



Department of Public Safety and Correctional Services

Maryland Commission on Correctional Standards

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VERONICA MOORE
ACTING EXECUTIVE DIRECTOR

272nd Commission Meeting (Virtual Meeting)

November 19, 2020

Minutes

MEMBERS PRESENT:

Major Thomas D. Reece, Administrator Calvert County Detention Center,
Chairperson
Shakia Word, Budget Analyst, Department of Budget and Management, representing
Secretary David R. Brinkley, Vice Chairperson
Delores Alexander, Citizen Member
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
Michael Resnick, Commissioner, Division of Pretrial Detention Services

MEMBERS ABSENT:

Dr. Maria Elmo, Healthcare Representative
Nelson Reichart, Deputy Secretary, Department of General Services, Representing
Secretary Ellington E. Churchill, Jr.
Montrell Spence, Citizen Member

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:

Judge Edward Angelleti, Threshold, Inc.
Assistant Warden David Greene, Dorsey Run Correctional Facility
Facility Administrator Tikaya Parker, Eastern Pre-Release Unit
Captain Robert Turner, Eastern Pre-Release Unit
Ms. Melissa Parsons, Eastern Pre-Release Unit
Warden Louis Hickman, Somerset County Detention Center
Assistant Warden James Balderson
Vanessa Lawrence, Operations Manager
Brianna Cottman, Administrative Aide

Major Craig Rowe (Warden), Washington County Detention Center
Captain Edward Long, Washington County Detention Center
Captain Douglas Moore, Washington County Detention Center
Lieutenant Michael Rafter, Washington County Detention Center
Assistant Warden Chris Smith, Jessup Correctional Institution
Officer Monica Plato, Jessup Correctional Institution
Officer Tavia White, Jessup Correctional Institution
Warden Margaret Chippendale, Maryland Correctional Institution for Women
Assistant Warden Michelle Pacheco, Maryland Correctional Institution for Women
Security Chief Renee Alves, Maryland Correctional Institution for Women
Sherrell McQueen, Maryland Correctional Institution for Women
Chajuanette Proctor, Maryland Correctional Institution for Women
Facility Administrator James Q. Harris, Central Maryland Correctional Facility
Major Nate' Denton, Central Maryland Correctional Facility
Director Mary Allen, Cecil County Detention Center
Lieutenant William Jolly, Cecil County Detention Center
Officer Iosefa Pua'auli, Allegany County Detention Center
Facility Administrator Dehavilland Whitaker, Youth Detention Center
Captain Orchid Powell, Youth Detention Center
Captain James Smith, Youth Detention Center
Lieutenant Terry Edwards, Youth Detention Center
Sergeant Shawntae Smith, Youth Detention Center
Corporal Tina Hollie, Youth Detention Center
Corporal Ashley Wright Youth Detention Center
Assistant Warden William Bohrer, Maryland Correctional Training Center
Facility Administrator Bethany Cornachia, Maryland Correctional Training Center
CSC Joseph Lohman, Maryland Correctional Training Center
Sergeant Johnavin McKinley. Maryland Correctional Training Center

The Maryland Commission on Correctional Standards held the 272nd 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, July 30, 2020
3. Chair's Comments
4. Acting Executive Director's Comments
5. Consideration of Final Reports
 - Threshold, Inc.
 - Eastern Prerelease Unit
 - Somerset County Detention Center
 - Washington County Detention Center
6. Continuing Business/Monitoring Reports
 - Jessup Correctional Institution
 - Maryland Correctional Institution for Women
 - Cecil County Detention Center

- Youth Detention Center
 - Central Maryland Correctional Facility
 - Allegany County Detention Center
 - Maryland Correctional Training Center
7. New Business
 8. Announcements
 9. Adjournment

1. WELCOME/INTRODUCTION/REMARKS

Chairperson T.D Reece commenced the 272nd Commission Meeting (Virtual Meeting) at 10:00 AM. Chairperson Reece announced that the meeting would be held as a live meeting and held via live stream. Chairperson Reece also stated that the meeting would be recorded. Interim Chairperson Reece explained the virtual meeting guidelines regarding how the meeting would be conducted. Chairperson Reece advised the Commission members regarding the voting process for the reports. He stated that the Commission member must state his/her name for the motion and prior to the second to seal the vote for the approval of the report. Chairperson Reece stated that he will only address “nay” responses regarding the voting process. Chairperson Reece requested that each guest state their name and title prior to speaking for the purpose of knowing who is speaking/responding to a question. Chairperson Reece advised attendees that they may exit the meeting once their facility’s report has been read/voted on by the Commission Board. Chairperson Reece announced that the Recognition of Achievement awards will be forwarded directly to the individual facilities who earned the award. Chairperson Reece conducted a Roll Call (attendance) of the Commission members for the purpose of a quorum for the virtual meeting which was followed by a Roll Call regarding the attendance of the MCCA staff who were present at the meeting. Chairperson T.D. added an additional note and requested the managing officials introduce the staff that is attending the virtual meeting when their facility’s report is due to be read/presented.

2. APPROVAL OF MINUTES – JULY 30, 2020

Chairperson T.D. Reece entertained a virtual motion/vote on the approval of the Minutes of the July 30, 2020 meeting. Commissioner Michael Resnick made a motion to approve the Minutes of the July 30, 2020 meeting and Commissioner Wayne Hill seconded. The unanimous response of silence denoted the approval of the Minutes of the July 30, 2020 Commission meeting.

3. CHAIR’S COMMENTS

Chairperson Reece stated that his comments were covered in the Welcome/Introduction/Remarks portion of the meeting Agenda.

4. ACTING EXECUTIVE DIRECTOR'S COMMENTS

Acting Executive Director Veronica Moore commented that she would like to thank everyone, particularly the facilities with monitoring reports (to be presented) that the Commission staff was able to complete for this Commission meeting. Acting Executive Director Moore stated that it took a great deal of ingenuity and patience to get through the entire process. Acting Executive Director Moore commented that there were a lot of new ideas brought into play to determine compliance on many of the non-compliances that were cited during the audits. Acting Executive Director Moore reported that the inventories were able to be conducted remotely with the help of many of the facilities. Acting Executive Director Moore expressed appreciation to the facilities that provided staff, technologies and assistance in order to complete the monitoring reports. She commented that the suspension of field audits continues to be in effect, but M CCS is continuing to audit in order to complete the audits scheduled in FY 2020 and move into the audits scheduled in FY 2021.

5. CONSIDERATION OF FINAL REPORTS

- THRESHOLD, INC.

Senior Correctional Program Specialist Cheryle Moyer reported on the audit of the Threshold, Inc., conducted by Commission staff. Threshold, Incorporated is located in the historic district in downtown Baltimore, Maryland. This facility operates as a non-profit organization, providing services to sentenced pre-release and work release inmates. Threshold comes under the Administrative Authority of Board of Directors President Carlton Gordon, and is managed daily by Executive Director Nicole Halsey. After a thorough review of the primary and secondary documentation, Threshold, Incorporated was found to be in substantial compliance with all the standards for an Adult Community Corrections Facility. The identified deficiency is listed below: An annual comprehensive food service facility. Threshold Incorporated is classified as a non-reception facility. The following standards listed below are not applicable: .01 L Intake Procedures; .01 N Separation of Sexes; .02 G Reception Medical Screening; .02 O Physical Examinations; .02 M Licensing/Certification; .02 P Release Medical Screening. Prior to the audit, pre-audit material was submitted to the M CCS staff for review. Primary and secondary documentation was available for review in the multipurpose room and in classroom B. Other documentation was located in the areas of the facility where the specific functions occur. Facility staff provided auditors with additional documentation upon request. The facility's policies, procedures, post orders, emergency plans and orientation materials were provided to the auditors for review. These manuals were found to thoroughly address the needs of inmates, staff, and the community. The facility tour was conducted by four auditors, that included the first, second and third floors and the basement. Auditors noted a significant improvement to the inmate bathrooms, as a result of recently accomplished renovations. All inmate bathrooms were remolded with new paint, fixtures, sinks, toilets, vanities, tubs, showers and floors on each level. Very minor issues were noted by auditors. The majority of these issues were corrected prior to the conclusion of the audit. An inoperable pay phone was found on the first floor. The second floor stairwell had some peeling paint. The ceiling sky light located on the third floor had a build-up of dust, a small crack on the stairwell wall and some peeling paint. The basement

