

American Correctional Association

Accreditation Report

2012

American Correctional Association

206 NORTH WASHINGTON STREET ALEXANDRIA VA 22314

703.224.0000 FAX 703.224.0079

www.aca.org

May 7, 2012

Prince George's County Department of Corrections
Prince George's County Department of Corrections
Upper Marlboro, Maryland

Congratulations!

It is a pleasure to officially inform you that the Prince George's County Department of Corrections was accredited by the Commission on Accreditation for Corrections at the Correctional Accreditation Managers Association 2012 Conference on April 22, 2012 in Austin, Texas.

Your accreditation represents the satisfactory completion of a rigorous self-evaluation, followed by an outside review by a team of independent auditors.

Every profession strives to provide a high quality of service to society. To know that you, your staff, and other officials are complying with the requirements of the accreditation process is indeed a statement of a high level of commitment to the staff and persons under your care.

On behalf of the Commission on Accreditation for Corrections, thank you for your commitment to the corrections profession.

Sincerely,

Lannette Linthicum

Lannette Linthicum, Chairperson
Commission on Accreditation for Corrections

American Correctional Association

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For Immediate Release

Prince George's County Department of Corrections Awarded National Accreditation

Lannette Linthicum, Chairperson of the Commission on Accreditation for Corrections (CAC), and Kathy Black-Dennis, Director of Standards, Accreditation, and Professional Development, American Correctional Association recently announced the accreditation of the Prince George's County Department of Corrections. The award was presented in conjunction with the Correctional Accreditation Managers Association Conference held on April 22, 2012 in Austin, Texas.

The accreditation program is a professional peer review process based on national standards that have evolved since the founding of the Association in 1870. The standards were developed by national leaders from the field of corrections, law, architecture, health care, and other groups who are interested in sound correctional management.

ACA standards address services, programs, health care and security operations essential to effective correctional management. Through accreditation, an agency is able to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Standards set by ACA reflect practical up-to-date policies and procedures and function as a management tool for agencies and facilities throughout the world.

The three-year accreditation award granted to the Prince George's County Department of Corrections does not signal the end of their involvement in the accreditation process. During the award period, staff will work to improve any deficiencies identified during the audit and maintain continuous compliance with the standards.

American Correctional Association

ACCREDITATION REPORT

Commission on Accreditation for Corrections

Prince George's County Department of Corrections
Prince George's County Department of Corrections
Upper Marlboro, Maryland

The mission of the Commission on Accreditation for Corrections is to upgrade and improve practices and conditions in adult and juvenile correctional facilities and programs through an accreditation process which is founded on a commitment to accountability, professionalism and respect for basic human rights and which recognizes sound and effective correctional practices, while striving towards excellence in the field of corrections.

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Congratulations on your accreditation award! You are now a member of the elite in achieving correctional excellence. The certificate you have received is but a small symbol of the enormous dedication and commitment demonstrated by each and every member of your staff to the accreditation process, and I urge you to display it prominently as a continual reminder of the level of professionalism achieved. This is just the beginning of your journey, however, for the true test of excellence is the test of time. It is critical that your operation be able to sustain this achievement over time and be constant through both prosperity and adversity.

The logo of the Commission on Accreditation for Corrections depicts a sextant. Those who chose this symbol did so because "the sextant is an instrument used by a navigator to pinpoint the location of his ship in relation to the established points of reference in the universe, with the purpose of charting his future course." This is the exact purpose of accreditation; objectively reviewing an agency or facility and giving it a goal for which to strive, a destination to reach. Accreditation is the sextant for our profession; let it be your guide as well.

Thank you for your commitment to the American Correctional Association and the standards and accreditation process.

Kathy Black-Dennis, Director
Standards, Accreditation, and Professional Development
American Correctional Association

Overview of the American Correctional Association

The American Correctional Association is the oldest and most prestigious correctional membership organization in the United States. Founded in 1870, ACA currently represents more than 20,000 correctional practitioners in the United States and Canada. Members include all levels of staff from a wide variety of correctional disciplines and programs as well as professionals in allied fields and representatives from the general public. In addition, the Association represents the interests of 74 affiliated organizations whose goals, while similar to those of ACA, focus on specialized fields and concerns within the realm of corrections.

At its first organizational meeting held in Cincinnati, Ohio, in 1870, the Association elected then-Ohio governor and future U.S. President, Rutherford B. Hayes, as its first president. The *Declaration of Principles* developed at that first meeting became the guidelines for correctional goals in both the United States and Europe.

Since that time, ACA has continued to take a leadership role in corrections and work toward a unified voice in correctional policy. In recent years, one of the Association's major goals has been the development of national correctional policies and resolutions of significant issues in corrections. These policies are considered for ratification at the Association's two annual conferences and ratified policies are then disseminated to the field and other interested groups. ACA has also had a major role in designing and implementing professional standards for correctional practices, as well as methods for measuring compliance with those standards.

The Association conducts research and evaluation activities, provides training and technical assistance, and carries out the regular responsibilities of any professional membership organization, including a full publications program. The Association's two annual conferences, held in varying cities across the nation, attract more than 5,000 delegates and participants each year from the 50 states, U.S. territories, and several foreign countries.

Membership in ACA is open to any individual, agency, or organization interested in the improvement of corrections and the purposes and objectives of the Association. Members include the majority of state, local, provincial, and territorial correctional agencies; individual correctional institutions and local jails, pretrial programs and agencies, schools of criminal justice in colleges and universities, libraries; and various probation, parole, and correctional agencies. Most of ACA's members are employed at the federal, state, and local levels. Members also include more than 200 volunteers affiliated with these agencies as administrators or as members of advisory boards and committees.

Organizational Purposes of the American Correctional Association

Among the most significant purposes of the Association as outlined in its Constitution, are:

To promote the coordination of correctional organizations, agencies, programs, and services to reduce fragmentation and duplication of effort and increase the efficiency of correctional services on a national basis.

To develop and maintain liaisons and a close working relationship in America with national, regional, state, and local associations and agencies in the correctional, criminal justice, civic, and related fields for mutual assistance and the interchange of ideas and information, and to extend and strengthen cooperative working relationships with similar associations and agencies on the international level.

To develop and promote effective standards for the care, custody, training, and treatment of offenders in all age groups and all areas of the correctional field: detention facilities and services, institutions and other facilities for juvenile and adult offenders, probation, parole, community residential centers, and other community-based programs and services.

To conduct studies, surveys, and program evaluations in the correctional field, and provide technical assistance to correctional organizations, departments, institutions, and services.

To publish and distribute journals and other professional materials dealing with all types of correctional activities.

To promote the professional development of correctional staff at all levels.

In carrying out these purposes, ACA sponsors programs for policy analysis, demonstration, and research. ACA also provides testimony, consultation, publications, conferences, workshops, and other activities designed to stimulate constructive action regarding correctional problems.

Standard and Accreditation

Perhaps ACA'S greatest influence has been the development of national standards and the accreditation process. ACA standards address services, programs, and operations essential to effective correctional management. Through accreditation, an agency is able to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Standards set by ACA reflect practical up-to-date policies and procedures and function as a management tool for over 1,500 correctional agencies in the United States.

Organizational Structure of the American Correctional Association

Executive Committee

The Executive Committee is composed of the elected officers of the Association - president, vice president, treasurer, two Board of Governors' members, the immediate past president, the president-elect, and the ACA executive director. The Executive Committee meets at least quarterly and exercises most of the powers of the Board of Governors during the intervals between meetings of the board.

Board of Governors

ACA's bylaws vest control of the Association with an 18-member elected Board of Governors composed of the officers of the Association and five at-large members. To ensure the interdisciplinary nature of the Association, board members must represent the following areas:

At-Large Citizen (not employed in corrections)	Community Programs (Juvenile)
Correctional Administration (Adult)	Aftercare or Post-Release Supervision (Juvenile)
Correctional Administration (Juvenile)	Detention (Adult)
Institutions (Adult)	Detention (Juvenile)
Institutions (Juvenile)	At-Large (Ethnic Minority) (3)
Probation (Adult)	Education
Probation (Juvenile)	Member At-Large
Parole or Post-Release Supervision (Adult)	
Community Programs (Adult)	

Delegate Assembly

The Delegate Assembly is composed of delegates from the professional affiliates, geographical chapters, membership at-large, Board of Governors, past presidents of ACA, and representatives of each military service. The Delegate Assembly can establish policy, define Association positions on broad social and professional issues, and determine major programs and legislative priorities. They meet at least twice annually, at the Winter Conference and Congress of Correction.

Committees

The majority of the Association's activities take place through committees. Each committee chair reports to the Association's Board of Governors at least twice a year. In this way, the Association collectively benefits from the involvement and contribution of the hundreds of individuals who function on the various committees. Ad-hoc committees are appointed by the president of the Association.

The current committees and councils are:

Committee on Affirmative Action

Committee on Constitution and Bylaws

Committee on International Relations
 Committee on Congress Program Planning
 Committee on Legal Issues
 Committee on Correctional Awards
 Committee on Membership
 Committee on Military Affairs
 Council of Professional Affiliates
 Council of Dual-Membership Chapters and
 State and Geographical Affiliates
 Nominating Committee

Council on Professional Education
 Credentials Committee
 Research Council
 Eligibility Committee
 Resolutions & Policy Development
 Comm
 Committee on Ethics
 Standards Committee
 Legislative Affairs Committee

Affiliates and Chapters

Affiliates and state chapters are major features of the Association's structure. They represent professional, regional, and state groups across the United States and Canada. Affiliates and chapters contribute to the professional development of all members by providing consultation in their respective areas of interest and by participating in seminars and workshops at ACA's annual conferences.

The following affiliates and chapters are currently associated with ACA:

Alabama Council on Crime and Delinquency
 Alston Wilkes Society
 American Assn for Correctional Psychology
 American Correctional Chaplains Association
 American Correctional Food Service
 Association
 American Correctional Health Services Assn
 American Institute of Architects
 American Jail Association
 American Probation and Parole Association
 Arizona Probation, Parole, and Corrs Assn
 Association for Corrl Research and Info Mgmt
 Assn of Paroling Authorities, International
 Assn of State Correctional Administrators
 Assn of Women Executives in Corrections
 International Assn of Correctional Officers
 Iowa Corrections Association
 Juvenile Justice Trainers Association
 Kansas Correctional Association
 Kentucky Council on Crime and Delinquency
 Louisiana Correctional Association
 Maryland Criminal Justice Association
 Michigan Corrections Association
 Middle Atlantic States Correctional
 Association
 Minnesota Corrections Association
 Missouri Corrections Association

National Association of Adult and Juvenile
 State
 Corrections Mental Health Directors
 National Assn of Blacks in Criminal Justice
 National Association of Juvenile Corrl
 Agencies
 Oregon Criminal Justice Association
 Parole and Probation Compact
 Administrators Association
 Pennsylvania Assn of Probation, Parole, and
 Corrections
 Prison Fellowship
 South Carolina Correctional Association
 Tennessee Corrections Association
 Association on Programs for Female
 Offenders
 Central States Correctional Association
 Colorado Correctional Association
 Connecticut Criminal Justice Association
 Correctional Association of Massachusetts
 Correctional Accreditation Managers Assn
 Correctional Education Association
 Correctional Industries Association
 Family and Corrections Network
 Florida Council on Crime and Delinquency
 Illinois Correctional Association
 Indiana Correctional Association

International Assn of Corrl Training Personnel
International Community Corrections Assn
National Association of Probation Executives
National Coalition for Mental and Substance
Abuse Health Care in the Justice System
National Correctional Recreation Association
National Council on Crime and Delinquency
Nation Juvenile Detention Association
Nebraska Correctional Association
Nevada Correctional Association
New Jersey Chapter Association
New Mexico Correctional Association
New York Corrections and Youth Svcs Assn

North American Association of Wardens &
Superintendents
North Carolina Correctional Association
Ohio Correctional and Court Svcs
Association
Texas Corrections Association
The Salvation Army
Utah Correctional Association
Virginia Correctional Association
Volunteers of America
Washington Correctional Association
Wisconsin Correctional Association

Major Activities of the American Correctional Association

Legislation

The American Correctional Association is involved with all major issues affecting corrections today. Members and ACA staff maintain close working relationships with committees of the U.S. Congress and all federal agencies and groups whose decisions affect correctional policy. Expert testimony on a wide range of correctional issues is prepared for congressional committee and subcommittee hearings, and recommendations are provided to federal administrative agencies.

To ensure that the concerns and issues of the corrections profession are represented in proposed legislation and public policy, ACA's legislative liaison is addressing legislative and government concerns that will impact the corrections profession. ACA has established partnerships between chapters and affiliates and other national policy making organizations to present a strong collective voice for correctional reform throughout the world.

Professional Development

The purpose of the Association's Professional Development Department is to plan, promote, and coordinate professional development through training seminars, workshops, and published materials including curriculums, resource guides, and monographs.

ACA's training plan calls for a variety of professional development activities. Nationally advertised workshops cover topics such as training for trainers, management training, community-based employment programs, and stress management. On-site workshops for state and local departments of corrections are offered in curriculum development, supervision, communications, and report-writing skills.

The *Training for Correctional Staff Trainers* workshops further the skills of correctional professionals qualified to initiate and deliver training. These workshops also enable agencies to comply with national standards for accreditation and ensure that training is job-related and professionally developed and presented.

The department also offers correspondence courses to further professional development. More than 6,000 correctional personnel have completed or are in the process of completing ACA's self-instruction training program for correctional officers. This program, developed under the auspices of the National Institute of Corrections, provides 40 hours of basic training in accordance with ACA standards. A score of at least 80 percent on the comprehensive examination must be attained to achieve certification.

The Association has similar courses available for correctional supervisors, juvenile caseworkers, and food service employees. Additional courses which cover report writing skills, correctional management skills, legal issues for probation and parole officers, and legal issues for correctional officers are also available.

Publications

As one of the leading publishers of practical correctional publications, ACA produces books, videos, and lesson plans. Among the wide ranging subjects available are management, community, security, counseling, law, history, and health. These excellent resources for career advancement appeal to practitioners and scholars alike. Directories for every major sector of corrections are also published by ACA.

The following is just a few of the many publications that ACA offers:

Corrections Today is the major corrections magazine in the United States. Published seven times a year, it focuses on the interests of the professional correctional employee and administrator. Articles include reports of original research, experiences from the field, discussion of public policy, and the perspectives of prominent practitioners and academicians.

On the Line is published five times a year and contains national and local news of interest to the criminal justice professional.

Corrections Compendium Newsletter publishes cutting-edge information about the corrections environment. Survey information is compiled from 52 U.S. and 14 Canadian correctional systems.

The Juvenile and Adult Directory has been published since 1939. A revised edition of the directory is released each January. This publication is the only up-to-date, comprehensive directory of all U.S. and Canadian juvenile and adult correctional departments, institutions, agencies, and paroling authorities.

The National Jail and Adult Detention Directory was first published in 1978. It is a source of information concerning jails. The directory, published every two years, attempts to list all jails in the United States that house offenders or detainees for more than 48 hours.

The Probation and Parole Directory, updated every two years, provides over 500 pages of information regarding federal, state, and county adult and juvenile probation, parole and aftercare systems in the United States. It includes statistics on caseloads, expenditures, and personnel.

