant. The PrimeCare Medical Diet Order forms for the Harford County Detention Center were reviewed for the monitoring period. The establishment, provision and renewal of medical diets were completed, as required by the standard. Inspection reports were reviewed from other regulatory agencies. The Maryland State Fire Marshall conducted a fire inspection on December 15, 2018 with no violations. Dietary Menus were reviewed and approved on September 1, 2019 by Wendy Anne Johnson, Dietician (Lic. #DX4112). The MOSH inspection was conducted on April 23, 2018 with one violation that was corrected on June 22, 2018. After a thorough review of the secondary documentation for the three non-compliant standards, the facility was found to be in compliance with all of the standards for an Adult Detention Center. The Harford County Detention Center is recommended to receive the Recognition of Achievement Award.

Interim Chairperson T.D. Reece welcomed comments from the representatives of the Harford County Detention Center. Warden Michael Capasso stated his name/title as required for the meeting guidelines of a virtual meeting. Warden Michael Capasso introduced his staff that joined the call for the meeting (Major Michael Gullion and Compliance Manager Christy Rumbaugh). Warden Capasso stated that he would like to thank the Standards Commission for all of the work they do. Warden Capasso commented that the administration looks forward to working in concert with the Standards Commission on the next audit. He commented that they strive to meet the criteria of the standards in the daily operations of the detention center. Warden Capasso stated that they stand by the results of the audit and appreciate the hard work of the Commission.

Interim Chairperson T.D. Reece invited comments/questions from the Commission members. There were no comments or questions from the Commission members.

Interim Chairperson T.D. Reece entertained a virtual motion to vote and approve the monitoring report and grant the Recognition of Achievement award. Citizen member Delores Alexander made a motion to accept the monitoring report and grant the Recognition of Achievement award and Dr. Maria Elmo seconded. The vote to approve the report and grant the Recognition of Achievement award was unanimous. The Commission members congratulated the administration and staff of the Frederick County Detention Center and Annex on their achievement.

## **6. NEW BUSINESS**

- Nomination/Vote for Chairperson and Vice Chairperson

Interim Chairperson T.D. Reece turned the meeting over to Acting Executive Director Veronica Moore to preside over the nomination/vote for Chairperson and Vice Chairperson of the Commission Board. Acting Executive Director Moore noted that the Chairperson and Vice Chairperson serve for a term of one year. Acting Executive Director Veronica Moore commenced the nomination/voting process regarding the positions of Chairperson and Vice Chairperson of the Commission. Acting Executive Director Moore stressed the need for an individual to fill the vacant position for Vice Chairperson of the Commission Board. Acting Executive Director Moore opened the floor for nominations for the position of Vice Chairperson. Ms. Shakia Word requested additional information regarding the role/responsibilities regarding the Vice Chairperson position. Interim Chairperson Reece explained that basically the vice chairperson will serve as the backup to the chairperson. Acting Executive Director Moore stated that the vice chairperson serves in the absence of the chairperson and manages the board to ensure the meeting agenda and other business is carried out. Assistant Attorney General Beverly Hughes explained the roles/responsibilities of the vice chairperson. Assistant Attorney General Hughes stated that the role of the vice chairperson is to support the chair (who runs the meeting). Assistant Attorney General Hughes added that the vice chairperson supports the chair regarding matters that he/she needs during and subsequent to the Commission meeting. Assistant Attorney General Hughes stated that the chairperson may call on the vice chair to assist in preparing for the meeting and making decisions on specific items presented to the Commission Board. Acting Executive Director Moore stated that the vice chairperson has the full support of the Maryland Commission on Correctional standards as well as the Commission Board. Ms. Shakia Word stated that she understood the roles/responsibilities of the position of vice chairperson on the Commission Board. Assistant Attorney General Beverly Hughes nominated Ms. Shakia Word (Budget Analyst, Department of Budget and Management) and Citizen Member Delores Alexander seconded the nomination. The Commission members voted unanimously through a virtual roll call to elect Ms. Shakia Word as Vice Chairperson. Ms. Shakia Word accepted the nomination of Vice Chairperson of the Commission Board. Ms. Shakia Word introduced herself for the record. Ms. Word stated that she is the Capital Budget Analyst for the Department of Public Safety and works with the Department of Budget and Management. Acting Executive Director Moore closed the nomination for the vice chairperson position. The Commission members congratulated Ms. Shakia Word on the nomination and selection of Vice Chairperson of the Commission Board.

Acting Executive Director Veronica Moore opened the floor for nominations for Chairperson of the Commission. Assistant Attorney General Beverly Hughes nominated Major T.D. Reece for the vacant position of Chairperson of the Commission Board and Dr. Maria Elmo seconded. The Commission members voted unanimously through a virtual roll call to elect Major T. D. Reece as the Chairperson of the Commission Board. Major T.D. Reece accepted the nomination of Chairperson of the Commission Board. Acting Executive Director Veronica Moore closed the nominations for the chairperson position. The Commission members congratulated Major T.D. Reece on his nomination and selection as the Chairperson of the Commission Board. Acting Executive Director Veronica Moore made a motion to close the board membership process and Citizen member Delores Alexander seconded.