displayed a bad USB charger in a wall outlet. Work orders were submitted to MCCS for these areas that required additional time to repair. Overall, the facility was found health inspection was not conducted for the year 2018, as required by the standard. Threshold, Incorporated is currently closed and all employees have been furloughed as of September 11, 2020 and there is no anticipated date for operations to resume. Based on Threshold's current operational status, the Commission Board modified and voted to approve the audit report with the caveat to remove the monitoring visit date due to the closure of the facility. The Threshold Incorporated facility staff are dedicated and committed to the use of the standards as an effective management tool in their daily operations. The Department of Public Safety and Correctional Services should continue to provide the encouragement, support, and resources necessary to achieve total compliance with the standards for an Adult Community Correctional Facility.

Chairperson T.D. Reece welcomed comments from the representatives of Threshold, Inc. At the time of the presentation of the audit report, there were no representatives present for the virtual meeting. Chairperson Reece requested that the audit report regarding Threshold, Inc., be read for the record.

Chairperson T.D. Reece entertained a virtual motion and vote to approve the audit report regarding Threshold, Inc., as written with the caveat to modify/remove the monitoring visit date and modify the compliance plan and note the monitoring visit date as "to be determined" due to the closure of the facility. Commissioner Michael Resnick made a motion to approve the audit report as written and with the caveat as stated above and Assistant Attorney General Beverly Hughes seconded. The unanimous response of silence denoted the approval of the audit report with the caveat stated above. The vote to approve the report was unanimous.

Prior to the conclusion of the Commission meeting, The Honorable Judge Edward J. Angelleti (Vice President, Board of Threshold, Inc.) joined the meeting. Judge Angelleti extended apologies for joining the meeting late. Judge Angelleti stated that he joined the wrong Google Meet link. Chairperson Reece extended apologies to Judge Angelleti and explained that there was some confusion regarding the meeting link and some individuals joined another meeting link. Chairperson Reece asked Acting Executive Director Moore how did she want to proceed regarding Threshold, Inc. Acting Executive Director Moore responded that the audit report for Threshold, Inc. should be read again. Acting Executive Director Moore requested that Senior Correctional Program Specialist Cheryl Moyer re-read the audit report. Judge Angelleti expressed appreciation to the Commission for being accommodating and re-reading the report.

Chairperson T.D. Reece invited comments from Judge Angelleti. Judge Angelleti commented that Threshold, Inc. has a deep appreciation for the standards compliance program. He extended thanks to the Commission for allowing him to join the meeting. Judge Angelleti stated that the auditors did a superb, thorough and professional job in their assessment of Threshold, Inc. He commented that the administration and board members of Threshold, Inc. were very appreciation of the support and assistance of the Commission staff. Chairperson Reece advised Judge Angelleti that due to the closure of Threshold, Inc., the final audit report will be modified and the monitoring date (Thursday, April 1, 2021) will be removed from the final audit report. Judge Angelleti announced that plans are underway to renovate the building.

He stated that Threshold, Inc. received a new five-year contract from the Board of Public Works. Judge Angelletti reported that they are currently in the process of waiting for the Department to approve the movement of residents from the Division of Corrections to Threshold, Inc. Judge Angelletti reported that Threshold, Inc. anticipates being prepared to receive residents within the next 2-3 weeks. Judge Angelletti commented that the move is subject to the approval of the DPSCS for the movement because there has been no movement of residents since March 15, 2020 due to COVID-19. Chairperson Reece advised Judge Angelletti to notify the Maryland Commission on Correctional Standards when the facility re-opens and is occupied with residents. Judge Angelletti advised the Commission that they will notify MCCA simultaneously with the reopening of the facility.

- **EASTERN PRE-RELEASE UNIT**

Correctional Program Specialist Regina Russell reported on the audit of the Eastern Pre-Release Unit which was conducted on February 4-6, 2020 by Commission staff and five Duly Authorized Inspectors. The Eastern Pre-Release Unit (EPRU) is located in Church Hill, Maryland and houses sentenced male inmates classified at the minimum and prerelease level of security. The facility comes under the administrative authority of Acting Warden Carol Harmon. The facility is managed daily by Facility Administrator Tikaya Parker. Primary and secondary documentation was carefully and thoroughly reviewed by auditors. Upon the conclusion of this audit, the Eastern Pre-Release Unit was found to be in total compliance with all the standards that govern an Adult Community Correctional Facility. The pre-audit materials were submitted to the MCCA staff for review prior to the audit. The majority of the secondary documentation was well organized in boxes in the Administrative area where the review took place. Staff remained available to answer questions and provide assistance as needed, during the audit. The administration and staff were receptive to the auditors' comments and advice regarding improvements with the documentation in order to assist them with substantiating compliance with the standards. The facility's policies, procedures, post orders, emergency plans and orientation manuals were provided to auditors for review and were found to address the needs of the correctional staff, the inmates and the community. The facility tour was conducted by three groups of auditors. Minor sanitation and maintenance issues were cited by the auditors during the tour. The majority of the sanitation issues were addressed by staff prior to the end of the audit. Other areas that required additional time to repair include: the painting of Kent dorm, a window frame in Queen Anne's dorm, the ceiling and staff restroom in Control, a door in the property room, a bench in the mud room, a door and floors in the clothing room, and the hallway and floor in the big bathroom, leak from the sinks in the big and small bathrooms, a cracked light cover in the main store room, a missing bulb and light cover in the property room, and a cracked window in Kent dorm and the main store room. Work requisitions and orders were submitted to MCCA staff for repairs to be fixed, at a later date. Overall the facility was found to be clean, well maintained and sanitary. 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:

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

The compliance results are incorporated as a part of this audit report for the DPSCS MFR 2020 fiscal year reporting requirements. The Eastern Pre-Release Unit staff incorporates the standards as an effective management tool in their daily operations. This facility has achieved 100% compliance through staff dedication, team work and commitment to the standards for an Adult Community Correctional Facility. The Eastern Pre-Release Unit is recommended to receive the Recognition of Achievement Award. The necessary resources, and support to achieve and maintain compliance, should continue to be provided by the Department of Public Safety and Correctional Services.

Chairperson T.D. Reece welcomed comments from the representatives of the Eastern Pre-Release Unit. Facility Administrator Tikaya Parker introduced her staff who joined her for the virtual meeting (Assistant Warden David Greene, Captain Robert Turner, Ms. Melissa Parsons). Facility Administrator Parker stated that the facility did not have any comments at this time.

Chairperson T.D. Reece welcomed comments/questions from the Commission members. There were no comments/questions.

Chairperson T.D. Reece entertained a virtual motion/vote to accept the audit report. Citizen member Delores Alexander made a motion to approve the report and Vice Chairperson Shakia Word seconded. The unanimous response of silence denoted the approval of the audit report. The Commission members congratulated the facility on their achievement. Commissioner Wayne Hill abstained from the voting process.