The State of Corrections, formerly *The Proceedings*, includes the events of both the Congress of Correction and the Winter Conference. Published since 1870, it includes selected speeches and panel presentations concerning the latest thoughts and practices in the criminal justice field.

Correctional standards are the most significant improvement in correctional programming. As the basis for accreditation, they give administrators a nationally recognized system for upgrading and improving their correctional services. The Association currently publishes over 20 manuals for every correctional discipline.

To aid in the development of policy with relation to accreditation, *Guidelines for the Development of Policies and Procedures* are available for adult correctional institutions, adult parole authorities/adult probation and parole field services, adult local detention facilities, adult community residential services, juvenile detention facilities, and juvenile training schools.

Conventions

ACA hosts two national conventions each year that attract more than 5,000 professionals from all aspects of corrections; the Winter Conference held in January, and the Congress of Correction, held in August. These events include a variety of workshops, exhibits, and seminars devoted to addressing topics specific to the corrections profession.

Contracts and Grants

The American Correctional Association has a history of successful grant and contract management and administration. ACA has completed contracts and grants of more than \$30 million. These diverse initiatives, which are funded through federal and private sources, add to the technical expertise and knowledge of the organization as well as to the total field of corrections.

Standards and Accreditation

Perhaps ACA's greatest influence has been the development of national standards and the accreditation process. ACA standards address services, programs, and operations essential to effective correctional management. Through accreditation, an agency is able to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Standards set by ACA reflect practical up-to-date policies and procedures and function as a management tool for over 1,200 correctional agencies in the United States.

Overview of the Commission on Accreditation for Corrections

The Commission on Accreditation for Corrections (CAC) is a private, nonprofit organization established in 1974 with the dual purpose of developing comprehensive, national standards for corrections and implementing a voluntary program of accreditation to measure compliance with those standards.

The Commission was originally developed as part of the American Correctional Association. In 1979, by joint agreement, the Commission separated from the Association in order to independently administer the accreditation program. Between 1978 and 1986, the organizations shared the responsibility for developing and approving standards and electing members of the Commission. On November 7, 1986, the Commission on Accreditation for Corrections officially realigned itself with the American Correctional Association.

The Commission meets at least twice each year. The responsibility of rendering accreditation decisions rests solely with this board. The members of the Commission represent the full range of adult and juvenile corrections and the criminal justice system. They are elected from the following categories:

- National Association of Juvenile Correctional Agencies (1 representative)
- Council of Juvenile Correctional Administrators (1 representative)
- Association of State Correctional Administrators (2 representatives)
- National Sheriffs' Association (2 representatives)
- American Jail Association (1 representative)
- North American Association of Wardens and Superintendents (1 representative)
- International Community Corrections Association (1 representative)
- American Probation and Parole Association (1 representative)
- Association of Paroling Authorities International (1 representative)
- National Juvenile Detention Association (1 representative)
- American Bar Association (1 representative)
- American Institute of Architects (1 representative)
- National Association of Counties (1 representative)
- Correctional Health (Physician) (1 representative)
- Juvenile Probation/Aftercare (1 representative)
- Adult Probation/Parole (1 representative)
- At-Large (17 representatives)
- Citizen At-Large (Not in Corrections) (1 representative)

Association Staff

Accreditation activities are supported by the staff of the American Correctional Association, Standards and Accreditation Department, under the leadership of the director of the department. Standards and Accreditation Department staff is responsible for the daily operation of the accreditation program. Agencies in the process have contact primarily with the accreditation specialist responsible for their state or agency.

Auditors

Over 600 corrections professionals in the United States have been selected, trained, and employed on a contract basis by the Association. These individuals perform the field work for the Association which includes providing assistance to agencies working toward accreditation, conducting on-site audits of agencies to assess compliance with standards and confirming that requirements are met, and monitoring to ensure maintenance of the conditions required for accreditation. Teams of auditors, referred to as visiting committees or audit teams, are formed to conduct standards compliance audits of agencies seeking accreditation and reaccreditation.

Auditors are recruited nationally through announcements in prominent criminal justice publications and at major correctional meetings. Affirmative action and equal employment opportunity requirements and guidelines are followed in the recruitment of auditors. All auditors employed by the Association have a minimum of three years of responsible management experience, have received a recommendation from an agency administrator, and have demonstrated knowledge in the substantive area(s) in which they are employed to assist the Association. In addition, all auditors must successfully complete the Association's auditor training and be members of the ACA in good standing.

Standards Development

Development of the ACA standards began in 1974 with an extensive program of drafting, field testing, revising, and approving standards for application to all areas of corrections. Since then, over 1,200 correctional facilities and programs have adopted the standards for implementation through accreditation, and many others have applied the standards informally themselves.

In the development of standards, the goal was to prescribe the best possible practices that could be achieved in the United States today, while being both realistic and practical. Steps were taken to ensure that the standards would be representative of past standards development efforts, reflect the best judgment of corrections professionals regarding good corrections practice, recognize current case law, and be clear, relevant, and comprehensive. The standards development and approval process has involved participation by a wide range of concerned individuals and organizations. Twenty-three manuals of standards are now used in the accreditation process:

- Standards for the Administration of Correctional Agencies*
- Standards for Adult Parole Authorities*
- Standards for Adult Probation and Parole Field Services*
- Standards for Adult Correctional Institutions*
- Standards for Adult Local Detention Facilities*
- Standards for Small Jail Facilities*
- Standards for Electronic Monitoring Programs*
- Standards for Adult Community Residential Services*
- Standards for Adult Correctional Boot Camps*
- Standards for Correctional Industries*
- Standards for Core Jails*

Standards for Correctional Training Academies
Standards for Juvenile Community Residential Facilities
Standards for Correctional Facilities
Standards for Juvenile Detention Facilities
Standards for Juvenile Day Treatment Programs
Standards for Juvenile Correctional Boot Camps
Standards for Therapeutic Communities
Standards for Small Juvenile Detention Facilities
Standards for Performance-Based Health Care in Adult Correctional Institutions
Certification Standards for Health Care Programs
Standards for Adult Correctional Institutions (in Spanish)

The standards establish clear goals and objectives critical to the provision of constitutional and humane correctional programs and services. The standards include the requirement for practices to promote sound administration and fiscal controls, an adequate physical plant, adherence to legal criteria and provision of basic services. Basic services called for by the standards include the establishment of a functional physical plant, training of staff, adoption of sanitation and safety minimums, and provision of a safe and secure living environment. In offering specific guidelines for facility and program operations, the manuals of standards address due process and discipline, including access to the courts, mail and visitation, searches, and conditions of confinement of special management offenders.

The standards are systematically revised to keep pace with the evolution of different correctional practices, case law, and after careful examination of experiences, applying them over a period of time and circumstances. The ACA Standards Committee, which includes membership from the Commission on Accreditation for Corrections, is responsible for standards development and revision.

The ACA publishes biannual supplement to the standards with updated information and clarifications until new editions of standards manuals are published. Each supplement addresses standards interpretations, deletions, revisions, and additions for all manuals of standards issued by the Standards and Accreditation Department.

Suggestions and proposals for revisions to the standards from the field and interested others are encouraged. The Standards and Accreditation Department has developed a standards proposal form specifically for this purpose. The standards proposal form can be obtained from the Standards Supplement, the ACA website, or Standards and Accreditation Department staff (Appendix A). Proposals should be submitted via the ACA website.

Accreditation Process Descriptions

For over 120 years, the American Correctional Association has been the only national body involved in the development of standards for the correctional field. ACA standards are supported by ACA's Standards and Accreditation Department and the Commission on Accreditation for Corrections, which is the evaluating and certifying body for accreditation. The department is responsible for the administration of accreditation and ongoing development of correctional standards.

The accreditation process is a voluntary program for all types of correctional agencies. For these agencies, accreditation offers the opportunity to evaluate their operations against national standards, to remedy deficiencies, and to upgrade the quality of programs and services. The recognized benefits of such a process include: improved management; a defense against lawsuits through documentation; demonstration of a "good faith" effort to improve conditions of confinement; increased accountability and enhanced public credibility for administrative and line staff; a safer and more humane environment for personnel and offenders; and the establishment of measurable criteria for upgrading programs, staffing, and physical plant on a continuous basis.

A major component of the accreditation process is the standards compliance audit conducted by a visiting committee. The purpose of the audit is to measure operations against the standards, based on documentation provided by the agency.

The Visiting Committee Report

The results of the standards compliance audit are contained in the visiting committee report, a document prepared by the visiting committee chairperson. The report is distributed to the agency administrator and members of the visiting committee. This report is also submitted to the Commission on Accreditation for Corrections for consideration at the accreditation hearing.

The following information is usually contained in the visiting committee report:

Agency and Audit Narrative

The agency narrative includes a description of program services, a description of physical plant, number of offenders served on the days of the audit, a summary significant incidents and consent decrees, class action lawsuits and/or judgments against the agency/facility, if applicable. The audit narrative, prepared by the visiting committee chairperson, describes audit activities and findings. The narrative examines issues or concerns that may affect the quality of life and services in an agency or facility. Quality of life issues include areas such as staff training, adequacy of medical service, sanitation, use of segregation and detention, reported and/or documented incidences of violence and crowding in institutions, offender activity levels, programming and provision of basic services. The audit narrative also contains comments as a result of staff and offender interviews, and a detailed explanation of all noncompliant and not applicable standards.

Agency Response

The agency has three options for standards found in noncompliance: a plan of action; an appeal; or a waiver request.

A **plan of action** is a detailed statement of tasks to be performed in order to achieve compliance with a standard found in noncompliance at the time of the audit. The plan of action designates staff responsibilities and timetables for completion.

An **appeal** is the agency's attempt to change the visiting committee's decision on a standard. The result of a successful appeal is a change in the status of the standard and a recalculation of the compliance tally.

A **waiver** may be requested when noncompliance with a standard does not adversely affect the life, health, or safety of staff and offenders and when quality of life conditions compensate for the lack of implementation of a plan of action. The granting of a waiver by the Commission waives the requirement for submitting a plan of action; however, it does not change the noncompliant finding.

A **discretionary compliance request** is when there are circumstances in which agencies choose not to comply with a particular standard for a variety of reasons. These reasons include:

- An unwillingness to request funds from a parent agency or funding source.
- A preference to satisfy the standard/expected practice's intent in an alternative fashion.
- An objection from a parent agency, higher level government official or funding source to the nature of the standard/expected practice.
- A clear policy in place at a higher level that is contrary to the requirements of the standard/expected practice.
- An existing provision in a collective bargaining agreement that makes compliance impossible (without bargaining with the employees' union to effect such a change).

Auditor's Response

This section contains the visiting committee's final reply to all responses received from the agency and includes comments regarding the acceptability of plans of action, appeals, and waivers.

Accreditation Hearings

The Commission on Accreditation for Corrections is solely responsible for rendering accreditation decisions and considers an agency's application at its next regular meeting following completion of the visiting committee report. The Commission is divided into panels that are empowered to reach and render accreditation decisions. These panels hear the individual application for accreditation and include a quorum of at least three Commissioners which includes the panel hearing chairperson. Agencies are notified in writing of the date, time, and location of the hearings by Standards and Accreditation Department Staff.

The panel hearing is the last step in the process. With the panel chairperson presiding, panel members discuss issues and raise questions relative to all aspects of agency operations and participation in the process. The information presented during the hearing and in the visiting committee report is considered by the panel members in rendering accreditation decisions.

The agency is invited to have a representative at the hearing and, in most cases, one or more individuals attend. When special conditions warrant, the visiting committee chairperson or a member of the visiting committee also may be asked to attend the hearings. When this occurs, the auditor provides information to help clarify controversial issues and responds to questions and concerns posed by panel members.

Attendance by any other parties (i.e. media representatives, public officials, or personnel from agencies other than the applicant) occurs only with the permission of the applicant agency. In these cases, the applicant agency representatives and panel members discuss procedures to be followed before commencement of the hearing.

Conduct of Hearings

The panel schedule provides ample time for review of each individual agency pursuing accreditation. Hearings are conducted by the panel chairperson in accordance with established procedures. Panel proceedings require that a formal vote be taken on all final actions, i.e., agency appeals, waiver requests, and the final accreditation decision of the Commission. All panel proceedings are tape-recorded to assist in preparing minutes of the hearings. Panel activities generally occur as follows:

- Applicant agency representatives are requested by Standards and Accreditation Department staff to be on-call to allow for scheduling flexibility.
- A designated waiting area is usually provided for this purpose.
- When the panel is ready to review the agency, the Standards and Accreditation Department staff representative notifies agency representative(s).
- The hearing opens with an introduction by the panel chairperson.
- The agency representative is asked to give a brief description of the

program.

- If a visiting committee member is present at the hearing, the panel chairperson may request that the auditor present an account of the visit, focusing on matters particularly pertinent to the decision or specific panel actions. In some cases, however, the panel may wish to call on the visiting committee member only to request additional information at different points during the hearing.
- The panel chairperson leads a standard by standard review of non-compliance issues. The agency representative presents information relative to their request for waivers, plans of action, appeals, and discretionary compliance requests. The agency may also present additional materials, including photographs or documentation, for review by the panel.
- Following the agency presentation, the chairperson has the option of calling the panel into executive session to consider the information provided, determine findings, and make an accreditation decision. Whether or not panel deliberations occur in the presence of agency personnel or in executive session varies from panel to panel, considering the preference of panel members and the sensitivity of issues to be discussed regarding the application.

In final deliberations, the Commission panel:

- Ensures compliance with all mandatory standards and at least 90 percent of all other standards.
- Responds with a formal vote to all appeals submitted by the applicant agency.
- Responds with a formal vote to all request for waivers, discretionary compliance, and plans of action submitted by the applicant agency.

At this time, the panel also:

- Assures that an acceptable plan of action will be submitted for every non-compliant standard, including those standards for which appeals of non-compliance and waiver requests have been denied by the panel. In judging the acceptability of plans of action, the panel ensures that all of the information requested on the form is provided. Furthermore, the feasibility of plans to achieve compliance is considered, including specific tasks, time frames, and resource availability (staff and funding) for implementing proposed remedies.
- Addresses to its satisfaction any concerns it has with visiting committee comments about the quality of life in the facility or program, patterns of non-compliance, or any other conditions reviewed by the panel relating to

the life, health, and safety of residents and staff.

For each application, a roll call vote to award accreditation, extend an agency in Candidate or Correspondent Status, or deny accreditation is conducted. The options for final action available to the panel are outlined in the next chapter.

If the panel has deliberated in executive session, agency representatives are invited back into the meeting and informed of the panel's final decision and actions or recommendations on all other issues raised by the applicant. If accreditation has not been granted, the chairperson discusses with agency personnel specific reasons for the decision and the conditions of extension in Candidate or Correspondent Status and procedures for appeal.