## 7. ANNOUNCEMENTS

Chairperson T.D. Reece announced that the inaugural virtual Commission Meeting was a success. Chairperson Reece thanked all of the correctional professionals for attending the meeting and providing their comments/responses regarding the reports. Chairperson Reece extended his appreciation to everyone involved in putting the meeting together.

## 8. ACTING EXECUTIVE DIRECTOR'S COMMENTS

Acting Executive Director Veronica Moore expressed appreciation to everyone for their involvement in the success of the meeting. Acting Executive Director Moore stated that Mr. Howard Ray, Jr. (former Executive Director, MCCA) retired on April 1, 2020. Acting Executive Director Moore announced that she became the Acting Executive Director of the Maryland Commission on Correctional Standards effective April 1, 2020. Acting Executive Director Moore thanked everyone for their support during the time of the pandemic.

Acting Executive Director Moore announced that the MCCA Standards Manual has been updated and finalized. Acting Executive Director Moore reported that the MCCA Standards Manual now includes the regulations on feminine hygiene articles. Acting Executive Director Moore reported that a notice regarding the feminine hygiene articles and the MCCA Standards Manual was forwarded (March 2020) to the managing officials, audit coordinators and Duly Authorized Inspectors.

Acting Executive Director Moore announced that at this time, MCCA has been suspended from any type of on-site auditing/monitoring. She stated that the suspension went into effect back in March 2020 and the suspension has not been lifted as of yet. Acting Executive Director Moore stated that MCCA has been able to perform some remote monitoring as well as some remote auditing, which is still an on-going practice that MCCA is attempting to accomplish. Acting Executive Director Moore stated that luckily MCCA has received a lot of cooperation from the facilities throughout the state of Maryland in order to meet the goal. Acting Executive Director Moore reported that the MCCA staff has been teleworking (working from home) since March 16, 2020 and making every attempt to remain safe. Acting Executive Director Moore reported that all facilities that are scheduled to be audited in FY 2021, the suspension remains in effect and MCCA is reaching out to each individual facility as the time approaches for the scheduled audit of the facility. Acting Executive Director Moore once again expressed appreciation to everyone for their continued support during this time. She added that it has been

a challenge, but we are all learning new ways to accomplish our goals. Acting Executive Director Moore closed her remarks and stated that she is excited and looking forward to working with Vice Chairperson Shakia Word and Chairperson T.D. Reece. Acting Executive Director Moore stated that Chairperson Reece has been one of the great Commission members that she has always been able to count on regarding Commission business. Assistant Attorney General Beverly Hughes remarked that Acting Executive Director Moore was doing a great job as well!!

Chairperson T.D. Reece asked for clarification regarding the audit schedule. He asked if the audit schedule is still on schedule. Acting Executive Director Moore responded that the audits are still on schedule. She stated that there are some elements that are being considered. Acting Executive Director Moore stated that she needs to get further approval before moving forward regarding the implementation of the new audit practices. Acting Executive Director Moore reiterated that the schedule is still in effect and MCCA is notifying facilities as their audit comes up. Chairperson Reece stated that he was wondering if the audit schedule should be sent out if there were changes to the schedule that needed to be sent to the facilities. Acting Executive Director Moore asked Chairperson Reece if he was referring to the Commission meeting scheduled or the MCCA auditing schedule. Chairperson Reece stated that he was referring to the audit schedule. Chairperson Reece stated that he has been asked if MCCA is staying on the original schedule and are the audits going to proceed with the dates as originally stated. Acting Executive Director Moore responded that the audit schedule will remain the same. Acting Executive Director Moore stated that the audits that have already been cancelled will have to be looked at and it will have to be determined where the cancelled audits can fit in the schedule when the suspension is lifted. Director Terry Kokolis asked if the audits that are scheduled in August and September will be on-site audits or remote audits. He asked if a decision has been made regarding how those audits will be completed. Acting Executive Director Moore stated that a decision has not been made how the audits will be carried out that are scheduled in August and September 2020. Acting Executive Director Moore stated that approximately two weeks before the audit, she will be able to provide a definitive answer regarding the parts of the audit process that the MCCA auditors will be able to accomplish and if the audit will be cancelled.

## **9. ADJOURNMENT**

Interim Chairperson T.D. Reece entertained a motion to adjourn the 271<sup>st</sup> Commission Meeting (Virtual Meeting). Director Terry Kokolis made a motion to adjourn the virtual meeting and Citizen Member Delores Alexander seconded. The 271<sup>st</sup> Commission Meeting (Virtual Meeting) concluded at 11:55 a.m.