- **WASHINGTON COUNTY DETENTION CENTER**

Senior Correctional Program Specialist Cheryle Moyer reported on the audit of the Washington County Detention Center which was conducted on February 25-27, 2020 by Commission staff and four Duly Authorized Inspectors. The Washington County Detention Center is located in Hagerstown, Maryland and houses pretrial and sentenced male and female detainees. The Adult Detention Center is under the administrative authority of Sheriff Douglas Mullendore and is managed by Warden Craig Rowe. After a review of the required documentation, the Washington County Detention Center was found to be in total compliance with all of the standards for an Adult Detention Center. The Washington County Detention Center has successfully obtained total compliance with the standards. The administration and staff were prepared for the audit. The Audit Coordinator provided pre-audit materials to MCCS in advance and prior to the due date. The bulk of the primary and secondary documentation was

organized, arranged, and available for auditor's review in labeled boxes, file folders, and in areas of the facility where the specific functions occur. The facility's auditing process now includes computer automation with accessibility of scanned records for review and assessment to determine compliance. The Detention Center's audit and facility staff members were eagerly available to MCCS auditor's throughout the audit process, to escort auditors to specific locations in the facility and to provide supplemental audit documentation, upon auditor's request. The majority of the secondary documentation was reviewed by auditors in the Audit Coordinator's Office. The documentation was highly organized and accessible to the auditors and support was provided by the audit coordinator and facility staff with retrieving any primary or secondary documents for the audit. The current manuals of standard operating procedures, post orders, emergency plans, and inmate orientation materials were found to be well written, informative and instructional to the needs of staff, the community and the inmate population. The facility was in good condition on the days of the audit. The facility tour was comprised of three groups of auditors who were escorted by assigned facility staff. The sanitation of the facility was very clean. Most of the areas cited by auditors were addressed and repaired prior to the conclusion of the audit. Audit team members noted some minor maintenance issues which include: a cracked light cover in the medical exam room, chipped paint in the control center bathroom, missing floor tile in the F-Pod shower, discolored ceiling tile in multiple areas of the facility, holes and peeling paint in areas throughout the facility, a missing desk drawer in the server room and the cleaning of duct vents throughout the facility. Work orders were provided for the areas stated above, that required additional time to repair. It is apparent that the Washington County Detention Center's staff routinely promote a high level of sanitation on a daily basis. The Washington County Detention Center has demonstrated their commitment and dedication to the use of the standards in their facility operations. Staff strive to achieve and maintain compliance with the standards, as an Adult Detention Center. The County Commissioners and the Sherriff should continue to provide the necessary oversight, support and resources to assist the facility with maintaining compliance with the standards. The Washington County Detention Center is recommended to receive the Recognition of Achievement Award, based on the achievement of obtaining total compliance with the standards for an Adult Detention Center.

Chairperson T.D. Reece welcomed comments from representatives of the Washington County Detention Center. Major Craig Rowe (Warden) stated that he would like to thank Acting Executive Director Moore and the Commission staff. Warden Rowe commented that it is always a pleasure to work with the Commission staff because of the professional manner in which they carry out the audits. Major Rowe commented that he was thrilled about the facility achieving total compliance again.

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

Chairperson T.D. Reece entertained a virtual motion/vote to approve the audit report. Commissioner Michael Resnick made a motion to approve the audit report and Assistant Attorney General Beverly Hughes seconded. The unanimous response of silence denoted the approval of the audit report. The Commission members congratulated the facility on their achievement.

- **SOMERSET COUNTY DETENTION CENTER**

Correctional Program Specialist Regina Russell reported on the audit of the Montgomery County Detention Center which was conducted on March 10-12, 2020 by Commission staff and three Duly Authorized Inspectors. The Somerset County Detention Center, located in Westover, Maryland houses both male and female pretrial and sentenced inmates. The Somerset County Detention Center comes under the administrative authority of the County Commissioner and the daily management of Warden Louis Hickman. After a comprehensive and thorough review of the documentation, the Somerset County Detention Center was found to be in total compliance with the standards for an Adult Detention Center. The Somerset County Detention Center has received total compliance with the standards, at the initial M CCS audit. Pre-audit materials were submitted in advance to the M CCS staff for review prior to the audit. The administration and staff were very well prepared for the audit. Review of primary and secondary documentation occurred in the facility's training room located in the administrative area. Other audit documentation was available for review in the respective areas, where the specific functions occur. The audit coordinator, facility staff and the administrative staff were accessible to assist with audit documentation requests, answer questions, and escort auditors to the specific departments of the facility, when necessary. During the tour, two groups of auditors were escorted throughout the facility. The physical plant was observed to have a high level of sanitation. A few minor sanitation issues were noted by the auditors and all were immediately addressed, prior to the conclusion of the audit. Minor maintenance issues, noted from the tour, needed additional time to repair, such as, peeling paint in the A Block shower, a broken shower head in the annex, and chipping paint in the property room. Staff submitted work orders to M CCS, to make the necessary repairs, after the audit. Overall, the facility was observed to be well maintained and the cleanliness of the facility demonstrated the commitment of staff to ensure a high level of sanitation. The Somerset County Detention Center has demonstrated their continued commitment to the use of the standards in their daily operations. The Somerset County Detention Center is managed by dedicated staff who take great pride in their facility. The facility has achieved total compliance with all the standards for an Adult Detention Center and is recommended to receive the Recognition of Achievement Award.

Chairperson T.D. Reece welcomed comments from the representatives of the Somerset County Detention Center. Assistant Warden James Balderson introduced the staff who joined him for the virtual meeting (Warden Louis Hickman and Operations Manager Vanessa Lawrence). Assistant Warden Balderson commented that the administration was very appreciative of the professional group of individuals who visited the detention center to conduct the audit. Assistant Warden Balderson credited Ms. Vanessa Lawrence for the facility achieving total compliance with the standards. He stated that Ms. Lawrence serves as the operations manager and is the backbone of the operations at the detention center. He stated that Ms. Lawrence makes it all happen at the detention center.

Chairperson T.D. Reece welcomed comments/questions from the Commission members. There were no questions/comments.

Chairperson T.D. Reece entertained a virtual motion/vote to approve the audit report. Assistant Attorney General Beverly Hughes 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. The Commission members congratulated the facility on their achievement.

6. CONTINUING BUSINESS

MONITORING REPORTS

- **JESSUP CORRECTIONAL INSTITUTION**

Correctional Program Specialist Regina Russell reported on the remote monitoring review conducted regarding the Jessup Correctional Institution, including the Baltimore Pretrial Facility – Jessup, beginning April 9, 2020 through October 26, 2020. Due to the State's Elevated Level II operational status as a result of COVID-19, the required documentation was electronically submitted to MCCS for review of the standards found in non-compliance at the initial audit conducted in March 2019. Physical inventories were conducted remotely for the required standards to support accountability. This was the first monitoring review since the audit. It was conducted by MCCS staff, Acting Executive Director Veronica Moore, Senior Correctional Program Specialist Cheryle Moyer, Correctional Program Specialist Regina Russell, and Auditor Brian Raivel. A documentation submission schedule was drafted and implemented with the assistance of COII Monica Plato and COII Tavia White (Audit Coordinators). The results of the monitoring period from October 1, 2019 – April 1, 2020, were as follows: Standard .01 M (1) Transportation of Inmates – Compliance was found to be compliant. A review was conducted of the Jessup Correctional Institution's motor vehicle licensure (MVA) check reports, dated December 12, 2019. The reports were cross referenced with the roster of security and weapons qualified staff responsible for inmate transportation. Additional documentation was provided to account for staff transfers and firearms qualification changes. It is recommended that MVA check report documentation be maintained on file for the entire audit period. Based on the review of the information provided, it was confirmed that the approved facility drivers were licensed to operate state vehicles, as required by the Department of Budget and the standard. Standard .02 C (5) Disaster Plans was found to be compliant. The quarterly fire drill reports, detailed matter of records, and memos of completed fire drills were reviewed for the Jessup Correctional Institution and the Baltimore Pretrial Facility-Jessup for the monitoring period. It is recommended that all completed records of drills are submitted to the Audit Coordinator to maintain accountability of documentation. It is also recommended that the practice of having a drill in each separate MCE shop continue and a record of these drills reflect the individual buildings, as required by the standard. These records demonstrated that routine and consistent quarterly fire drills, which included inmates, were conducted on each shift and in all areas of the institution during the monitoring period, as required by the standard. Standard .02 E (2) Emergency Medical Services was found to be compliant. The Jessup Correctional Institution's Monthly Fleet Equipment Inventory forms were reviewed for the first aid kits