Accreditation Decisions

Three decisions relative to the accreditation of an agency are available to panels:

- *Three-year accreditation award* based on sufficient compliance with standards, acceptance of adequate plans of action for all non-compliant standards and satisfaction of any other life, health, and safety conditions established by the panel. The balance of the contract must be paid in full in order to receive a certificate of accreditation.
- *Extension of the applicant agency in Candidate Status* (initial accreditation only) for reasons of insufficient standards compliance, inadequate plans of action, or failure to meet other requirements as determined by the panel. The Commission may stipulate additional requirements for accreditation if, in its opinion, conditions exist in the facility or program that adversely affect the life, health, or safety of the offenders or staff. Extension of an applicant in Candidate Status is for period of time specified by the panel and for identified deficiencies if in the panel's judgment, the agency is actively pursuing compliance.
- *Probationary Status* is determined when the panel specifies that compliance levels are marginal, there is a significant decrease in compliance from the previous audit (in the case of reaccreditation), or there are quality of life issues that would indicate continued monitoring. While an award of accreditation is granted, a monitoring visit must be completed and the report presented at the next meeting of the Commission. The cost for a monitoring visit is borne by the agency at a rate of cost plus 25%. The agency does not have to appear before the Commission for the review of the monitoring visit report. If they choose to do so, all related travel expenses are borne by the agency. Specific expectations for removal from probation are outlined.
- *Denial of accreditation* removes the agency from Accredited Status (in the case of reaccreditation) and withdraws the agency from the accreditation program. Situations such as insufficient standards compliance, inadequate plans of action, failure to meet other requirements as determined by the panel or quality of life issues may lead to the denial of accreditation, it is

withdrawn from the process and is not eligible to re-apply (as an applicant) for accreditation status for a minimum of six months from the date of that panel hearing. The Commission will explain the process for appeal.

The agency receives written notification of all decisions relative to accreditation after the hearing.

Appeal Process

The accreditation process includes an appeal procedure to ensure the equity, fairness, and reliability of its decisions, particularly those that constitute either denial or withdrawal of Accredited Status. Therefore, an agency may submit an appeal of any denial or withdrawal of accreditation.

The basis for reconsideration is based on grounds that the decision(s) were:

- Arbitrary, capricious, or otherwise in substantial disregard of the criteria and/or procedures promulgated by the Commission.
- Based on incorrect facts or an incorrect interpretation of facts.
- Unsupported by substantial evidence.
- Based on information that is no longer accurate.

The reasonableness of the standards, criteria, and/or procedures for the process may not serve as the basis for reconsideration. The procedures for reconsideration are as follows:

- The agency submits written request for reconsideration to the Director of Standards within 30 days of the adverse decision stating the basis for the request.
- The Executive Committee of the Commission, composed of the officers of the Commission, reviews the request and decides whether or not the agency's request presents sufficient evidence to warrant a reconsideration hearing before the Commission. The agency is notified in writing of the Executive Committee's decision.
- If the decision is made to conduct a hearing, the hearing is scheduled for the next full Commission meeting and the agency is notified of the date.
- The agency, at its option and expense, has the right of representation, including counsel.
- Following the hearing held before the Commission, the decision, reflecting a majority opinion, is made known to the agency immediately.
- Pending completion of the reconsideration process, the agency maintains its

prior status. Until a final decision has been reached, all public statements concerning the agency's accredited status are withheld.

- Following completion of the reconsideration process, any change in the status of an agency is reflected in the next regularly published list of accredited agencies.

Accredited Status

The accreditation period is three years, during which time the agency must maintain the level of standards compliance achieved during the audit and work towards compliance of those standards found in non-compliance. Regular contact with Standards and Accreditation Department staff should also be maintained.

Annual Report

During the three year accreditation period, the agency submits an annual report to the Standards and Accreditation Department. This statement is due on the anniversary of the accreditation (panel hearing) date and contains the following information:

Current standards compliance levels – This includes any changes in standards compliance since accreditation, listing on a standard-by-standard basis any standard with which the agency has fallen out of compliance or achieved compliance.

Update of plans of action – A progress report is included with respect to plans of action submitted to the hearing panel, indicating completion of plans resulting in compliance with standards and revised plans reflecting the need for additional time, funds, and/or resources to achieve compliance.

Significant Events– A report is made of events and occurrences at the agency during the preceding year that impact on standards compliance, agency operation, or the quality of services provided by the agency. This might include:

- A change in the agency administration and/or major staffing changes mission change or program revisions.
- Mission change or program revisions.
- Changes in the offender population, including number of offenders or general offender profile.
- Physical plant renovations, additions, or closing.
- Any major disturbances, such as extended periods or lock-down, employee work stoppages, etc.
- Any significant incident to include allegations of physical/sexual abuse.
- A death from other than natural causes.

Standards and Accreditation Department staff review the annual report received from the agency and respond to clarity issues or request additional information if necessary.

In addition to submission of the annual report, the agency is responsible for notifying Standards and Accreditation Department staff of any major incident, event, or circumstances

that might affect standards compliance. This notice must be provided to the Standards and Accreditation Department immediately following the event. For example, an agency must notify the Standards and Accreditation Department if it is the subject of a court order, has a major disturbance, escape, physical/sexual abuse (to include allegations), employee work stoppage, death from unnatural causes, or experiences a major fire or other disaster. It is the responsibility of the accredited agency to inform Standards and Accreditation Department staff or provide them with copies of news articles, special reports, or results of investigations that address conditions that affect standards compliance.

Finally, the Standards and Accreditation Department may request that the agency respond to public criticism, notoriety, or patterns of complaint about agency activity that suggests failure to maintain standards compliance. The Standards and Accreditation Department may conduct an on-site monitoring visit to the agency to verify continued compliance.

Monitoring Visits

Monitoring visits to agencies in Accredited Status are conducted by an ACA auditor(s) in order to assess continuing compliance with the standards. A monitoring visit may be conducted at anytime during the accreditation period, with advance notice to the agency. The determination of need for a monitoring visit is based on:

- Compliance levels, findings, and recommendations by the Commission on Accreditation for Corrections during the hearing.
- Incidents or events reported by the agency in its annual report.
- Problems indicated by adverse media reports or correspondence received by Standards and Accreditation Department staff, disturbances at the agency, or special investigations.

The length of the visit varies depending on the number of standards or special issues that must be addressed during the visit. The visits are conducted similar to standards compliance audits, but on a reduced scale. Monitoring visits are charged to the agency at a rate of cost plus twenty-five percent.

Activities, as a general rule, involve a review of all mandatory standards, all standards found in non-compliance at the time of accreditation, and any other concerns identified by the Commission. The visit also involves a tour of the agency and interviews with staff and offenders to ensure maintenance of the requirements of accreditation. It concludes with an exit interview during which the auditor informs the agency staff of the findings of the visit.

Following the visit, the auditor prepares a monitoring visit report that addresses findings of the visit. The report includes a list of standards reviewed, explanation of non-compliance findings, results of the tour and interviews with agency staff and offenders, and discussion of any issues believed to be relevant to the agency's accreditation. The report, as with others prepared by auditors, is reviewed and sent to the agency by Standards and Accreditation staff.

When a monitoring visit to the agency reveals deficiencies in maintaining compliance levels that existed at the time of accreditation, or less than 100 percent compliance with mandatory standards, the agency prepares a response providing explanation of the problems indicated in the report. When the agency has failed to maintain compliance with all mandatory standards, the monitoring visit report and the agency response are submitted to the Commission on Accreditation for Corrections for review during a regular hearing. Agency representatives are advised of the date, time, and location of the review, and are invited to attend. At the discretion of the Commission, the agency may be placed in probationary status and a revisit conducted to determine if deficiencies have been corrected.

Revocation of Accreditation

If the Commission panel believes that an agency's failure to maintain continuous compliance with certain standards is detrimental to life, health, and safety of residents and staff, the Commission may place an agency on probation. Probationary status last for a specific period of time designated by the Commission at its next regularly schedule meeting. The Commission again reviews the program and considers removing the probationary status or revoking accreditation. When the agency corrects the deficiencies within the probationary status period and the corrections have been verified and accepted, the agency resumes its status as an accredited agency. An agency that does not satisfactorily correct the deficiencies may be withdrawn from accreditation.

Another condition that may result in a rehearing and consideration of revocation is following a significant event in an agency (i.e. major disturbance, death from other than natural causes or allegations of physical/sexual abuse of offenders). Failure to notify the Standards and Accreditation Department in a timely manner may result in suspension of the agency's accreditation. Once ACA is notified of the major event, the Director of Standards and Accreditation may consult with the Executive Committee of the Commission, who may request a monitoring visit. If a visit is warranted, ACA will notify the agency and a date will be established with the concurrence of the facility. The monitoring visit will take place within 14 days of this notification. The monitoring visit report will be sent to the Director of Standards within 7 days of the monitoring visit and then forwarded to the Executive Committee of the Commission. Following review of the report, a determination will be made by the Executive Committee as to whether revocation of accreditation is warranted. Prior to any rehearing, agency representatives will be notified, so that any issues may be addressed and responded to in writing.

Accreditation is revoked for the following reasons:

- Failure on the part of the agency to adhere to the provisions on the contract.
- Failure on the part of the agency to maintain continuous compliance with the standards at levels sufficient for accreditation.
- Intentional misrepresentation of facts, lack of good faith, or lack of deliberate speed or a concerted effort to progress in the accreditation process, including the implementation of plans of action.

- Failure to notify ACA of significant incidents in the annual report to the Commission.
- Adverse conditions of confinement that affect the life health, and/or safety of staff and offenders.
- Failure to comply with the conditions of probation or suspension.

Standards and Accreditation Department staff notify the agency in writing of the specific reasons identified by the Commission for the revocation hearing. Agencies may appeal the decision of the Executive Committee to the full board of the Commission on Accreditation for Corrections. Appeals must be submitted within 30 days. The agency may apply to re-enter the process 180 days after the revocation of accreditation.

Expiration of Accredited Status

Accreditation is granted for a three year period. Unless the agency has applied for reaccreditation and completed activities in the process required for reaccreditation, the Commission withdraws the agency from Accreditation Status after this three year period.

For agencies in Accredited Status that are seeking subsequent accreditation, administrative extensions of Accredited Status may be granted under certain conditions. For example, relocation of the facility, staff turnover, and major renovations often warrant an extension. In these cases, a written request to the Director of Standards and Accreditation is required, outlining the reasons for extending the accreditation period. Agencies that fail to successfully complete an audit within the three year period, or do not receive an extension prior to their expiration date, are withdrawn from Accredited Status.

**COMMISSION ON ACCREDITATION FOR CORRECTIONS
PANEL ACTION REPORT**

Omni Austin Hotel Downtown
Austin, Texas

April 21, 2012

Prince George's County Department of Corrections
Prince George's County Correctional Center
Upper Marlboro, Maryland

Agency Representatives: Mary Lou McDonough
Johnathan Walls

Panel Members: Marge Webster, Chairperson
Lannette Linthicum
Kevin Myers

Staff: Terry Carter

Panel Action

Standard # 1A-04	Plan of Action Submitted – The Commission requested a revised plan of action
Standard # 1A-05	Plan of Action Submitted - Accepted
Standard # 1A-10	Waiver Request - Accepted
Standard # 1A-12	Plan of Action Submitted - Accepted
Standard # 1A-14	Plan of Action Submitted - Accepted
Standard # 1A-18	Waiver Request – The Commission denied the waiver request and instead granted an appeal and found the standard to be compliant
Standard # 1A-19	Plan of Action Submitted - The Commission requested a revised plan of action
Standard # 1C-13	Plan of Action Submitted - The Commission requested a revised plan of action
Standard # 4B-03	Plan of Action Submitted - The Commission requested a revised plan of action

Standard # 4B-09	Waiver Request - Accepted
Standard # 5B-13	Plan of Action Submitted - Accepted
Standard # 7B-08	Plan of Action Submitted – The Commission requested a revised plan of action
Standard # 5C-25	Waiver Request – Accepted
Standard # 7B-08	Plan of Action Submitted – The Commission required a revised plan of action
Standard # 7B-10-1	Plan of Action Submitted - The Commission requested a revised plan of action
Standard # 7G-01	Plan of Action Submitted – The Commission requested a revised plan of action

The Commissioners expressed concern about the cleanliness of the facility and strongly encouraged them to take another look at their maintenance practices. There was also some concern regarding the hundreds of health code violations the facility had been cited for in the past three years. The Commissioners noted that in previous visiting committee reports the auditors noted that the facility was not as cleanly as it should be and the 2012 report noted that this continued to be a problem. Facility representative Mary Lou McDonough noted that any health violations found to be a life-safety issue are corrected immediately. Commissioners congratulated the facility on excellent programs.

The Commission agreed to reaccredit the facility but placed them on probationary status for a period of one year. The facility was ordered to have a Technical Assistance Visit (TAV) between June 18, 2012 and July 16, 2012 to assist facility staff in best practices in maintenance, sanitation and cleanliness. Following the Technical Assistance Visit the facility is to have a monitoring visit to take place February 4, 2013 and appear before the Commission again at CAMA 2013 in Richmond, Virginia. The Technical Assistance Visit will be billed at a cost of \$4,500 and the monitoring visit will include two auditors and be billed at a cost of \$6,000.

Accreditation Panel Decision

Moved:	Commissioner Myers
Seconded:	Commissioner Linthicum
Three-Year Accreditation:	Yes

Accreditation Vote**Yes****No**

Commissioner Webster

✓

Commissioner Linthicum

✓

Commissioner Myers

✓

Final Tally

Mandatory

100%

Non-Mandatory

95%

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Prince George's County Department of Corrections
Prince George's County Department of Corrections
Upper Marlboro, Maryland

February 27-29, 2012

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A. Introduction

The audit of the Prince George's County Correctional Center was conducted on February 27-29, 2012, by the following team: Katherine Brown, Chairperson; Wynnne Samuels, Member; and Nancy McCarthy, Member.

B. Facility Demographics

Rated Capacity: 1332

Actual Population: 1296

Average Daily Population for the last 12 months: 1278

Average Length of Stay: 33 days

Security/Custody Level: Minimum - Maximum

Age Range of Offenders: 20 - 70

Gender: Male/Female

Full-Time Staff: **595**

25 Administrative, 32 Support, 30 Program, 428 Security, 84 Other

C. Facility Description

The Prince George's County Correctional Center is located at 13400 Dille Drive in Upper Marlboro, Maryland. It is located on a 16 acre fenced parcel of a 35 acre tract. Prince George is a podular, direct supervision confinement facility under a unit management concept responsible for pre-trial detention and incarceration for sentenced inmates up to 18 months. The facility was constructed in 1987 with a design capacity of 1140 inmates and in August of 2002 an additional two housing units were completed, bringing the capacity to 1332. Two additional housing units are due to open in April of this year housing 192 inmates bringing the total to 1524.

The mission of the Prince George's County Department of Corrections is threefold: Protect the safety of the citizens of Prince George's County by securing in a humane environment, offenders legally entrusted to its custody and care, and to provide viable alternatives to incarceration. Provide opportunities whereby offenders are equipped with the skills to assist them in functioning as productive members of society. Promote staff development and training that ensures the maintenance of a safe, pleasant, clean and professional work environment.

The perimeter of the facility is secured by a double row of 12 foot chain link fence. The outer fence has six rows of concertina wire and the inner fence has one row of concertina wire at the top. The area between the fences is monitored by motion detectors. The facility has a microwave ground sensor system. From dusk to dawn the perimeter is patrolled by the K-9 unit and vehicle. After dusk the perimeter is patrolled by an officer.

Entry into the facility for staff and visitors is controlled through a reception center building which is on the outer perimeter and adjacent to a visitor and staff parking lot.

Visitors and their possessions are both scanned. The reception building also houses the armory and locksmith room. A perimeter sally port provides controlled access for deliveries. A bi-level loop corridor provides access to all units and areas. The upper level is for visitors and the lower level is for staff and inmate movement. Within the loop are administrative offices, classrooms, a library, a large indoor gymnasium, a medical unit, and a barber/styling school and staff dining room with large windows to the outside.

In addition, the finance office, courtroom, training area and administrative offices are located on the exterior corridor. The lower level of the facility houses the kitchen, laundry, inmate property storage room, supply area, commissary and loading docks.

Housing units are broken down into five zones; each zone is in turn supervised by a Zone Commander. Each Commander has an office area from which to work. Housing zones are then managed in a pod type system. Staff is able to observe multiple areas from outside the units. Each unit is then being supervised by a minimum of two custody officers. Management and supervision is a cohesive unit working well together.

There are 16 housing units. Each unit consists of two levels (22 cells on level one and 26 cells on level two) except housing units 4A, 4B, 11A and 11B, which are split units with 24 cells each. All general population cells are double bunked. An enclosed outdoor exercise is attached on the perimeter of each unit with the exception of housing units 4A, 4B, 11A, and 11B which share a respective recreation area. Located on the top of each unit are three booths for non-contact visits and one contact booth for legal and professional visits.

As was the case during the previous two audits, and despite the opening of two new housing units in 2002, the use of temporary bunks in dayrooms continues to have an impact on square footage, toilet/washbasins and shower ratios. The use of temporary bunks in the dayrooms of several units reduced the square footage in those areas below 35 square feet of space per inmate. Some ratios for showers were as high as 1:18 in the male units. The facility was found in non-compliance with standards 1A-05; 1A-10; 1A-12

Wash basin ratios in these male housing units was also 1:18. Shower ratios were also non-compliant in several housing units including H9, H10 and H12 with ratios ranging from 1:19 to 1:27. The facility was found in non-compliance with standard 4B-09;

A medical unit contains three examination rooms, a dental office, a nurse's station and various offices and supply rooms. There are also eight male and four female isolation observation cells which are managed and observed from an adjacent enclosed control center by a correctional officer. All are negative pressure cells.

The facility also has a courtroom on site that is used for video arraignment, high security risk court hearings, and an expedited court process.

Under this expedited court process, a judge comes to the jail every Friday. Inmates are given an opportunity, if eligible, to plead guilty to minor, non-violent offenses. The purpose of this court is to provide a means to expedite the disposition of misdemeanor cases.

D. Pre-Audit Meeting

The team met on February 26, 2012, Upper Marlboro, Maryland, to discuss the information provided by the Association staff and the officials from Prince George County Maryland

The chairperson divided standards into the following groups:

Standards #1A-01 to 3A-02 Katherine Brown, Chairperson
Standards # 4A-01 to 5B-18 Nancy McCarthy, Member
Standards #5C-01 to 7G-01 Wynnne Samuels, Member

E. The Audit Process

1. Transportation

The team was escorted to the facility by Jonathan Walls, Accreditation Manager.

2. Entrance Interview

The audit team proceeded to the conference room of Mary Lou McDonough, Director where the formal entry meeting was held. The team expressed the appreciation of the Association for the opportunity to be involved with Prince George County in the accreditation process.

The following persons were in attendance:

Mary Lou McDonough, Director
Col. Gregory Harris, Deputy Director, Bureau of Operations
Col. William J. Smith, Deputy Director, Bureau of Administration
Lt. Col. Verjeana McCotter-Jacobs, Division Chief, Office of Professional Responsibility & Legal Affairs
Lt. Col. Harry Hilton, Division Chief, Operations
Capt. Cedric Gamble, Executive Assistant to the Director
W. Stephan Simmons, Division Chief, Program Services
Jeffrey Logan, Division Chief, Population Management
Marie Crabbe, Assistant Division Chief, Program Services
Corenne Labbe, Division Chief, Support Services
William Frazier, Division Chief, Human Resources
William Hager, Assistant Division Chief, Human Resources
Capt. Christopher Chubb, Shift II Commander

Abu Kalokoh, Corizon Health Services Administrator
Sgt. Erica Buck, Operations (Keys)
Sgt. Sherlyn Shepherd, Compliance Officer
Jonathan Walls, Compliance Manager

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire facility from 0830 am to 0200 pm. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Mary Lou McDonough, Director
Col. Gregory Harris, Deputy Director, Bureau of Operations
Col. William J. Smith, Deputy Director, Bureau of Administration
Capt. Cedric Gamble, Executive Assistant to the Director
W. Stephan Simmons, Division Chief, Program Services
Jeffrey Logan, Division Chief, Population Management
Marie Crabbe, Assistant Division Chief of Population Management
Capt. Christopher Chubb, Shift II Commander
Sgt. Erica Buck, Operations (Keys)
Sgt. Sherlyn Shepherd, Compliance Officer
Jonathan Walls, Compliance Manager

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security:

The facility has a double zoned motion detection device within the double fence perimeter. The outer fence has six rows of concertina wire and the other is chain link topped with concertina wire. A K-9 unit patrols the perimeter continuously with a response time of within 15 seconds if required.

There are self-closing doors at the ends of the security gates only accessible by identification cards or entry access opened by security staff through an electronic system of release.

These gates may also be secured in case of emergency. Swipe cards are used by staff to access areas of the facility and a computerized log is available of movement. There is a fully functional fire system with an annunciator board in central control. The facility has added 181 additional cameras, bringing the total cameras to approximately 311 cameras throughout the building and entrances are monitored. These cameras are recorded and saved for two weeks. Staff working the control center work eight-hour shifts and receive special training for this position. Security at the front entrance is extensive. Briefcases, purses and personal possessions of those entering the secure area of the facility are all processed through an x-ray machine and persons must clear a walk-through a metal detector as well. Visitors all must sign in and receive an appropriate badge. There is a separate entrance for staff where all staff must walk through a metal detector prior to entering the facility. No cellphones or computers are allowed into the facility.

The rear entrance to the facility is used for deliveries and is a full time duty post as well. Deliveries and trucks are carefully logged and each truck is searched thoroughly before gaining entrance to the dock area.

The Armory is located outside the secure perimeter of the facility and is easily accessible in case of emergencies. The area was clean, inventories were accurate and log books in place. Gun lockers for transport and outside agencies are located in this area along with a discharge sand bucket.

Central control operates all doors via a touch screen monitor. Each housing unit has a control room. All housing units are accessed from the main corridors by interlocking metal doors. The dorms are accessed through a locking metal door. Throughout the facility are numerous sally port control points

Key control and accountability measures were found to be well within expected parameters. Staffs in the housing units pass the keys off to the on-coming shifts and are inventoried and recorded in the computer. Post keys are inspected quarterly by Sgt. Buck. All staff and inmates interviewed voiced they felt safe in the facility. The facility supervises the inmates utilizing direct supervision.

Tool control procedures and accountability measures were within parameters. Spot checking of inventories and documentation did not reveal any discrepancies.

The Emergency Response Team (ERT) is a specialized, highly trained response unit comprised of twelve sworn correctional officers who serve as volunteers and there are ten Emergency Response Team members on each shift. The ERT members receive two hours of training three times a week. The ERT are assigned regular post and will respond to signals when called. The ERT are transport qualified.

Environmental Conditions:

Noise levels throughout the facility, including those in the housing units, were found to be fairly reasonable during the day time hours but independent testing revealed that night time levels exceeded the 45 dBA of the standard. This was the same problem the facility had during the last audit. The facility was found to be in non-compliance with 1A-18.

The temperatures in the facility were within normal comfort ranges. Inmates are provided with appropriate clothing for cooler temperatures. Hot water was not available at all sinks. This facility has issues with getting county maintenance in to do needed repairs. The housing units had access to natural light through the use of windows in the cells which measure 3.25 square feet and large windows in the recreation yard that is off the dayroom. The light readings were low in several cells and therefore the facility is in non-compliant with 1A-14. There were no air flow readings in the file and by the facilities own admission they are non-compliant with Standard 1A-19.

Several of the housing units did not have to proper ratio of wash basins; toilets and showers making them in non-compliance with standards 4B-09; 4C-10 and 4C-12. There were multiple telephones in the housing units for the inmates to use.

The generators are powered by a methane gas produced at the County Landfill. The secondary sources of power are two feeders from separate substations of the local electrical utility, Potomac Electrical Power Company (PEPCO). In the event of a failure in the methane generator system, PEPCO power switches on automatically and immediately. In the event that both power sources are not functioning, a back-up generator is used. In addition, self-charging electrical power packs are located throughout the facility to supply low-level lighting.

Sanitation:

Sanitation for areas inside the secure area of the facility is provided by inmate workers. The non-secure areas are cleaned by a custodial contract service. During the last audit the team had issues with the cleanliness of the facility and this team still feels that the cleanliness is not what it should be. The team found them in non-compliance with 1A-04.

The common areas were found to be much cleaner than the housing units. Janitorial closets were found to be very untidy with an odor of dirty mops. Mop sinks were unsanitary as were the floors of the closets. While hallways were free of litter and buffed in the middle, there is dirt build-up in the corners and around door jams. The housing units were very dirty, vents clogged, walls need painted and cleaned; floors in poor condition. Cells that were off line due to maintenance issues when opened had large amounts of dust accumulation in them.

A number of staff bathrooms were found not to have paper towels and the area around the base of a number of toilets needed to be scrubbed. While the facility has an extensive inspection process the team feels the facility has become accustomed to how the facility looks and is accepting this as common practice. Each Wednesday command staff inspects the housing units and the winner receives a movie and popcorn on the weekend. However, the team did not feel any of the housing units deserved to be rewarded for cleanliness. This facility definitely needs to get control of the housing units. The quality of life for both inmate and staff is poor within the housing units.

The last four years of Health Department's annual inspections performed by the State of Maryland County Health Department has excessive violations cited. In 2011 they reported 140 issues; 2010 they reported 154; 2009 they reported 167 and 2008 they reported 256. The facility does not seem to take action on the inspections because each year the same issues are cited. A copy of the 2011 report has been included for the Commission's consideration and to help understand the scope of the problem.

The future plan is once the two new units come on line the facility is planning on closing the housing unit's one at a time and going in and doing a cleaning, painting, replace the flooring and covering the stained ceilings with a new drop ceiling. This will take time to get this facility in a manner that is conducive to an accredited facility; however in the meantime some good elbow grease would go a long way to cleaning this facility.

Pest control services are provided bi-monthly by Dixon's Pest Control company.

Fire Safety:

The facility has a well-managed fire safety program. Fire suppression consists of: a sprinkler system; fire extinguishers; stand pipes for responding fire departments; a water loop system with two-way water flow and fire hydrants; and the existence of Scott Air Packs. A fully functioning alarm system and a sprinkler system that covers all of the building provides comprehensive coverage. Fire extinguishers are placed strategically throughout the units and are inspected on a monthly basis. Evacuation plans were in place. Staff members were very aware of the fire drill procedures.

The Fire Safety Sanitation Officer has the appropriate training.

The last fire inspection was conducted on February 10, 2010 by Prince George's County Maryland Fire/EMS Department.

First aid kits are located throughout the facility are checked monthly. An incident report is completed when the seal on the kit is broken and the report is sent to medical so that the kit can be replenished.

Food Service:

The food service department is operated by Aramark. The kitchen is comprised of a Director and 4 employees plus 28-32 trained inmate workers that have been cleared by the classification and medical departments for kitchen duties. Meals are served at 4 am; 10am; and 4pm. Inmates are fed using insulated thermal trays which are delivered to the housing units.

Meals are provided using a 2900 calorie 28 day cycle menu and all menus are reviewed by a registered dietician to ensure they meet the nationally recommended allowances for basic nutrition.

Special diets are prepared for therapeutic and religious diets as prescribed by the health authority and the chaplain.

The average cost per meal is .83 cents. The team sampled a meal tray on February 28, 2012 and found the meal to meet all necessary requirements for food nutrition.

The last Health Department inspection was conducted on November 7, 2011 by the Maryland Department of Health.

The kitchen was also substandard in cleanliness. Health Department inspections for the audit period indicated a number of issues as well. The floor in the kitchen has a number of breaches in the tile surface that make it difficult to maintain sanitation; however the use of a power washer would make a significant difference. The team found the temperature gauges on the tray wash machine did not work and had not been working for a few weeks. They are expecting a new gauge to come in soon. However they are still using the machine. The team suggested they go to styro trays until the dish washer was repaired. This kitchen like the facility was very dirty. A thorough cleaning needs to be performed. It was recommended to the food service director that after they close down for the night a cleaning crew should come in and conduct a thorough uninterrupted cleaning of this kitchen. In fairness to the kitchen director he had only been there three days when we arrived. He assured the team he would have this place taken care of in a month. Prince Georges Department of Corrections is planning a new kitchen which is going out to bid this year. However, in the meantime they have to get this kitchen cleaned.

Medical Care:

Overall, the Medical Unit was much cleaner than the rest of the facility. Although some of the isolation cells had some inmate damage to the ceilings, the physical condition of the rooms, showers, wards and halls was clean, fresh smelling and pleasant.

The Medical Unit documentation showed an intricate system of care that flowed from the intake procedure up to and through chronic care of most ill inmates. Inmates are instructed on how to contact the Medical Unit and on how to make their need known in privacy and with dignity. From the intake process through the initial physical, the inmate is questioned in depth and thoroughly examined for any medical issues, complaints and conditions. Inmates are provided hygiene education and have consistent access to medical care.

The chronic care system is thorough from the initial identification of a chronic condition through supervised scheduled care and release of the inmate from the facility. A random sampling of chronic care files showed an initial chronic care assessment and treatment plan along with follow up flow sheets showing ongoing and regular monitoring and care of the chronic conditions. Communicable diseases and their treatment are incorporated as well into the chronic care system.

The Medical Unit staff is diligent in their counts of sharps and controlled substances on each shift. An audit of the medications in the pharmacy showed medications were current and none viewed were beyond their expiration date. One observation, however, was that there was no log book for stock medications. In conversations with the Medical Director, it was highly recommended that a stock medication log book be maintained and included with the rest of the medication counts.

The men's ward and the women's ward provided plenty of space for inmates to obtain their medical care in relative comfort. Both wards are within sight and sound of the officers station which also houses cameras that oversee the Medical Unit including both wards and the isolation cells used for suicide watches. The officers' station is encased in what looks to be one-way glass allowing the officer a panoramic view while people outside of the station are not able to view the officers.

The Medical staff was well informed, very professional, pleasant and cooperative. They were responsive to the requests of the audit team and presented as a diligent and cohesive unit dedicated to professional standards and patient care.

Recreation:

Recreation yards are attached to the housing units and are open and the inmates have free access to them, when they are out of their cells. The team observed inmates using the yards every day and conversations with inmates validated their access to good outdoor exercise. There is also a large indoor gymnasium that inmates are brought to for additional recreation weekly. Each housing unit has televisions, board games and reading books. Day spaces are generally large and easily accommodate large muscle group exercise and walking as well although somewhat restricted in the housing units with many bunks.