located in the facility's vehicles. The forms demonstrated that each vehicle's first aid kit inventory matched the master listing of approved supplies, and the contents were inventoried monthly by medical staff. Photographs for the contents of the nine vehicle first aid kits, displaying the contents of each, demonstrated an accurate accounting of the contents, as required by the standard. Standard .02 K (4) Control of Medical and Dental Instruments was found to be compliant. A review was conducted of the BPFJ master listing for medical instruments, the records of weekly inventories and quarterly inspections, the Maryland Division of Correction Sharps Usage Record and the Central Region Detention Facilities Count Correct Form, in the BPFJ Medical Unit. The forms demonstrated accountability for all medical instruments located in the BPFJ. The medical instruments were inventoried weekly and inspections were performed quarterly for the monitoring period. A physical remote inventory of the medical instruments, needles and syringes was conducted on October 23, 2020 and demonstrated accountability, as required by the standard. A review was conducted of Jessup Dialysis Department Weekly Inventory Sharps/Tool Count form, the Chardonay Dialysis Sharps Inventory form and the Maryland House of Correction/Sharps Checklist for the bulk needles and syringes located in the JRH Dialysis Department. The inventories, sharps checklist and the needle and syringe usage records, and the sharps tool count form, demonstrated that the bulk needles and syringes were inventoried weekly and accounted for during the monitoring period. On October 26, 2020 a remote physical inventory conducted demonstrated accountability, as required by the standard. A review was conducted of the Jessup Correctional Institution Weekly Inventory Sharp/Tool Count and the Usage Record for the bulk needles and syringes located in the JCI Medical Dispensary. The inventory and sharps usage records demonstrated that the bulk needles and syringes were accounted for and inventoried weekly, as required by the standard. A remote physical inventory of the bulk needles and syringes in the JCI Medical Dispensary, conducted on October 23, 2020 demonstrated accountability, as required by the standard. Standard .03 C Health Inspections was found to be compliant. The Maryland Department of Health and Mental Hygiene comprehensive health inspection conducted on January 27, 2020 was reviewed, for the monitoring period. The inspection noted four violations, in which one was corrected during the inspection and the other three were corrected on March 24, 2020, as required by the standard. As of the date of this report, the MDHMH has not returned to inspect the corrected violations, due to the State's Elevated Level II Operational Status. Standard .03 E Dietary Medical Screening was found to be compliant. A review of the Department of Corrections Employee Medical Clearance for Food Handling forms for Correctional Dietary Staff and the DPSCS Inmate Education/Food Service Kitchen Detail medical clearance forms for inmate kitchen workers were reviewed for each staff member and inmate assigned to work in the kitchen, during the monitoring period. However, it is recommended that medical screenings are completed annually, within one year of their last screening. All dietary staff and inmates were medically cleared to work in the dietary department, as required by the standard. Standard .04 A (2, 4) Toxic, Caustic and Flammable Materials was found to be compliant. A review was conducted of the MCE Sewing Plant #142 Daily Inventory Chemical Cabinet forms which indicates the area of storage, item description, quantity in stock and size of container, which includes a Daily Chemical Items Sign-In/ Sign-Out log. A remote physical inventory was conducted on October 15, 2020. The review of documentation and the remote physical inventory conducted displayed accountability, as

required by the standard. A review was conducted of the Laundry Hazardous Material Quarterly Inspection and Inventory form which indicates the stock amounts, the item name, beginning balance, amount used, amount added, and ending balance. A Monthly Inventory for Caustic, Flammable and Toxic Materials for the Laundry area indicates the Previous Balance, Add Inventory Received from Source, Date of Issue, Unit of Issue, New Balance, Issued By, Received By and Purpose. A remote physical inventory was conducted on October 15, 2020. The review of documentation and the remote physical inventory conducted displayed accountability, as required by the standard. A review the Monthly Inventory for Caustic, Flammable and Toxic Materials forms for Property Room #114B, which indicates the amounts, item, beginning balance, amount used, amount added and ending balance. A memo dated October 14, 2020 confirmed that in March 2019, all TCF's stored in Property Room #114B were removed and relocated to other areas of TCF storage and accountability, as required by the standard. A review the Monthly Inventory for Caustic, Flammable and Toxic Materials forms for Medical Room #89 which indicates the previous months balance, inventory added/received from source, date, unit of issue, new balance, issued by, received by and purpose. A remote physical inventory was conducted on October 15, 2020. The review of documentation and the remote physical inventory conducted displayed accountability, as required by the standard. A review was conducted of Hazardous Material Quarterly Inspection/Inventory forms for C building's A wing Sanitation / Supply Inventory which indicates the stock amounts, the item name, beginning balance, amount used, amount added, ending balance. A remote physical inventory conducted on October 15, 2020. The review of documentation and the remote physical inventory conducted displayed accountability, as required by the standard and disposal of toxic, caustic and flammable materials in those areas. Standard .04 I (4) Inmate Property Management was found to be compliant. A review was conducted of the Jessup Correctional Institutions' Property Lock-Up Bin Inventory form and the Excess/Confiscated Property forms for the monitoring period. The Property Lock-Up Bin Inventory form listed the inmate's name, DOC/SID number, row the property was located, the date the property entered how many bins of property, and the inmate's location status along with a section for comments. The Excess/Confiscated Property form listed the inmate's name, DOC number, property identified as Excess/Contraband, method of disposal and signature of inmate and collecting officer. It is recommended that the property officer have a statement that the property was inventoried next to the date and signature denoted on the date the inventory was conducted. The inmate property inventory conducted on December 19, 2019 indicated that the property had been inventoried quarterly, as required by the standard. Standard .05 E Mail Practices was found to be compliant. A review was conducted of the Inmate Mail No Fund Request reports to determine an indigent inmate's access to postage at the Jessup Correctional Institution, during the monitoring period. Upon receipt of the mail request, the inmates' account is verified and the postage is processed on site. The records listed the date, inmate's name, DOC/SID#, and the status of postage request, demonstrating that compliance was met for the standard, as required. Standard .05 F Inmate Orientation was found to be compliant. A review of the Baltimore Pre-Trial Facility-Jessup's Orientation/Handbook Acknowledgement forms documented inmate orientation and the inmates signed the form, as verification of their attendance. A review of the inmate intake roster for the monitoring period and the inmates' orientation acknowledgment forms verified that the inmates received orientation within seven days of admission, as required by the standard.