Religious Programming:

The Religious Services Program (non-denominational) is provided through the Good News Ministry and the Missionary Pentecostal Church of Christ. All religious programming is coordinated through the Chaplain. The Religious Services Program provides more than 400 volunteers from various community organizations and provides assistance to approximately 1600 inmates per year within the jail. Religious services and counseling are available daily to the inmate population. The program has three objectives: to provide inmates equal opportunity to practice their religion and to enhance their spiritual development; ensure that crisis intervention counseling will be provided to each inmate requesting counseling; recruit, train, and assign volunteers to each unit as necessary to afford each inmate an opportunity to practice his or her religion.

The Chaplain, who is non-denominational, arranges for clergymen of various beliefs to visit with inmates upon written request. The Chaplain also assists inmates in contacting family in the event of a legitimate emergency. Requests for religious diets are verified by the Chaplain as well.

Offender Work Programs:

All persons sentenced to serve time are screened for a work assignment. The work assignment allows participants to work both inside the jail and in the community, and if eligible, to receive additional time off their sentences. Workers must pass a medical screening. Work details are used for landscaping, kitchen, facility sanitation, and laundry and community and public works. Pretrial inmates may volunteer to work. Females are used in the laundry.

Academic and Vocational Education:

Prince George's County has extensive academic and vocational programs. Courses offered include GED; Pre-GED and Adult Basic Education. Approximately 600 inmates are enrolled in the Adult Education program annually. The GED test is administered at the facility on a bi-monthly basis (six times a year). The Special Education Program is a federally mandated program providing educational services to inmate's 18-21 years of age with an active Individual Education Plan. The facility averages 75 graduations per year where the inmates wear a cap and gown and get their pictures taken.

The Barber Program is an exceptional program that is run by a master barber Phil Mazza. The barber styling program is a first for a correctional facility in the State of Maryland. To be eligible for the school program a student must be sentenced to the Correctional Center and have sufficient time to complete these state requirements.

The program consists of 1200 hours of theoretical and practical training under the supervision of a certified teacher in the barber profession. Inmates who have four months to devote to the program will be taught 800 hours, the basics hair cutting and styling, after which they can complete their training hours by being placed in a barber shop licensed by the Maryland States Board of Barbers as a licensed apprentice under the supervision of a licensed Master Barber in the State of Maryland.

The program is co-educational and has a 100% job placement rate. Statistics show less than a 15% recidivism rate back into the system.

Other vocational opportunities for inmates include Nail Technician/ Cosmetology where female inmates under the supervision of a certified aesthetician. The program was developed to provide vocational training in the cosmetology field. It is a first for a local correctional facility in the state of Maryland.

The JACS program for juveniles is very impressive. A separate housing unit, H11A, is devoted to male juveniles. The unit has two partitioned classrooms where two instructors provided by and paid for from the Prince George's County School District conduct educational activities. One of the teachers is a Special Education teacher. Female juveniles, while obviously housed in the female housing unit, are brought to the male unit and taught in a coed setting. The Juveniles in Adult Correctional Systems (JACS) Program provides this population programs in building self-esteem, coping, and decision-making skills to assist in directing their life toward a more positive outcome.

Correctional Officers assigned to the juvenile unit receive specific extra training above and beyond the basic 40 hours each year. The juveniles the team talked to enjoy the program and stated they were thankful someone cared.

Social Services:

Women's Empowerment Program - in collaboration with the Prince George's County Department of Social Services, the Women's Empowerment Program consists of an intensive six week life skills curriculum that provides participants with educational and informational tools that motivate positive self-esteem and self-image. Participants identify the cause and effect of various negative influences and behavioral patterns in order to develop positive mechanisms that will enable them to set realistic goals.

Reentry program helps clients free themselves from a negative lifestyle, lack of skills, hopelessness and helplessness. The program provides opportunities to learn about new ways of viewing the world, coping in it and learning to work in the community as a law abiding and productive member of society.

A new life skills program was started in Unit 15 where they teach goal setting; finances; job skills; how to complete a job application to ready them for release.

Visitation:

Inmates have access to personal and professional visits through contact and noncontact visitation booth located on the second level of each housing unit. Inmates are allowed two personal visits each week. Professional visits with the inmates' attorney are unlimited. The facility is geographically located such that visitors can easily access the jail by bus or car.

Library Services:

The law library is available to all housing units. The library is a branch of the Prince George's County Memorial Library system and they have two librarians on staff from the Prince George's County Library. Access to legal information services is provided through inmate visits to the law library and/or written requests. The Law Library services approximately 3, 000 inmates a year; the law library uses both Lexus Nexus and hardback legal books to facilitate the inmates' requests.

Leisure time reading is comprised of books that are taken to the housing units and rotated periodically. Each housing unit is also provided with a copy of the newspaper paid for by the facility.

Laundry:

The laundry is not large but adequate to meet the demands of the inmate population. It is operated by one staff person and four female inmate workers. The laundry has four 125 lbs. washers and four 125 lb. dryers. The laundry runs in two shifts, 6:00 a.m. to 2:00 p.m. and 2:00 p.m. to 6:00 p.m. five days a week. Sufficient clothing and linens are available. Inmates send their soiled items in a net bag to the laundry twice a week for washing. Washing machine chemicals are dispensed directly into the washers and bulk containers are switched out by the supervisor. Inventories of laundry chemicals were found to be accurate.

F. Examination of Records

Following the facility tour, the team proceeded to the Large Conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has 140 notices of non-compliance with the local health department and one outstanding violation from the State Fire Marshal. See copy of report attached too lengthy to cover in report.

1. Litigation

Over the last three years, the facility had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

The facility did not do a Significant Incident Summary. The Outcome measures were not available when we left.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Regional Processing Upper Marlboro	Cpl. S. McDonald
Court Room	J. Logan
Intake Property	S. Coleman
H-11A	Cpl. E. Spicer
H-11B	C/O A. Cheathan
H-10	PFC. Ragland
H-7	Cpl. S. Duvall
	Cpl. Ray
Max Booth	Cpl. M. Pena
H-6	Cpl. S. Lester
H-4A	Cpl. C. Deas
Barber Shop	Mr. P. Mazza
H-4B	MCPL E. Harrison
	Ms. T. Creek-Thompson
	Ms. T. Simmons
Education Area	Ms. T Creek-Thompson
Law Library	Robert Hawkins
H-3	Cpl. Wallace
	Cpl. Leatherwood
	C/O R. Lake
H-14	C/O D. Windsor
	R. Cobb
	Sgt. K. Dudley
Kitchen	Mr. Larry D. Hardy,
	Ms. Manny
	C/O Y. Ford
Laundry	Mr. G Howell
Commissary	Ms. Jackson

Central	MCPL W. Tuttle Cpl. B. Loveless
Programs Services	Theresa Dozier Elizabeth Coker-Nnam Amanda Welch Xavier Hamilton
H-3	Cpl. M. Brown
Zone 4 Commander	Sgt. Leonard
ERT Members	K. Armstrong Cpl. Marshall/ V. Thomas
Roll Call	Lt. Devine Lt. Thomas
Processing Intake	Capt. D. Wall Escort Auditor
Processing	Cpl. Bonaparte Cpl. Hammer Sgt. Gross Cpl. Bailey
Regional Processing	Officer Trueblood
Medical Unit	Lt. Col. Hilton Escorted Loretta Powers Frances Kpundeh Charlene Miles Ms. Concetta Moon, Director of Nursing
Sanitation Crew Leader	Sgt. Gordon
Paint Crew Leader	Mr. Eric Brown-
Good News Chaplain	Chaplain James Penn
Crew Supervisor	Officer A. Thomas
Social Worker	Ms. Brooks
Social Worker	Ms. Campbell
Medical officer	Officer McCalla
Medical	Ms. Draper
Medical	Dr. Cheek
Medical	Mr. Abu Kalokah
Medical	Ms. Moon
Psychologist	Ms. Mercedes Hernandez
Classification	Jeanette Butler
Classification	Ms. Sandra Robinson
Treatment Coordinator	Mr. Gova
Finance/Inmate Mail	Kathy Burns
Training	Denise Benhoff

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 0700 to 1500.

The team observed programs; recreation; chow; med pass; count procedure and normal correctional activities.

b. Evening Shift

The team was present at the facility during the evening shift from 1500 to 1800.

The team observed shift change; meal preparation; recreation; programs; barber services.

c. Night Shift

The team was present at the facility during the night shift from 0600 to 0700.

The team observed shift change; talked with staff about their duties; observed lock down.

5. Status of Previously Non-compliant Standards/Plans of Action

The team reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found the following:

Standard #4-ALDF-1A-04

THE FACILITY IS CLEAN AND IN GOOD REPAIR. A HOUSEKEEPING AND MAINTENANCE PLAN ADDRESSES ALL FACILITY AREAS AND PROVIDES FOR DAILY HOUSEKEEPING AND REGULAR MAINTENANCE BY ASSIGNING SPECIFIC DUTIES AND RESPONSIBILITIES TO STAFF AND INMATES.

FINDINGS

Facility is not meeting their housekeeping issues; routinely receiving poor annual reports for the facility and kitchen. This is still a violation. The Health Department cited 140 violations in 2011; 154 violations in 2010; 167 violations in 2009 and 256 violations in 2008.

Standard #4-ALDF- 1A-05

THE NUMBER OF INMATES DOES NOT EXCEED THE FACILITY'S RATED BED CAPACITY.

FINDINGS

The number of inmates does exceed the rated bed capacity. The rated capacity is 1332. The population as time of audit was 1408 and the adp for the previous twelve months was 1278. While the count has gone down they are still overcrowded in some housing units and have two units ready to open in April 2012.

Standard #4-ALDF-1A-19

A VENTILATION SYSTEM SUPPLIES AT LEAST 15 CUBIC FEET PER MINUTE OF CIRCULATED AIR PER OCCUPANT WITH A MINIMUM OF FIVE CUBIC FEET PER MINUTE OF OUTSIDE AIR. TOILET ROOMS AND CELLS WITH TOILETS HAVE NO LESS THAN FOUR AIR CHANGES PER HOUR UNLESS STATE OR LOCAL CODES REQUIRE A DIFFERENT NUMBER OF AIR CHANGES. AIR QUANTITIES ARE DOCUMENTED BY A QUALIFIED INDEPENDENT SOURCE AND ARE CHECKED NOT LESS THAN ONCE PER ACCREDITATION CYCLE.

There has not been any checks completed for this accreditation cycle, by facilities own admission they are in violation of this standard.

Standard #4-ALDF-1C-06

A PLAN PROVIDES FOR CONTINUING OPERATIONS IN THE EVENT OF A STAFF WORK STOPPAGE OR OTHER JOB ACTION. COPIES OF THIS PLAN ARE AVAILABLE TO APPROPRIATE SUPERVISORY PERSONNEL.

FINDINGS

This standard is now in compliance.

Standard #4-ALDF-1C-13

PREVENTIVE MAINTENANCE IS GUIDED BY A PLAN THAT PROVIDES EMERGENCY REPAIRS OR REPLACEMENT IN LIFE-THREATENING SITUATIONS.

FINDINGS

They are still in violation of this standard no preventive maintenance has been done.

Standard #4-ALDF-4B-08

INMATES HAVE ACCESS TO TOILETS, AND WASHBASINS WITH TEMPERATURE CONTROLLED HOT AND COLD RUNNING WATER 24 HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THEIR CELLS/SLEEPING AREAS.

TOILETS ARE PROVIDED AT A MINIMUM RATIO OF ONE FOR EVERY 12 INMATES IN MALE FACILITIES AND ONE FOR EVERY EIGHT INMATES IN FEMALE FACILITIES AND ONE WASHBASIN FOR EVERY 12 INMATES UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH THREE OR MORE INMATES HAVE A MINIMUM OF TWO TOILETS.

FINDINGS

The toilet and washbasin ratios are not met. Examples include: housing unit H12 has a toilet and wash basin ratio of 1:18 and housing unit H15 has a ratio of 1:13. Still in violation

Standard #4-ALDF-6B-08

STAFF AND INMATES HAVE ACCESS TO AN APPROPRIATELY TRAINED AND QUALIFIED INDIVIDUAL WHO IS EDUCATED IN THE PROBLEMS AND CHALLENGES FACED BY INMATES WITH PHYSICAL AND/OR MENTAL IMPAIRMENTS, PROGRAMS DESIGNED TO EDUCATE AND ASSIST DISABLED INMATES, AND ALL LEGAL REQUIREMENTS FOR THE PROTECTION OF INMATES WITH DISABILITIES.

FINDINGS

They have met this standard.

G. Interviews

During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

1. Offender Interviews

The team interviewed approximately 60 inmates and received no complaints. They said they felt safe and was able to approach the staff with their concerns.

2. Staff Interviews

The team talked to a lot of seasoned officers who had been with the agency 20+ years and enjoyed working at this facility. The new officers who had less than two years said they enjoyed working here and felt they had received appropriate training to do the job. They liked their supervisors and felt their needs were being addressed. When asked if there was anything they would change if they could they said they would reduce the amount of overtime they had to work.

H. Exit Discussion

The exit interview was held at 1200 in the large conference room with Mary Lou McDonough, Director and 15 staff in attendance.

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

AND THE

AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Local Detention Facilities 4 th Edition	
Supplement	2010 Standards Supplement	
Facility/Program	Prince George County	
Audit Dates	February 27-29, 2012	
Auditor(s)	Katherine Brown, Chairperson Wynnie Samuels, Member Nancy McCarthy	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	60	323
Number Not Applicable	1	21
Number Applicable	59	302
Number Non-Compliance	0	15
Number in Compliance	59	288
Percentage (%) of Compliance	100%	95%
• Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable • Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance • Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Prince George's County Department of Corrections
Prince George's County Department of Corrections
Upper Marlboro, Maryland

February 27-29, 2012

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #4-ALDF-1A-04

THE FACILITY IS CLEAN AND IN GOOD REPAIR. A HOUSEKEEPING AND MAINTENANCE PLAN ADDRESSES ALL FACILITY AREAS AND PROVIDES FOR DAILY HOUSEKEEPING AND REGULAR MAINTENANCE BY ASSIGNING SPECIFIC DUTIES AND RESPONSIBILITIES TO STAFF AND INMATES.

FINDINGS:

Floors dirty, unused cells dirty and dusty. The facility health department inspection reported the following violations. 2011 – 140; 2010 – 154; 2009 – 167; 2008 – 256 violations

AGENCY RESPONSE:

Plan of Action

Our Department has made strides with regard to cleanliness and maintenance, but we are not satisfied with our current status. Since the 2008 audit, we have experienced a steady decline in the number of violations cited by the Health Department on our annual environmental inspections. There were 256 violations in 2008 and 140 violations cited in 2011. We had also established a preventive maintenance schedule, but due to the financial crisis the Maintenance Department (Office of Central Services) experienced a reduction in force that crippled their ability to maintain the preventive maintenance schedule. County-wide there were layoffs in 2009 as well as furloughs in 2009 and 2010.

The County is starting to slowly hire back individuals, so we will work with the Maintenance Department and try to re-establish a preventive maintenance schedule.

The County has issued permits for construction of a new kitchen. The contract has gone out for bid and we are expecting to break ground in August 2012.

Laundry and storage areas will be expanded and renovated once the kitchen is moved to the new facility. Meanwhile, our food contract is out for bid and as a part of the new contract we are requiring the contractor to hire someone who will be solely responsible for cleaning and sanitation.

Task

- a. The Department will meet with Central Services to re-establish a preventive maintenance schedule.
- b. Revise the housekeeping plan to include better cleaning techniques and increased frequencies for trouble areas in the units.
- c. Begin construction of new kitchen
- d. Complete plans for renovation and expansion of laundry and storage areas

Responsible Agency

- a. Department of Corrections and the Office of Central Services
- b. Department of Corrections
- c. Department of Corrections and the Department of Central Services
- d. Department of Corrections

Assigned Staff

- a. Correne Labbe', Chief, Division of Support Services and Lawrence Buckner, OCS, Building Maintenance Supervisor
- b. Gregory Harris, Deputy Director of Operations
- c. W.J. Smith, Deputy Director of Administration
- d. W.J. Deputy Director of Administration and Corenne Labbe', Chief, Division of Support Services

Anticipated Completion Date

- a. March 26, 2012
- b. April 2, 2012
- c. Spring 2014
- d. Spring 2015

AUDITOR'S RESPONSE

Audit chair disagrees with the plan of action. This facility could be cleaned the way it is. This is the same plan that was given last time and 4 years later this facility is still dirty. I do not support the plan. The plan should be a thorough cleaning of the kitchen and housing units. Not wait for possible construction.

Standard #4-ALDF-1A-05

THE NUMBER OF INMATES DOES NOT EXCEED THE FACILITY'S RATED BED CAPACITY.

FINDINGS:

Facility capacity is 1332 however over the past year they have exceeded that count.

AGENCY RESPONSE:

Plan of Action

Even though our average daily population was 1278 for 2011, there were several months where we exceeded our rated capacity of 1332. Those spikes were attributed to law enforcement conducting major drug stings, anti-crime initiatives and closing many outstanding warrants. Those increases were July 2011-1334, August 2011-1355, September 2011-1369 and October 2011-1359. If the completion of our two new units (192 beds) had been completed when planned, we would have been able to absorb those spikes in population with a new rated capacity of 1524.

Task

Open two new housing units (192 beds)

Responsible Agency

Department of Corrections

Assigned Staff

Mary Lou McDonough, Director

Anticipated Date of Completion

June 4, 2012

AUDITOR'S RESPONSE

Audit chair agrees with the plan of action.

Standard #4-ALDF-1A-10

MULTIPLE-OCCUPANCY ROOMS/CELLS HOUSE BETWEEN TWO AND 64 OCCUPANTS AND PROVIDE 25 SQUARE FEET OF UNENCUMBERED SPACE PER OCCUPANT. WHEN CONFINEMENT EXCEEDS 10 HOURS PER DAY, AT LEAST 35 SQUARE FEET OF UNENCUMBERED SPACE IS PROVIDED FOR EACH OCCUPANT.

FINDINGS:

Multiple occupancy cells only have 22.5 sq. ft. unencumbered space per occupant.

AGENCY RESPONSE:

Waiver

The cells only yield 22.5 square feet of unencumbered space. The lack of unencumbered space is mitigated by the inmates being off lockdown for approximately 13 hours per day, which includes being able to socialize in the day rooms, watch television, play games and exercise in the recreation yards that are open from morning to dusk.

The Department respectfully requests a waiver.

AUDITOR'S RESPONSE

Audit chair agrees with the waiver.

Standard #4-ALDF-1A-12

DAYROOMS WITH SPACE FOR VARIED INMATE ACTIVITIES ARE SITUATED IMMEDIATELY ADJACENT TO INMATE SLEEPING AREAS. DAYROOMS PROVIDE A MINIMUM OF 35 SQUARE FEET OF SPACE PER INMATE (EXCLUSIVE OF LAVATORIES, SHOWERS, AND TOILETS) FOR THE MAXIMUM NUMBER OF INMATES WHO USE THE DAYROOM AT ONE TIME. NO DAYROOM ENCOMPASSES LESS THAN 100 SQUARE FEET OF SPACE, EXCLUSIVE OF LAVATORIES, SHOWERS, AND TOILETS.

FINDINGS:

Several housing units have bunks in the dayrooms not allowing 35 sq. ft. of space per inmate.

AGENCY RESPONSE:

Plan of Action

When the two new housing units are opened, they will eliminate the need for bunks.

Task

Open two new housing units (192 beds)

Responsible Agency

Department of Corrections

Assigned Staff

Mary Lou McDonough, Director

Anticipated Date of Completion

June 4, 2012

AUDITOR'S RESPONSE

Audit chair agrees with the plan of action.

Standard #4-ALDF-1A-14 Revised January 2008

LIGHT LEVELS IN INMATE CELLS/ROOMS ARE AT LEAST 20 FOOT CANDLES IN PERSONAL GROOMING AREAS AND AT THE WRITING SURFACE. LIGHTING THROUGHOUT THE FACILITY IS SUFFICIENT FOR THE TASKS PERFORMED. MEASUREMENTS ARE DOCUMENTED BY A QUALIFIED SOURCE AND ARE CHECKED AT LEAST ONCE PER ACCREDITATION CYCLE.

FINDINGS:

Light levels exceeded 20 ft candle power in several housing units.

AGENCY RESPONSE:

Plan of Action

The Department will submit a request to the Office of Central Services to replace existing light bulbs with higher wattage bulbs.

Task

Submit a request to the Office of Central Services to replace existing light bulbs with higher wattage bulbs.

Responsible Agency

Department of Corrections and Department of Central Services

Assigned Staff

Corenne Labbe', Chief, Division of Support Services

Anticipated Date of Completion

March 30, 2012

AUDITOR'S RESPONSE

Audit chair agrees with the plan of action.

Standard #4-ALDF-1A-18

NOISE LEVELS IN INMATE HOUSING UNITS DO NOT EXCEED 70 DBA (A SCALE) IN DAYTIME AND 45 DBA (A SCALE) AT NIGHT. MEASUREMENTS ARE DOCUMENTED BY A QUALIFIED, INDEPENDENT SOURCE AND ARE CHECKED NOT LESS THAN ONCE PER ACCREDITATION CYCLE.

FINDINGS:

Night time noise levels exceeded 45 dBa

AGENCY RESPONSE:

Waiver

The Facility failed to meet the 45 DBA thresholds in all of the units for night time noise. Our air handlers are 25 years old and short of replacing them the Department does not have any other viable options available to reduce the night time noise levels.

None of the units failed the day time level of 70 DBA, which indicates the noise levels did not increase significantly and that the units are relatively quiet. The Department feels the existing noise levels do not in any way reduce the quality of life.

The Department respectfully requests a waiver.

AUDITOR'S RESPONSE

Audit chair agrees with the waiver.

Standard #4-ALDF-1A-19 Revised August 2007.

A VENTILATION SYSTEM SUPPLIES AT LEAST 15 CUBIC FEET PER MINUTE OF CIRCULATED AIR PER OCCUPANT WITH A MINIMUM OF FIVE CUBIC FEET PER MINUTE OF OUTSIDE AIR. TOILET ROOMS, AND CELLS WITH TOILETS, HAVE NO LESS THAN FOUR AIR CHANGES PER HOUR UNLESS STATE OR LOCAL CODES REQUIRE A DIFFERENT NUMBER OF AIR CHANGES. AIR QUANTITIES ARE DOCUMENTED BY A QUALIFIED TECHNICIAN NOT LESS THAN ONCE PER ACCREDITATION CYCLE.

FINDINGS:

There were no tests conducted on ventilation for this audit cycle, but by the agencies own admission the air circulation in the cells does not meet the standards.

AGENCY RESPONSE:

Plan of Action

Unfortunately, we were only able to afford to get our negative pressure cells certified prior to the audit. Fiscally, the facility-wide air flow tests will be budgeted for FY13, which begins July 1, 2012.

Task

Have facility-wide air flow tests conducted

Responsible Agency

Department of Corrections

Assigned Staff

Harry Toren, Chief, Facilities Service

Anticipated Date of Completion

August 1, 2012

AUDITOR'S RESPONSE

Audit chair agrees with the plan of action.

Standard #4-ALDF-1C-13

PREVENTIVE MAINTENANCE IS GUIDED BY A PLAN THAT PROVIDES EMERGENCY REPAIRS OR REPLACEMENT IN LIFE-THREATENING SITUATIONS.

FINDINGS:

The facility does not have an established preventive maintenance system in place.

AGENCY RESPONSE:

Plan of Action

Task

We had established a preventive maintenance schedule, but due to the financial crisis the Maintenance Department (Central Services) experienced a reduction in force that crippled their ability to maintain the preventive maintenance schedule. County-wide there were furloughs in 2009 and 2010.

The County is starting to slowly hire back individuals, so we will work with the Maintenance Department to re-establish a preventive maintenance schedule.

The Department to meet with Central Services to re-establish a preventive maintenance schedule.

Responsible Agency

Department of Corrections and the Department of Central Services

Assigned Staff

Corenne Labbe', Chief, Division of Support Services and Lawrence Buckner, Building Maintenance Supervisor

Anticipated Completion Date

May 1, 2012

AUDITOR'S RESPONSE

Audit chair agrees with the plan of action.

Standard #4-ALDF-4B-03

THERE IS NEEDED CLEANING AND STORAGE OF INMATE PERSONAL CLOTHING AND THE ISSUE OF SUITABLE FACILITY CLOTHING TO ALL INMATES. FACILITY CLOTHING IS PROPERLY FITTED, CLIMACTICALLY SUITABLE, DURABLE, AND PRESENTABLE. STANDARD CLOTHING ITEMS ISSUED AT INTAKE INCLUDE TROUSERS AND SHIRTS, OR JUMPSUITS, UNDERGARMENTS, SOCKS, SHOES, AND OUTERWEAR SUITABLE TO THE CLIMATE.

FINDINGS:

The facility does not launder inmates' personal property when they come in if it is soiled.

Plan of Action

Washing an arrestee's soiled clothing is a practice that is done, but we did not have a way of capturing or tracking the information. The Processing and Property Units will meet to formalize the process. The process will require revisions in two policies; 11.3-Inmate Clothing and Personal Hygiene and 16.1-Admission to the Facility

Task

- a. The Processing and Property Units meet to formalize process
- b. Revise policies

Responsible Agency

- a. Department of Corrections
- b. Department of Corrections

Assigned Staff

- a. Sgt. S. Beagle and Jessie Shelton, Section Chief, Property
- b. Jonathan Walls, Compliance Manager

Anticipated Date of Completion

- a. March 16, 2012
- b. April 30, 2012

AUDITOR'S RESPONSE

Audit chair agrees with the plan of action.

Standard #4-ALDF-4B-09

INMATES HAVE ACCESS TO OPERABLE SHOWERS WITH TEMPERATURE-CONTROLLED HOT AND COLD RUNNING WATER, AT A MINIMUM RATIO OF ONE SHOWER FOR EVERY 12 INMATES, UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO. WATER FOR SHOWERS IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES TO 120 DEGREES FAHRENHEIT TO ENSURE THE SAFETY OF INMATES AND TO PROMOTE HYGIENIC PRACTICES.

FINDINGS:

Shower ratios are 1:15

AGENCY RESPONSE:

Waiver

The Facility does not meet the shower to inmate ratio. It is not structurally feasible to increase the number of showers in the units. However, inmates are off lockdown approximately 13 hours per day and there are no restrictions imposed on the use of showers. Observation in the units would reveal no waiting lines at the showers.

The Department respectfully requests a waiver.

AUDITOR'S RESPONSE

Audit chair agrees with the waiver.

Standard #4-ALDF-5B-13

ALL INMATES HELD FOR 30 OR MORE DAYS WHO WILL BE RELEASED TO THE COMMUNITY ARE PROVIDED WITH PREPARATION FOR RELEASE THAT INCLUDES INFORMATION ABOUT COMMUNITY RESOURCES.

FINDINGS:

PGCC does not provide community resource information to inmates at release.

AGENCY RESPONSE:

Plan of Action

There was insufficient documentation for this standard. The Facility does in fact conduct preparation for release classes as well as have community resource representatives from organizations such as the Veteran Affairs and the Salvation Army visit the Facility to interview prospective clients.

Task

- a. Documentation indicating community resource representatives visiting the Facility
- b. Documentation indicating inmates having received preparation for release classes.
- c. Preparation for release class curriculums
- d. Copy of Re-Entry Resource Guide given to inmates upon release

Responsible Agency

- a. Department of Corrections
- b. Department of Corrections
- c. Department of Corrections
- d. Department of Corrections

Assigned Staff

- a. Amanda Welch, Section Chief, Community Corrections
- b. Amanda Welch, Section Chief, Community Corrections
- c. Amanda Welch, Section Chief, Community Corrections
- d. Amanda Welch, Section Chief, Community Corrections

Anticipated Date of Completion

- a. April 13, 2012
- b. April 13, 2012
- c. April 13, 2012
- d. April 13, 2012

AUDITOR'S RESPONSE

Audit chair agrees with the Plan of Action.

Standard #4-ALDF 7B-08 Revised August 2005.

ALL NEW PROFESSIONAL AND SUPPORT EMPLOYEES, INCLUDING CONTRACTORS, WHO HAVE REGULAR OR DAILY INMATE CONTACT RECEIVE TRAINING DURING THEIR FIRST YEAR OF EMPLOYMENT. FORTY HOURS ARE COMPLETED PRIOR TO BEING INDEPENDENTLY ASSIGNED TO A PARTICULAR JOB. AN ADDITIONAL 40 HOURS OF TRAINING IS PROVIDED EACH SUBSEQUENT YEAR OF EMPLOYMENT. AT A MINIMUM, THIS TRAINING COVERS THE FOLLOWING AREAS:

- SECURITY PROCEDURES AND REGULATIONS
- SUPERVISION OF INMATES
- SIGNS OF SUICIDE RISK
- SUICIDE PRECAUTIONS
- USE-OF-FORCE REGULATIONS AND TACTICS
- REPORT WRITING
- INMATE RULES AND REGULATIONS
- KEY CONTROL
- RIGHTS AND RESPONSIBILITIES OF INMATES
- SAFETY PROCEDURES
- ALL EMERGENCY PLAN AND PROCEDURES
- INTERPERSONAL RELATIONS
- SOCIAL/CULTURAL LIFESTYLES OF THE INMATE POPULATION
- CULTURAL DIVERSITY
- COMMUNICATION SKILLS
- CPR/FIRST AID
- COUNSELING TECHNIQUES
- SEXUAL HARASSMENT/SEXUAL MISCONDUCT AWARENESS
- CODE OF ETHICS

FINDINGS:

Not all support employees received the required annual training.

AGENCY RESPONSE:

Plan of Action

The Department does conduct a New Employee Security Orientation that covers many of the minimum subject requirements, but does not equate to 40 hours of training.

Our Training Unit will design a curriculum specifically for those individuals that fit those categories.

Task

Design 40 hour training curriculum

Responsible Agency

Department of Corrections

Assigned Staff

Denise Benhoff, Chief, Training Unit and Sue Grimes, Training Unit Coordinator

Anticipated Date of Completion

July 1, 2012

Audit chair agrees with the plan of action.