Standard .06 A (5) Classification Process was found to be compliant. A review was conducted of sixty-five case records of inmates at the Jessup Correctional Institution. Based on a random selection of inmates from a roster, which indicated the inmate's name, identification number and entry date to the facility, documentation was submitted for assessment of the initial security classification instruments, security reclassification instruments and case management assignment sheets. During the monitoring period, inmates were assessed for security and program needs, upon admission to the facility and annually, in accordance with policy. The facility was found to be compliant with the standard for the routine assessment of inmates, as required. Standard .08 E (4, 5) Case Records was found to be compliant. A review was conducted of the Jessup Correctional Institution Retention Database for the retention and disposal of case records during the monitoring period. The database identified the Box Location, Inmates' Name, DOC#, Release Date, Identification of file type, i.e. Base file, and Medical file. The provided documentation identified that the records reviewed are being maintained at the JCI Case Management Base File Room for two (2) years after the inmate's release, prior to transfer to the State Records Management Center, in accordance with the Department of General Services Records Management Division Records Retention and Disposal Schedule. It is recommended that the facility adhere to the records retention schedule with documentation of disposition and the transfer of pertinent records to DGS and other correctional facilities. The facility must incorporate the use of the Records Transmittal and Receipt Form (DGS 550-5), as required by the Department of General Services Records Management Division Records Retention and Disposal Schedule policy and the standard, to ensure continuity with the Department of Public Safety and Correctional Services. Inspection reports were reviewed from other regulatory agencies. Dietary Menus were reviewed and approved on June 18, 2019 by Rudeine Demissie, Dietitian (License #B00102). A Maryland Occupational Safety Hazard Inspection (MOSH) Inspection was conducted on February 11, 2019 by George Penyak with noted violations. The violations were abated on March 28, 2019. The last Maryland State Fire Marshal's Comprehensive Fire and Safety Inspection was conducted on November 20, 2018, the Fire Marshal's email confirmed the written corrective action of the cited violations, on June 13, 2019. However, correspondence from the State Fire Marshal's Office confirmed that a Comprehensive Fire and Safety Inspection was not conducted in 2019, as required by the standard. M CCS will address the facility's compliance with Standard .02 A Fire Safety Inspections, at the next scheduled M CCS audit. Due to the current COVID 19 restrictions, the State Fire Marshal's Office is not conducting inspections. The facility's annual fire safety inspection has not been scheduled or conducted, as of the date of this report. After a thorough review of the secondary documentation for the twelve non-compliant standards, the facility was found to be in total compliance with all the standards for an Adult Correctional Institution. The Jessup Correctional Institution is recommended to receive the Recognition of Achievement Award.

Chairperson T.D. Reece welcomed comments from the representatives of the Jessup Correctional Institution. Assistant Warden Christopher Smith introduced the staff who joined him for the virtual meeting (Corporal Monica Plato and Corporal Tavia White). He stated that Acting Executive Director Veronica Moore and the Commission staff was very helpful in providing guidance throughout the audit process. Assistant Warden Smith commented that

Corporal Monica Plato and Corporal Tavia White were instrumental regarding the institution achieving total compliance with the standards. Assistant Warden Christopher Smith expressed appreciation to the auditors. Assistant Warden Smith commented that it was a long journey to correct all of the deficiencies. Assistant Warden Smith stated that he is absolutely certain that the institution is headed in the right direction moving forward. He stated that the achievement involved a lot of work and a significant amount of leg work to get on course.

Chairperson T.D. Reece invited comments/questions from the Commission members. Chairperson Reece commented that it was a lot of work completed to achieve total compliance. Assistant Warden Smith commented that the administration was available to provide whatever was needed by the audit coordinators in order to achieve total compliance.

Chairperson T.D. Reece entertained a virtual motion to vote and approve the monitoring report and grant the Recognition of Achievement award. Assistant Attorney General Beverly Hughes made a motion to approve the monitoring report and grant the Recognition of Achievement award and Citizen member Delores Alexander seconded. The vote to approve the report and grant the Recognition of Achievement award was unanimous. The Commission members congratulated the administration and staff on their achievement. Commissioner Wayne Hill abstained from the voting process.

MARYLAND CORRECTIONAL INSTITUTION FOR WOMEN

Senior Correctional Program Specialist Cheryle Moyer reported on the monitoring review conducted regarding the Maryland Correctional Institution for Women on April 13, 2020. Senior Correctional Program Specialist Myer reported that this was the first monitoring review since the initial audit. The purpose was to review the standard found in non-compliance at the initial audit conducted in April 2019. Documentation was forwarded to MCCA for review to substantiate compliance with the standard and the regulatory agencies' requirements, via email. The Fire Marshal inspection report was submitted on March 10, 2020 by Lanea C. France. The regulatory reports were submitted by Sergeant Sherrell McQueen on April 7-8, 2020. The results of the monitoring period from October 1, 2019 through April 1, 2020 were as follows: Standard .02 A Fire Safety Inspection was found to be compliant. A review was conducted of the State Fire Marshal Inspection Report, which was completed by Inspector William Jiles, on January 31, 2020. The fire marshal inspection report indicated no violations or corrective actions necessary at the Maryland Correctional Institution for Women. The facility was found to be compliant with the state fire safety code regulations and met the requirement for an annual fire safety inspection, in accordance with the standard. Inspection reports were reviewed from other regulatory agencies. The Maryland Department of Health and Mental Hygiene conducted a comprehensive Food Service Facility Inspection on May 15, 2019, with no noted violations. Dietary menus were reviewed and approved on March 16, 2020 by Rudene Demissie, Dietician (Lic. #B00102). A review was conducted of the MOSH report by the Maryland Department of Labor, Licensing, and Regulations of an inspection completed on July 12, 2018. The MOSH inspection listed a violation for a clogged drain, which was abated on August 14, 2018. After a thorough review of the secondary documentation for the one non-compliant standard, the facility was found to be in total compliance with all of the standards for an Adult Correctional Institution. The Maryland Correctional Institution for Women is recommended to receive the Recognition of Achievement Award.

Chairperson T.D. Reece welcomed comments from the representatives of the Maryland Correctional Institution for Women. Warden Margaret Chippendale introduced the staff who joined her for the virtual meeting (Assistant Warden Michelle Pacheco, Security Chief Renee Sanders and audit coordinators Sherrell McQueen and Chajuanette Proctor). Warden Chippendale acknowledged the hard work of first time audit coordinators Sherrell McQueen and Chajuanette Proctor. Warden Chippendale expressed appreciation to the audit coordinators for doing a remarkable job. She commented that the audit coordinators continue to do a wonderful job with standards compliance at the facility. Warden Chippendale commented that she is certain that the facility will achieve total compliance regarding future audits because of the dedication and commitment of the audit coordinators to ensure that the documentation is in place. Warden Chippendale stated that everyone did a wonderful job and she is excited about the achievement of total compliance with the standards

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

Chairperson T.D. Reece entertained a virtual motion to vote and approve the monitoring report and grant the Recognition of Achievement award. Director Terry Kokolis made a motion to accept 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 on their achievement. Commissioner Wayne Hill abstained from the voting process.

- **CECIL COUNTY DETENTION CENTER**

Mr. Brian Raivel reported on the monitoring review conducted on April 9, 2020 regarding the Cecil County Detention Center. The purpose was to review the standard found in non-compliance at the initial audit conducted in April 2019. Mr. Raivel reported that this was the first monitoring review since the audit. The documentation, to substantiate compliance with the standard, was submitted, via email, by Lieutenant William Jolly (Audit Coordinator), at the request of M CCS. The results of the monitoring period from October 1, 2019 through April 1, 2020 were as follows: Standard .04 A (2, 4) Toxic, Caustic and Flammable Materials was found to be compliant. The Cecil County Correctional Facility TCF Supply Inventory and Dispersal Forms were reviewed for the monitoring period. The TCFs are issued daily by Supervisors, who document the start, ending quantity, location and date dispersed of the TCF's on the form, as required by policy. The Property Officer inventories the TCF's weekly, and completes the area on the form for ending quantity. Additionally, the Property Officer adds stock to the TCF inventory and completes the area to restock the quantity. The TCF Supply Inventory and Dispersal Records are maintained weekly and demonstrate the facility's weekly accounting of issuance, inspections and inventories of the TCFs. A physical inventory was conducted remotely through video technology to verify the accounting of the Toxic, Caustic, and Flammable Materials, in storage. The review of the records and the video of the physical

inventory verified that the facility is following the appropriate procedures for the issuance of TCFs, which exceeds the requirement of quarterly inspections and inventories, in accordance with the standard. Inspection reports were reviewed from other regulatory agencies. The Maryland State Fire Marshal conducted a fire inspection, on March 11, 2020, with no cited violations. The Maryland Department of Health and Mental Hygiene conducted a food service facility inspection, on July 30, 2019. Two violations were cited from the inspection and were corrected on the same day. Dietary menus were reviewed and approved on August 22, 2019 by Julie Duckendorff, Dietician (Lic. #710510). The Maryland Department of Labor, Licensing, and Regulations' conducted a MOSH inspection at the facility, on September 27, 2019. The inspection cited four violations, three of which were abated on site. The fourth violation was corrected on September 27, 2020. Due to the current Maryland State Government Phase II COVID quarantine guidelines, a comprehensive dietary health inspection was not conducted in year 2020. After a thorough review of the secondary documentation for the non-compliant standard, the facility was found to be in compliance with all of the standards for an Adult Detention Center. The Cecil County Detention Center is recommended to receive the Recognition of Achievement Award.

Chairperson T.D. Reece welcomed comments from the representatives of the Cecil County Detention Center. Director Mary Allen introduced Lieutenant William Jolly (Administrative Commander/Standards Coordinator) who joined her for the virtual meeting. Director Allen commented on the professionalism of the audit team. Director Allen thanked the audit team for working with the detention center to correct the lone deficiency. She stated that the administration was very appreciative of the audit team for taking the time to provide a professional assessment of the detention center. Director Allen also expressed appreciation to Lieutenant William Jolly for his efforts in bringing the detention center into total compliance with the standards. Chairperson Reece stated that he hoped everything was good in Cecil County during the pandemic. Director Allen responded that everything is good. Director Allen thanked the Commission board and extended well wishes to everyone to be safe and stay healthy.

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

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 Commissioner Michael Resnick. The vote to approve the report and grant the Recognition of Achievement award was unanimous. The Commission members congratulated the administration and staff on their achievement.

- **YOUTH DETENTION CENTER**

Mr. Brian Raivel reported that a remote monitoring review was conducted of the Youth Detention Center. Due to the State's Elevated Level II operational status as a result of COVID-19, the required documentation was electronically submitted to MCCS for review of the standards found in non-compliance at the initial audit conducted in June 2019. Mr. Raivel

reported that this was the first monitoring review since the audit. Lieutenant Terry Edwards (Audit Coordinator) scanned and emailed the required monitoring documents for review. The results of the monitoring period from February 1, 2020 - August 1, 2020 were as follows: Standard .02 A Fire Safety Inspections was found to be compliant. A fire safety inspection was conducted by the Maryland State Fire Marshal on December 2, 2019 with 17 violations noted. Nine of these violations were corrected on site, with the others being repaired by April 29, 2020. An email notification to the Fire Marshal was sent on March 13, 2020 regarding the repairs; however, due to the current COVID 19 restrictions, the Maryland State Fire Marshal office is not conducting inspections. The Fire Marshal's inspection has not been scheduled or conducted, as of the date of this report. Standard .04 A (2, 4) Toxic, Caustic and Flammable Materials was found to be compliant. A review of the Youth Detention Center Quarterly Toxic Caustic and Flammable Materials Logs for the first and second quarter of 2019 was conducted. The logs demonstrated that TCFs were inventoried at the beginning of the quarter and TCFs issued or received were reflected at the ending inventory of each quarter. The log reflected the condition of the listed TCF, as required by the standard. As a part of the remote physical inventory process, pictures of the TCF inventory were provided and cross referenced with the TCF listing and inventory records to demonstrate accountability. The inventory record and the physical inventory of the Toxic, Caustic, and Flammable materials proved that staff maintained accountability, during the monitoring period, as required by the standard. Standard .04 F Inmate Clothing was found to be compliant. A review was conducted of the Youth Detention Center Inmate Initial Issue/ Return Property Forms for the monitoring period. The forms documented the size and quantity of clothing issued to inmates at intake. The form provided an area for inmates to sign as verification of receipt upon issuance and an area for the staff's signature for receipt by staff, once the clothing is returned. Upon review of the forms, they were completed with the proper information and documented the issue and return of the inmate clothing, as required by the standard. Standard .04 G Inmate Bedding and Linen was found to be compliant. A review was conducted of the Youth Detention Center Inmate Initial Issue/Return Property Form. The form demonstrated the specific item and quantity of bedding and linen issued to inmates, at intake. It also has an area for inmates to sign the form verifying receipt, at the time of issuance, and the staff's signature receipt upon return of the bedding and linen, as required by the standard. Standard .04 I (4) Inmate Property Management – Compliance was found to be compliant. A review of the Semi-Annual Inmate Property Inventory form was conducted for the monitoring period. All inmates' property was initially inventoried by the Property Officer, upon the inmates' arrival at the facility, during the monitoring period. A semi-annual inventory was also completed of the intake, unclaimed and abandoned property, as required by the standard. It is recommended that the semi-annual inmate property inventory include a statement which states that there were no discrepancies found during the physical inventory of property. If discrepancies are found, it is recommended that they should be listed on the forms. The facility provided evidence that a semiannual inventory was conducted, during the monitoring period, as required by the standard. Standard .05 C (2, 4) Legal Matters was found to be compliant. The Youth Detention Center Legal Call and the Legal Material Request logbooks were reviewed to assess the monitoring period. The Legal Material Request logbook demonstrated that no inmates requested legal materials during the monitoring period. In the Legal Call logbook, staff documented the date, name and ID# of the inmate, the person called, the start and end times of

the call, the legal nature of the call and the lawyer contacted, as required of the standard. Standard .05 J Internal Complaint System was found to be compliant. The Youth Detention Center Juvenile Grievance logbook was reviewed. Staff entered the inmate's name that filed the grievance, the date filed, staff member assigned to handle the grievance, the category of grievance and the resolution of grievance. There were no grievances filed during the monitoring period. The facility has established a procedure for inmate grievances, as required by the standard. Standard .07 A (2) Formal Disciplinary Hearing Process was found to be compliant. A review of the five disciplinary hearings held during the monitoring period was conducted. The documents indicate that each inmate received a notification of the charges against them within ninety-six hours. The disciplinary hearing was held within nine days but not less than twenty-four hours after receiving the notification of the charges. Inmates were given an opportunity to have witnesses at their hearing, and the outcome of the hearing was reviewed by the managing official or designee. During the monitoring review, the facility demonstrated that disciplinary hearings were conducted, in accordance with the standard. Inspection reports were reviewed from other regulatory agencies. Dietary Menus were reviewed and approved, on July 18, 2019, by Scott Steininger (License #D01350). The Maryland Department of Labor, Licensing, and Regulations conducted a MOSH inspection on March 13, 2018 which listed one violation that was abated on the next day. A Maryland Department of Health and Human Hygiene comprehensive health inspection was last conducted on August 6, 2018. An annual health inspection was not conducted at the YDC dietary department in 2019, as required by the standard and COMAR. MCCA will address the facility's compliance with Standard .03 C Health Inspections, at the next scheduled MCCA audit. Due to the current COVID 19 restrictions, the Maryland Department of Health and Human Hygiene is not conducting inspections. The facility's annual health inspection has not been scheduled or conducted, as of the date of this report. After a thorough review of the secondary documentation for the eight non-compliant standards, the facility was found to be in compliance with all of the standards for an Adult Detention Center. The Youth Detention Center is recommended to receive the Recognition of Achievement Award.