Standard #4-ALDF-5C-25

AN INMATE COMMISSARY OR CANTEEN IS AVAILABLE FROM WHICH INMATES CAN PURCHASE APPROVED ITEMS THAT ARE NOT FURNISHED BY THE FACILITY. THE COMMISSARY/CANTEEN'S OPERATIONS ARE STRICTLY CONTROLLED USING STANDARD ACCOUNTING PROCEDURES. EXCESS REVENUES DERIVED FROM THE OPERATION OF THE COMMISSARY OR CANTEEN ARE USED FOR THE BENEFIT OF INMATES.

FINDINGS:

Revenues derived from the operation of the commissary goes to the general fund.

AGENCY RESPONSE:

Waiver

All revenues generated from the operation of the commissary go to the County's General Fund. However, the County does approve funding for inmate programming, which includes G.E.D., Barbering, Nail Technician, Landscaping, Drug Counseling, Women's Empowerment, Auto Body and Animal Grooming.

The Department also responds to the indigent in the areas of health care, hygiene, hair

care and writing supplies. It is through these efforts the inmate's quality of life is supported.

The Department respectfully requests a waiver.

AUDITOR'S RESPONSE

Audit chair agrees with the waiver

Standard #4-ALDF 7B-10-1 Added August 2005.

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT ALL CORRECTIONAL OFFICERS RECEIVE AT LEAST 40 HOURS OF ANNUAL TRAINING. THIS TRAINING SHALL INCLUDE AT A MINIMUM THE FOLLOWING AREAS:

- STANDARDS OF CONDUCT/ETHICS
- SECURITY/SAFETY/FIRE/MEDICAL/EMERGENCY PROCEDURES
- SUPERVISION OF OFFENDERS INCLUDING TRAINING ON SEXUAL ABUSE AND ASSAULT
- USE OF FORCE

ADDITIONAL TOPICS SHALL BE INCLUDED BASED UPON A NEEDS ASSESSMENT OF BOTH STAFF AND INSTITUTION REQUIREMENTS.

FINDINGS:

Not all officers received the minimum training required annually.

Plan of Action

Our Training Unit does a good job of trying to incorporate new training that will hold the interest correctional officers every year during In-Service Training. It was an oversight that all of the required minimum subjects were not covered each year. Our Training Unit will restructure In-Service Training to include the required minimum subjects.

Task

Restructure In-Service Training to include all of the required minimum subjects

Responsible Agency

Department of Corrections

Assigned Staff

Denise Benhoff, Chief, Training Unit and Sue Grimes, Training Unit Coordinator

Anticipated Date of Completion
July 2, 2012

AUDITOR'S RESPONSE

Audit chair agrees with the plan of action.

Standard #4-ALDF-7G-01 Added August 2007.

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT ONGOING, BUT NOT LESS THAN SEMI-ANNUALLY, CONSULTATION TAKES PLACE AS DETERMINED BY THE AGENCY OR PARENT AGENCY WITH THE LOCAL JOINT TERRORISM TASK FORCE (JTTF), OR ANOTHER SIMILAR AGENCY, ON ALL TERRORISM MATTERS TO INCLUDE:

- A LIST OF KNOWN TERRORIST INMATES IN LOCAL CUSTODY
- INTELLIGENCE REGARDING INMATES WITH SUSPECTED TERRORIST TIES
- INFORMATION REGARDING SPECIFIC INCIDENTS, EVENTS, OR THREATS AFFECTING THE INSTITUTION OR DETENTION FACILITY THAT HAVE A POSSIBLE TERRORISM CONNECTION

FINDINGS:

PGCC does not have a JTTF

AGENCY RESPONSE:

Plan of Action

The Department does not have a policy regarding Security Threat Groups. We will meet with our County's Department of Homeland Security to discuss their policies with regards to the jail and the County as a whole. Our Gang Unit participates in the Council of Governments Gang Task Force and shares information on members of thereat groups incarcerated and released. They also enter information into the National Gang-Net web site. These efforts as well as additional efforts will be formalized into a new policy.

Task

- a. Meet with County's Department of Homeland Security
- b. Create Security Threat Groups Policy

Responsible Agency

- a. Department of Corrections
- b. Department of Corrections

Assigned Staff

- a. Jonathan Walls, Compliance Manager

- b. Jonathan Walls, Compliance Manager and Lt. Dundas Orr, Gang Unit Supervisor

Anticipated Date of Completion

- a. May 2, 2012
- b. July 2, 2012

AUDITOR'S RESPONSE

Audit chair agrees with the plan of action.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Prince George's County Department of Corrections
Prince George's County Department of Corrections
Upper Marlboro, Maryland

February 27-29, 2012

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard #4-ALDF-4C-23 (MANDATORY)

ALL INTRA-SYSTEM TRANSFER INMATES RECEIVE A HEALTH SCREENING BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL, WHICH COMMENCES ON THEIR ARRIVAL AT THE FACILITY. ALL FINDINGS ARE RECORDED ON A SCREENING FORM APPROVED BY THE HEALTH AUTHORITY. AT A MINIMUM, THE SCREENING INCLUDES THE FOLLOWING:

INQUIRY INTO:

- WHETHER THE INMATE IS BEING TREATED FOR A MEDICAL OR DENTAL PROBLEM
- WHETHER THE INMATE IS PRESENTLY ON MEDICATION
- WHETHER THE INMATE HAS A CURRENT MEDICAL OR DENTAL COMPLAINT

OBSERVATION OF:

- GENERAL APPEARANCE AND BEHAVIOR
- PHYSICAL DEFORMITIES
- EVIDENCE OF ABUSE OR TRAUMA

MEDICAL DISPOSITION OF INMATES:

- CLEARED FOR GENERAL POPULATION
- CLEARED FOR GENERAL POPULATION WITH APPROPRIATE REFERRAL TO HEALTH CARE SERVICE
- REFERRAL TO APPROPRIATE HEALTH CARE SERVICE FOR SERVICE FOR EMERGENCY TREATMENT

FINDINGS:

PGCC does not have intra-system transfers.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Prince George's County Department of Corrections
Prince George's County Department of Corrections
Upper Marlboro, Maryland

February 27-29, 2012

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #4-ALDF-1A-18-1 Added August 2008 (New construction only)

NOISE LEVELS IN HOUSING AREAS (IN OTHER WORDS, DAYROOMS WITH ADJACENT CELLS OR DORMS) SHALL NOT EXCEED THE FOLLOWING:

- UNOCCUPIED – 45 DBA (A SCALE), BUILDING SERVICE SYSTEMS SHALL BE ON AND IN NORMAL OPERATING CONDITION. MID-FREQUENCY AVERAGE REVERBERATION TIME (T 60) MUST BE LESS THAN 1.0 SEC.
- OCCUPIED – 70 DBA (A SCALE) FOR A MINIMUM OF 15 SECONDS OF CONTINUOUS AVERAGE MEASUREMENT IN NORMAL OPERATING CONDITIONS.

ALL MONITORING SHALL BE CONDUCTED IN CLOSE PROXIMITY TO THE CORRECTIONAL OFFICER'S POST. IF A CORRECTIONAL OFFICER'S POST IS NOT IDENTIFIED THEN MONITORING SHALL BE CONDUCTED AT A LOCATION CONSIDERED BEST TO MONITOR HOUSING NOISE LEVELS. MEASUREMENTS SHALL BE CONDUCTED A MINIMUM OF ONCE PER ACCREDITATION CYCLE BY A QUALIFIED SOURCE.

FINDINGS:

PGCC is not new construction

Standard #4-ALDF-2A-36

INMATES PARTICIPATING IN WORK OR EDUCATIONAL RELEASE PROGRAMS ARE SEPARATED FROM INMATES IN THE GENERAL POPULATION.

FINDINGS:

PGCC does not operate a work or educational release program

Standard #4-ALDF-2A-59

IF AN INMATE USES FOOD OR FOOD SERVICE EQUIPMENT IN A MANNER THAT IS HAZARDOUS TO SELF, STAFF, OR OTHER INMATES, ALTERNATIVE MEAL SERVICE MAY BE PROVIDED. ALTERNATIVE MEAL SERVICE IS ON AN INDIVIDUAL BASIS, IS BASED ON HEALTH OR SAFETY CONSIDERATIONS ONLY, MEETS BASIC NUTRITIONAL REQUIREMENTS, AND OCCURS WITH THE WRITTEN APPROVAL OF FACILITY ADMINISTRATOR OR DESIGNEE AND RESPONSIBLE HEALTH AUTHORITY. THE SUBSTITUTION DOES NOT EXCEED SEVEN DAYS.

FINDINGS:

PGCC does not use an alternative meal

Standard #4-ALDF-4A-14

WHEN REQUIRED BY STATUTE, FOOD PRODUCTS THAT ARE GROWN OR PRODUCED WITHIN THE SYSTEM ARE INSPECTED AND APPROVED BY THE APPROPRIATE GOVERNMENT AGENCY; THERE IS A DISTRIBUTION SYSTEM THAT ENSURES PROMPT DELIVERY OF FOODSTUFFS TO FACILITY KITCHENS.

FINDINGS:

PGCC does not grow food products

Standard #4-ALDF-4D-04

A HEALTH-TRAINED STAFF MEMBER COORDINATES THE HEALTH DELIVERY SERVICES UNDER THE JOINT SUPERVISION OF THE RESPONSIBLE HEALTH AUTHORITY AND FACILITY ADMINISTRATOR, WHEN QUALIFIED HEALTH CARE PERSONNEL ARE NOT ON DUTY.

FINDINGS:

PGCC has 24 hour health care coverage

Standard #4-ALDF-5A-05

THERE IS A TREATMENT PHILOSOPHY WITHIN THE CONTEXT OF THE TOTAL CORRECTIONAL SYSTEM AS WELL AS GOALS AND MEASURABLE OBJECTIVES. THESE DOCUMENTS ARE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

FINDINGS:

PGCC does not have a therapeutic community

Standard #4-ALDF-5A-06

THERE IS AN APPROPRIATE RANGE OF PRIMARY TREATMENT SERVICES FOR ALCOHOL AND OTHER SUBSTANCE-ABUSING INMATES THAT INCLUDE, AT A MINIMUM, THE FOLLOWING:

- INMATE DIAGNOSIS
- IDENTIFIED PROBLEM AREAS
- INDIVIDUAL TREATMENT OBJECTIVES
- TREATMENT GOALS
- COUNSELING NEEDS
- DRUG EDUCATION PLAN
- RELAPSE PREVENTION AND MANAGEMENT
- CULTURALLY SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE
- THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT
- PRERELEASE AND TRANSITIONAL SERVICE NEEDS
- COORDINATION EFFORTS WITH COMMUNITY SUPERVISION AND TREATMENT STAFF DURING THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

FINDINGS:

PGCC does not have a therapeutic community

Standard #4-ALDF-5A-07

THE FACILITY USES A COORDINATED STAFF APPROACH TO DELIVER TREATMENT SERVICES. THIS APPROACH TO SERVICE DELIVERY IS DOCUMENTED IN TREATMENT PLANNING CONFERENCES AND IN INDIVIDUAL TREATMENT FILES.

FINDINGS:

PGCC does not have a therapeutic community

Standard #4-ALDF-5A-08

THERE ARE INCENTIVES FOR TARGETED TREATMENT PROGRAMS TO INCREASE AND MAINTAIN THE INMATE'S MOTIVATION FOR TREATMENT.

FINDINGS:

PGCC does not have a therapeutic community

Standard #4-ALDF-5B-17

WHERE WORK RELEASE AND/OR EDUCATIONAL RELEASE ARE AUTHORIZED, THE FACILITY ADMINISTRATOR HAS AUTHORITY TO APPROVE OR DISAPPROVE PARTICIPATION FOR EACH INMATE.

FINDINGS:

PGCC does not operate a work release or educational program

Standard #4-ALDF-5B-16

WHERE TEMPORARY RELEASE PROGRAMS EXIST, THE PROGRAMS HAVE THE FOLLOWING ELEMENTS:

- WRITTEN OPERATIONAL PROCEDURES
- CAREFUL SCREENING AND SELECTION PROCEDURES
- WRITTEN RULES OF INMATE CONDUCT
- A SYSTEM FOR EVALUATING PROGRAM EFFECTIVENESS
- EFFORTS TO OBTAIN COMMUNITY COOPERATION AND SUPPORT

FINDINGS:

PGCC states the facility does not operate a temporary release program

Standard #4-ALDF-5A-10

IN FACILITIES OFFERING ACADEMIC AND VOCATIONAL TRAINING PROGRAMS, CLASSROOMS ARE DESIGNED IN CONSULTATION WITH SCHOOL AUTHORITIES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY)

FINDINGS:

PGCC is not new construction

Standard #4-ALDF-5B-15

WHEN A PRETRIAL INTERVENTION PROGRAM, DIVERSION PROGRAM, PRETRIAL RELEASE PROGRAM, OR SUPERVISED RELEASE PROGRAM IS CONDUCTED IN THE FACILITY, SUFFICIENT STAFF, SPACE, AND EQUIPMENT ARE PROVIDED TO SERVICE THE PROGRAM.

FINDINGS:

PGCC does not operate a diversion program

Standard #4-ALDF-5C-13

WHERE AN INDUSTRIES PROGRAM EXISTS, ITS ESTABLISHMENT IS AUTHORIZED AND AREAS OF AUTHORITY, RESPONSIBILITY, AND ACCOUNTABILITY ARE DELINEATED.

FINDINGS:

PGCC does not operate an industries program

Standard #4-ALDF-5C-14

THE NUMBER OF INMATES ASSIGNED TO INDUSTRIES OPERATIONS MEETS THE REALISTIC WORKLOAD NEEDS OF EACH OPERATING UNIT.

FINDINGS:

PGCC does not operate an industries program

Standard #4-ALDF-5C-15

THERE IS A COMPREHENSIVE QUALITY CONTROL PROCESS.

FINDINGS:

PGCC does not operate an industries program

Standard #4-ALDF-5C-16

A COST ACCOUNTING SYSTEM FOR EACH INDUSTRIES UNIT IS DESIGNED, IMPLEMENTED, AND MAINTAINED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

FINDINGS:

PGCC does not operate an industries program

Standard #4-ALDF-6B-06 Revised August 2008

UNLESS PROHIBITED BY STATE LAW, OFFENDERS (UNDER STAFF SUPERVISION) MAY PERFORM FAMILIAL DUTIES COMMENSURATE WITH THEIR LEVEL OF TRAINING. THESE DUTIES INCLUDE:

- PEER SUPPORT AND EDUCATION
- HOSPICE ACTIVITIES
- ASSIST IMPAIRED OFFENDERS ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING
- SUICIDE COMPANION OR BUDDY IF QUALIFIED AND TRAINED THROUGH A FORMAL PROGRAM THAT IS PART OF SUICIDE PREVENTION PLAN
- HANDLING DENTAL INSTRUMENTS FOR THE PURPOSE OF SANITIZING AND CLEANING, WHEN DIRECTLY SUPERVISED AND IN COMPLIANCE WITH APPLICABLE TOOL CONTROL POLICIES, WHILE IN A DENTAL ASSISTANTS TRAINING PROGRAM CERTIFIED BY THE STATE DEPARTMENT OF EDUCATION OR OTHER COMPARABLE APPROPRIATE AUTHORITY

OFFENDERS ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

- PERFORMING DIRECT PATIENT CARE SERVICES
- SCHEDULING HEALTH CARE APPOINTMENTS
- DETERMINING ACCESS OF OTHER OFFENDERS TO HEALTH CARE SERVICES
- HANDLING OR HAVING ACCESS TO SURGICAL INSTRUMENTS, SYRINGES, NEEDLES, MEDICATIONS OR HEALTH RECORDS
- OPERATING DIAGNOSTIC OR THERAPEUTIC EQUIPMENT EXCEPT UNDER DIRECT SUPERVISION (BY SPECIALLY TRAINED STAFF) IN A VOCATIONAL TRAINING PROGRAM

FINDINGS:

PGCC does not accept inmates who are unable to perform basic life functions.