Chairperson T.D. Reece welcomed comments from the representatives of the Youth Detention Center. Facility Administrator Dehavilland Whitaker introduced the staff who joined her for the virtual meeting (ECSO Sergeant Shawntae Smith, Fire Safety Officer Tina Hollie, Lieutenant Terry Edwards and Officer Edwards, who serve as the audit coordinators). Facility Administrator Whitaker commented that the Youth Detention Center opened in 2017 and this was the first audit of the facility. Facility Administrator Whitaker commented that the audit was a learning experience for everyone who participated. Facility Administrator Whitaker reported that the facility immediately began to correct the non-compliances at the conclusion of the audit. Facility Administrator Whitaker commented that the administration and staff were greatly appreciative of the excellent guidance provided by the auditors. She stated that the administrative and staff believe the facility is on the right track to achieve total compliance at the next audit. Facility Administrator Whitaker commented that she is confident that the Youth Detention Center will achieve total compliance at the initial audit during the next audit.

Chairperson T.D. Reece welcomed comments/questions from the Commission members. Chairperson Reece commented that he was in total agreement with the comments of Facility Administrator Whitaker. Chairperson Reece stated that one of the objectives of the Standards Commission and the work that they do is to provide guidance, assistance and direction to ensure that facilities achieve total compliance with the standards. Chairperson Reece stated that the facility made up a lot of ground in order to achieve 100% compliance with the standards. Chairperson Reece stated that the achievement of total compliance is a testament to the outstanding work and dedication of the administration and staff to standards compliance.

Chairperson T.D. Reece entertained a virtual motion to vote and approve the monitoring report and grant the Recognition of Achievement award. Commissioner Wayne Hill made a motion to accept the monitoring report and grant the Recognition of Achievement award and Assistant Attorney General Beverly Hughes seconded. The vote to approve the report and grant the Recognition of Achievement award was unanimous. The Commission members congratulated the facility on their achievement. Commissioner Michael Resnick abstained from the voting process.

- **CENTRAL MARYLAND CORRECTIONAL FACILITY**

Mr. Brian Raivel reported that a remote monitoring review was conducted of Central Maryland Correctional Facility. Due to the State's Elevated Level II operational status as a result of COVID-19, the required documentation was electronically submitted to MCCS for review of the standards found in non-compliance at the initial audit conducted in July 2019. Mr. Raivel reported that this was the first monitoring review since the audit. Sergeant Battle-Smith (Audit Coordinator) electronically submitted the required monitoring documents for review. The results of the monitoring period from February 1, 2020-August 1, 2020 were as follows: Standard .02 A Fire Safety Inspections was found to be compliant. A fire marshal inspection was conducted by the Maryland State Fire Marshal, on July 25, 2019. Seven violations and multiple inoperable alarms were cited from the fire marshal inspection. All violations were corrected and repaired, as of October 21, 2019. An email notification was sent from ESCO Lt. Gonzales on December 4, 2019 to Fire Marshal Jiles asking for a re-inspection. Due to the current COVID 19 restrictions, a re-inspection was not conducted and is pending by the fire marshal. The annual fire safety inspection was conducted and the needed repairs were made to the fire alarm system making it operational, as required by the standard. Standard .05 F Inmate Orientation was found to be compliant. The Maryland Division of Correction Inmate's Receipt of Inmate Handbook and Orientation forms and the Central Maryland Correctional Facility's Institutional Change Sheet were received for the monitoring period. The Change sheet provided the Inmate's Name, ID Number and admission date to CMCF and the orientation forms indicated the date that the inmate received orientation. Upon completion of the review of the submitted documentation, six inmates did not receive orientation within seven days of admission to CMCF and were notated as "Quarantined". It is strongly recommended that CMCF implement a process to ensure that all inmates' regardless of quarantine status, receive orientation within seven days

of admission, as required by the standard. All remaining inmates, admitted during the monitoring period, received orientation within the required timeframe, as required by the standard. Standard .08 D Official Publications/ Annual Review was found to be compliant. The Central Maryland Correctional Facility annual policy review form which included a listing of all policies was reviewed. The form indicated that all institutional policies were reviewed by an assigned staff member on a specific date and the disposition of the review was approved by the facility administrator, as required by the standard. Inspection reports were reviewed from other regulatory agencies. Dietary Menus were reviewed and approved on April 08, 2020 by Maria Maximo-Sabundayo (License #D01204). The Maryland Department of Labor, Licensing, and Regulations conducted a MOSH inspection on January 30, 2018, with seven cited violations which were abated on March 7, 2018. The Maryland Department of Health conducted a comprehensive inspection of the Central Maryland Correctional Facility's dietary department on October 7, 2019. The report listed four deficiencies which were corrected on October 23, 2019. Both the MOSH and follow-up health inspections could not be conducted in monitoring period in 2020 due to the COVID 19 restrictions. 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 Community Correctional Facility. The Central Maryland Correctional Facility is recommended to receive the Recognition of Achievement Award.

Chairperson T.D. Reece welcomed comments from the representatives of the Central Maryland Correctional Facility. Facility Administrator James Harris introduced the administration/staff who joined him for the virtual meeting (Assistant Warden David Greene and Major Nate' Denton). Facility Administrator James Harris commented that the journey to achieve total compliance with the standards was spearheaded under the direction of Major Nate' Denton. He stated that most of the work regarding the repairs and to correct deficiencies were during the time that Major Denton served as the acting facility administrator at the facility. He extended kudos to Major Denton for doing a tremendous job. Facility Administrator Harris expressed appreciation to Sergeant Carleah Battle-Smith (audit coordinator) for working diligently with Major Denton to correct the deficiencies to ensure total compliance with the standards.

Chairperson T.D. Reece invited comments/questions from the Commission members. Chairperson Reece expressed kudos to the facility for their hard work and dedication to achieving 100% compliance with the standards during a time a transition.

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 Commissioner Michael Resnick seconded. The vote to approve the report and grant the Recognition of Achievement award was unanimous. The Commission members congratulated the facility on their achievement. Commissioner Wayne Hill abstained from the voting process.

- **ALLEGANY DETENTION CENTER**

Mr. Brian Raivel reported that a remote monitoring review was conducted of the Allegany County Detention Center. Due to the State's Elevated Level II operational status as a result of COVID-19, the required documentation was electronically submitted to MCCS for review of the standards found in non-compliance at the initial audit conducted in June 2019. Mr. Raivel reported that this was the first monitoring review since the audit. Officer Iosefa Pua'auli (Audit Coordinator) electronically submitted the required documentation for the monitoring review. The results of the monitoring period from February 1, 2020 - August 1, 2020 were as follows: Standard .03 J (3, 4) Kitchen Utensils was found to be compliant. The quarterly Allegany County Kitchen Master Utensil Inventory forms were reviewed, for the monitoring period. The forms demonstrated that each kitchen utensil was listed by name, and the expected quantity, the physical quantity as inventoried by a staff member, and the noted locations. A column was included to denote if the utensil needed replacement. The form includes a column to indicate the utensils were inspected quarterly by the kitchen supervisor and a statement that the utensils were found in serviceable condition. Based on a review of the inventory records, the kitchen utensils were inspected quarterly, as required by the standard. The Allegany County Detention Center-Aramark Kitchen Utensil Issue logs were reviewed, for the monitoring period. Each kitchen utensil was listed with a starting count, ending count, condition, the initials of the issuing/returning kitchen staff member and the signature of the Aramark Kitchen Supervisor. It is recommended that the forms be completed in their entirety, to include the utensil condition and the staff member's initials, as required by the standard. Based on a review of the issuance logs of kitchen utensils and a remote physical inventory conducted through Google Meet, it was determined that kitchen utensils are logged as they are issued and returned daily, as required by the standard. Standard .07 A (5, 7) Formal Disciplinary Hearing Process was found to be compliant. A review was conducted of the Allegany County Detention Center Misconduct Hearing Disposition forms for the monitoring period. The managing official or designee conducted a review and approved or disapproved the hearing decision, as required by policy. The forms demonstrated that the process of submission of all hearing decisions were forwarded to the managing official or designee. Based on the documentation reviewed, hearing decision was reviewed and the hearing report was received by the managing official or designee in a timely manner, as required by the standard. Inspection reports were reviewed from other regulatory agencies. Dietary Menus were reviewed and approved on July 1, 2020 by Julia Dunnigan (License #DX4883). The Maryland Department of Labor, Licensing, and Regulations conducted a MOSH inspection on March 8, 2019, which listed one violation that was abated on March 11, 2019. The Maryland Department of Health conducted a comprehensive inspection of the Allegany County Detention Center's dietary department, on April 22, 2019. The report listed one violation which was corrected on August 27, 2019. The Health Department has not conducted a comprehensive inspection in 2020 due to the State's Elevated Level II operational restrictions, related to COVID-19. The Maryland State Fire Marshal conducted an annual Fire Safety Inspection on March 12, 2020, with no deficiencies noted. 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 Allegany County Detention Center is recommended to receive the Recognition of Achievement Award.

Chairperson T.D. Reece welcomed comments from the representatives of the Allegany County Detention Center. Lieutenant Elizabeth Shoemake (Director of Operations) introduced Officer Iosefa Pua'auli (Compliance Coordinator) who joined her for the virtual meeting. Lieutenant Shoemake expressed appreciation to Mr. Brian Raivel (Auditor) for working with Officer Pua'auli to work through the COVID-19 crisis and how we all are faced with new ways to work. Lieutenant Shoemake commented that the process to correct the deficiency involved a lot of patience and video streaming in the kitchen area. She expressed appreciation to the audit team and commented that it is always nice to welcome the auditors out west to visit the facility.

Chairperson T.D. Reece invited comments/questions from the Commission members. Chairperson Reece commended the facilities for engaging in new processes, specifically video streaming which is paving the way to get the audits full scale and rolling for the future.

Chairperson T.D. Reece entertained a virtual motion to vote and approve the monitoring report and grant the Recognition of Achievement award. Director Terry Kokolis made a motion to accept the monitoring report and grant the Recognition of Achievement award and Commissioner Wayne Hill seconded. The vote to approve the report and grant the Recognition of Achievement award was unanimous. The Commission members congratulated the facility on their achievement.

- **MARYLAND CORRECTIONAL TRAINING CENTER**

Mr. Brian Raivel reported that a remote monitoring review was conducted of the Maryland Correctional Training Center. Due to the State's Elevated Level II operational status as a result of COVID-19, the required documentation was electronically submitted to MCCA. The remote monitoring review was conducted for the standard found in non-compliance at the initial audit conducted in July 2019. Mr. Raivel reported that this was the first monitoring review since the audit. Sergeant Johnavin McKinley (Audit Coordinator) provided the required monitoring documents for remote review. The results of the monitoring period from February 1, 2020 - August 1, 2020 were as follows: Standard .04 I (3) Inmate Property Management was found to be compliant. The Department of Public Safety and Correctional Services Notice of Confiscation and Inmate Personal Property Disposition forms were reviewed for inmate confiscated property, during the monitoring period. The forms were completed in their entirety to include the inmate's name, inmate ID number, date the property was confiscated, and the specific items confiscated, during the monitoring period. All inmate property confiscation forms were signed by the inmate, the confiscating officer and property officer, as required by policy and the standard. Inspection reports were reviewed from other regulatory agencies. Dietary menus were reviewed and approved on May 24, 2020 by Scott Steininger (License #D01350). The Maryland Department of Labor, Licensing, and Regulations conducted a MOSH inspection on April 12, 2018, which noted eight violations. All violations were abated on site at the time of the inspection. The Maryland Department of Mental Health and Hygiene conducted a comprehensive inspection of the MCTC and HED's dietary departments, on November 19, 2019. The report listed three deficiencies for the MCTC's dietary department which were corrected on

December 27, 2019 and no deficiencies for the HED unit. The Maryland State Fire Marshal conducted an annual fire safety inspection on May 10, 2019 and found 4 deficiencies, all of which were corrected by May 25, 2019. A re-inspection by the State Fire Marshal was not conducted due to the State's Elevated Level II operation status as a result of COVID-19. After a thorough review of the secondary documentation for the non-compliant standard, the facility was found to be in compliance with all of the standards for an Adult Correctional Institution. The Maryland Correctional Training Center is recommended to receive the Recognition of Achievement Award.

Chairperson T.D. Reece welcomed comments from the representatives of the Maryland Correctional Training Center. Assistant Warden William Bohrer introduced the staff who joined him for the virtual meeting (Sergeant Johnavin McKinley, audit coordinator). Assistant Warden Bohrer thanked the Commission staff for what they do to keep the correctional facilities across the state within the standards. Assistant Warden stated that the standards keep everyone on the same page and working from the same rules and policies. Assistant Warden Bohrer commented that the auditors were very helpful and non-judgmental. Assistant Warden Bohrer commented that the audit team was very helpful and provided the necessary assistance in order for the facility to achieve total compliance with the standards.

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

Chairperson T.D. Reece entertained a virtual motion to vote and approve the monitoring report and grant the Recognition of Achievement award. Director Terry Kokolis made a motion to accept the monitoring report and grant the Recognition of Achievement award and Assistant Attorney General Beverly Hughes seconded. The vote to approve the report and grant the Recognition of Achievement award was unanimous. The Commission members congratulated the facility on their achievement. Commissioner Wayne Hill abstained from the voting process.

7. NEW BUSINESS

Chairperson T.D. Reece stated that there was no new business to introduce at the meeting.

8. ANNOUNCEMENTS

Chairperson T.D. Reece commented that it is very encouraging the amount of the work regarding audits/monitoring visits that the Commission staff has accomplished regarding transferring to the virtual concept and through computers with the exchanging of information during the pandemic. Chairperson Reece said that he appreciates all of the hard work of the Commission staff to get the audits and monitoring visits completed. Chairperson Reece commented that he thinks in the future we will eventually get to the point where the entire initial audit will be able to be completed virtually with the exchanging of information and forms online. He commented "hats off" to the staff and thanked them for all of their hard work. Chairperson Reece wished everyone a Happy and Safe Thanksgiving holiday and for everyone and their families to remain well. Chairperson Reece asked Acting Executive Director Veronica Moore if she had any closing comments.

Acting Executive Director Veronica Moore extended apologies for the slow start regarding the meeting and the issues related to the Google Meet Link. Acting Executive Director Moore commented that she was glad that everyone was eventually able to join the meeting. Acting Executive Director Moore said not only “hats off” to the Commission staff but to all of the correctional professionals out there working and assisting the Standards Commission with accomplishing the Standards Commissions’ responsibilities and goals. Acting Executive Director Moore commented that it is hard work, but it is keeping us rolling as well. She stated that the Standards Commission supports all of the correctional professionals who are working during the pandemic. She commented that we understand the complexity of it all. Acting Executive Director Moore closed her remarks and stated that the Standards Commission appreciates everyone’s support.

9. ADJOURNMENT

Chairperson T.D. Reece entertained a motion to adjourn the 272nd Commission Meeting (Virtual Meeting). Commissioner Michael Resnick made a motion to adjourn the virtual meeting and Assistant Attorney General Beverly Hughes seconded. The 272nd Commission Meeting (Virtual Meeting) concluded at 12:02 p.m.