Standard #4-ALDF-6D-01

THE FACILITY PROVIDES SERVICES AND OPPORTUNITIES THAT ENCOURAGE INMATES TO TAKE RESPONSIBILITY FOR THEIR ACTIONS. OPPORTUNITIES ARE BASED UPON VICTIM AND COMMUNITY INPUT AND ARE FASHIONED IN A WAY THAT SEEKS TO AMELIORATE THE HARM DONE.

FINDINGS:

PGCC does not operate a restitution program

Standard #4-ALDF-7B-15 (MANDATORY)

ALL PERSONNEL AUTHORIZED TO USE CHEMICAL AGENTS RECEIVE THOROUGH TRAINING IN THEIR USE AND IN THE TREATMENT OF INDIVIDUALS EXPOSED TO A CHEMICAL AGENT.

FINDINGS:

PGCC views OC spray as organic not a chemical agent.

Standard #4-ALDF-7D-16

PROCEDURES GOVERN THE OPERATION OF ANY FUND ESTABLISHED FOR INMATES. ANY INTEREST EARNED ON MONIES OTHER THAN OPERATING FUNDS ACCRUES TO THE BENEFIT OF THE INMATES.

FINDINGS:

PGCC cannot keep the revenues derived from the commissary fund all revenue goes to the general fund.

		ALDF Outcome Measure Worksheet		
1A	Outcome Measure	Numerator/Denominator	Value	Calculated O.M
		The community, staff, contractors, volunteers, and inmates are protected from injury and illness caused by the physical environment.		
	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months.	37	
	divided by	Average number of Full-Time Equivalent (FTE) staff positions in the past 12 months.	602	0.06
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1278	0
	(3)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	15064	0
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	328	
	divided by	The average daily population in the past 12 months.	1278	0.25
	(5)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	76	
	divided by	The number of admissions in the past 12 months.	15064	.005
	(6)	Number of sanitation or health code violations identified by external agencies in the past 12 months.	140	
	divided by	The average daily population in the past 12 months.	1260	.11
	(7)	Number of health code violations corrected in the past 12 months.	14	
	divided by	The number of health code violations identified in the past 12 months.	140	.10
	(8)	Number of inmate grievances related to safety or sanitation found in favor of inmates in the past 12 months.	1	
	divided by	The number of inmate's grievances related to safety or sanitation in the past 12 months.	1	1
	(9)	Number of fire code violations corrected in the past 12 months.	5	

	divided by	The number of fire code violations cited by jurisdictional authority in the past 12 months.	5	1
	(10)	Number of inmate injuries resulting from fires requiring medical treatment in a 12-month period.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(11)	Number of inmate injuries (other than by fire) requiring medical treatment in the past 12 months.	286	
	divided by	The average daily population of inmates in the past 12 months.	1278	0.22
	(12)	Number of staff injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population of staff in the past 12 months.	602	0
	(13)	Number of staff injuries (other than fire) requiring medical treatment in the past 12 months.	15	
	divided by	The average daily population of staff in the past 12 months.	602	.02
	(14)	Number of inmate lawsuits related to safety or sanitation found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to safety or sanitation in the past 12 months.	0	0
1B		Vehicles are maintained and operated in a manner that prevents harm to the community, staff, contractors, volunteers, and inmates.		
	(1)	Number of vehicle accidents resulting in property damage in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1278	.00007
	(2)	Number of vehicle accidents resulting in injuries requiring medical treatment for any party in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1278	.00007
	(3)	Amount dollar of damage from vehicle accidents in the past 12 months.	3675	
	divided by	The average daily population in the past 12 months.	1278	2.87
1C		The number and severity of emergencies are minimized. When emergencies occur, the response minimizes the severity.		
	(1)	Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.	0	
	divided by	The number emergencies.	0	0
	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(3)	Number of times that normal facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0

	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	The number of emergencies caused by forces external to the facility.	0	0
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(6)	Number of injuries requiring medical attention that resulted from emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(7)	Number of times that normal facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(8)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The number of emergencies.	0	0
	(9)	Number of injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(10)	Number of fires that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(11)	Amount dollar of property damage from fire in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(12)	Number of code violations cited in the past 12 months.	5	
	divided by	The average daily population in the past 12 months.	1278	.0039
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(14)	Number of incidents of inventory discrepancies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0

2A	Outcome Measure	Numerator/Denominator	Value	Calculated O.M
		The community, staff, contractors, volunteers, and inmates are protected from harm. Events that pose risk of harm are prevented. The number and severity of events are minimized.		
	(1)	Number of incidents involving harm in the past 12 months.	2537	
	divided by	The average daily population in the past 12 months.	1278	1.9
	(2)	Number of incidents in the past 12 months involving harm.	2537	
	divided by	The number of admissions in the past 12 months.	15064	0.1
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of incidents in the past 12 months.	328	
	divided by	The average daily population in the past 12 months.	1278	0.25
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	328	
	divided by	The number of admissions in the past 12 months.	15064	0.02
	(5)	Number of unauthorized inmate absences from the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(6)	Number of instances of unauthorized access to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
2B		Physical force is used only in instances of self-protection, protection of the inmate or others, prevention of property damage, or prevention of escape.		
	(1)	Number of instances in which force was used in the past 12 months.	114	
	divided by	The average daily population in the past 12 months.	1278	.089
	(2)	Number of instances in which force was used in the past 12 months.	114	
	divided by	The number of admissions in the past 12 months.	15064	.007
	(3)	Number of times that staff use of force were found to have been inappropriate in the past 12 months.	1	
	divided by	The number of instances in which force was used.	114	.008
	(4)	Number of inmate grievances filed alleging inappropriate use of force in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(5)	Number of grievances alleging inappropriate use of force decided in favor of inmate in the past 12 months.	0	
	divided by	The number of grievances alleging inappropriate use of force filed.	0	0
	(6)	Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months.	16	
	divided by	The average daily population in the past 12 months.	1278	.012

2C		Contraband is minimized. It is detected when present in the facility.		
	(1)	Number of incidents involving contraband in the past 12 months.	31	
	divided by	The average daily population in the past 12 months.	1278	.02
	(2)	Number of incidents involving contraband in the past 12 months.	31	
	divided by	The number of admissions in the past 12 months.	15064	.002
	(3)	Number of weapons found in the facility in the past 12 months.	39	
	divided by	The average daily population in the past 12 months.	1278	.030
	(4)	Number of controlled substances found in the facility in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1278	.0007
	(5)	Number of controlled substances found in the facility in the past 12 months.	1	
	divided by	The number of admissions in the past 12 months.	15064	.00006
2D		Improper access to and use of keys, tools and utensils are minimized.		
	(1)	Number of incidents involving keys in the past 12 months.	17	
	divided by	The average daily population in the past 12 months.	1278	.013
	(2)	Number of incidents involving tools in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(3)	Number of incidents involving culinary equipment in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1278	.0007
	(4)	Number of incidents involving medical equipment and sharps in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
3A		Inmates comply with rules and regulations.		
	(1)	Number of rule violations in the past 12 months.	1030	
	divided by	The average daily population in the past 12 months.	1278	0.805
	(2)	Number of assaults—inmate against inmate, inmate against staff in the past 12 months.	263	
	divided by	The average daily population in the past 12 months.	1278	.205
4A		Food service provides a nutritionally balanced diet. Food service operations are hygienic and sanitary.		
	(1)	Number of documented inmate illnesses attributed to food service operations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(2)	Number of inmate grievances about food service decided in favor of the inmate the past 12 months.	0	
	divided by	The number of inmate grievances about food service in the past 12 months.	2	0
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months.	21	
		Divided by number of violations cited by independent authorities in the past 12 months.	21	1
4B		Inmates maintain acceptable personal hygiene practices.		

	(1)	Inmate grievances regarding inmate access to personal hygiene decided in favor of the inmate in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(2)	Number of inmate illnesses attributed to poor hygiene practices in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(3)	Number of inmates diagnosed with hygiene-related conditions (scabies, lice, or fungal infections) in the past 12 months.	21	
	divided by	The average daily population in the past 12 months.	1278	.016
	(4)	Number of inmate grievances related to hygiene found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate grievances related to hygiene in the past 12 months.	0	0
	(5)	Number of inmate lawsuits related to hygiene found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to hygiene in the past 12 months.	0	0
4C		Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.		
	(1)	Number of inmates with a positive tuberculin skin test in the past 12 months.	517	
	divided by	The number of admissions in the past 12 months.	15064	.034
	(2)	Number of inmates diagnosed with active tuberculosis in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(3)	Number of conversions to a positive tuberculin skin test in the past 12 months.	0	
	divided by	The number of tuberculin skin tests given in the past 12 months.	106	0
	(4)	Number of inmates with a positive tuberculin skin test who completed prophylaxis treatment for tuberculosis in the past 12 months.	0	
	divided by	The number of inmates with a positive tuberculin skin test on prophylaxis treatment for tuberculosis in the past 12 months.	0	0
	(5)	Number of Hepatitis C positive inmates in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(6)	Number of HIV positive inmates in the past 12 months.	169	
	divided by	The average daily population in the past 12 months.	1278	.132
	(7)	Number of HIV positive inmates who are being treated with highly active antiretroviral treatment in the past 12 months.	17	

	divided by	The number of known HIV positive inmates in the past 12 months.	169	.100
	(8)	Number of inmates' diagnosis with an Axis I (excluding sole diagnosis of substance abuse) in the past 12 months.	3651	
	divided by	The average daily population in the past 12 months.	1278	2.85
	(9)	Number of inmate suicide attempts in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(10)	Number of inmate suicides in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(11)	Number of inmate deaths due to homicide in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(12)	Number of inmate deaths due to injuries in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1278	.00007
	(13)	Number of medically expected inmate deaths in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(14)	Number of medically unexpected inmate deaths in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(15)	Number of inmate admissions to the infirmary (where available) in the past 12 months.	1590	
	divided by	The average daily population in the past 12 months.	1278	1.244
	(16)	Number of inmate admissions to off-site hospitals in the past 12 months.	27	
	divided by	The average daily population in the past 12 months.	1278	.0211
	(17)	Number of inmates transported off-site (via an ambulance or correctional vehicle) for treatment of emergency health conditions in the past 12 months.	52	
	divided by	The average daily population in the past 12 months.	1278	.040
	(18)	Number of inmate specialty consults completed in the past 12 months.	228	
	divided by	The number of specialty consults (on-site or off-site) ordered by primary health care provider (MD, NP, PA) in the past 12 months.	250	.912
	(19)	Number of inmate grievances about access to health care services found in favor of the inmate in the past 12 months.	3	
	divided by	The number of inmate grievances about access to healthcare services in the past 12 months.	7	.42
	(20)	Number of inmate grievances related to the quality of health care found in favor of inmates in the past 12 months.	1	
	divided by	The number of inmate grievances related to the quality of health care in the past 12 months.	3	.33
	(21)	Number of inmates' lawsuits about access to healthcare services found in favor of inmates in the past 12 months.	0	
	divided by	The number of inmate's lawsuits about access to healthcare services in the past 12 months.	0	0
	(22)	Number of individual sick call encounters in the past 12 months.	8163	

	divided by	The average daily population in the past 12 months.	1278	6.38
	(23)	Number of physician visits contacts in the past 12 months.	8865	
	divided by	The average daily population in the past 12 months.	1278	6.93
	(24)	Number of individualized dental treatment plans in the past 12 months.	870	
	divided by	The average daily population in the past 12 months.	1278	.680
	(25)	Number of hypertensive inmates enrolled in a chronic care clinic in the past 12 months.	68	
	divided by	The average daily population in the past 12 months.	1278	.053
	(26)	Number of diabetic inmates enrolled in a chronic care clinic in the past 12 months.	28	
	divided by	The average daily population in the past 12 months.	1278	.021
	(27)	Number of incidents involving pharmaceuticals as contraband in the past 12 months.	2	
	divided by	The average daily population in the past 12 months.	1278	.001
	(28)	Number of cardiac diets received by inmates with cardiac disease in the past 12 months.	516	
	divided by	The number of cardiac diets prescribed in the past 12 months.	516	1
	(29)	Number of hypertensive diets received by inmates with hypertension in the past 12 months.	516	
	divided by	The number of hypertensive diets prescribed in the past 12 months.	516	1
	(30)	Number of diabetic diets received by inmates with diabetes in the past 12 months.	381	
	divided by	The number of diabetic diets prescribed in the past 12 months.	381	1
	(31)	Number of renal diets received by inmates with renal disease in the past 12 months.	311	
	divided by	The number of renal diets prescribed in the past 12 months.	311	1
	(32)	Number of needle-stick injuries in the past 12 months.	0	
	divided by	The number of employees on average in the past 12 months.	602	
	(33)	Number of pharmacy dispensing errors in the past 12 months.	0	
	divided by	The number of prescriptions dispensed by the pharmacy in the past 12 months.	11104	0
	(34)	Number of nursing medication administration errors in the past 12 months.	0	
	divided by	The number of medications administered in the past 12 months.	33073	0

4D		Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.		
	(1)	Number of staff with lapsed licensure and/or certification in the past 12 months.	0	
	divided by	The number of licensed or certified staff in the past 12 months.	43	0
	(2)	Number of new employees in the past 12 months who completed orientation training prior to undertaking job assignments.	7	
	divided by	The number of new employees in the past 12 months.	7	1
	(3)	Number of employees completing in-service training requirements in the past 12 months.	43	
	divided by	The number of employees eligible in the past 12 months.	43	1
	(4)	Number of MD staff who left employment in the past 12 months.	1	
	divided by	The number of authorized MD staff positions in the past 12 months.	2	.50
	(5)	Number of RN staff who left employment in the past 12 months.	0	
	divided by	The number of authorized RN staff positions in the past 12 months.	7	0
	(6)	Number of LPN staff who left employment in the past 12 months.	0	
	divided by	The number of authorized LPN staff positions in the past 12 months.	10	0
	(7)	Number of medical records staff who left employment in the past 12 months.	0	
	divided by	The number of medical records staff positions in the past 12 months.	2	0
	(8)	Number of alleged sexual misconduct incidents between staff and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1278	0
	(9)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1278	0
	(10)	Number of confirmed sexual misconduct incidents between staff and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1278	0
	(11)	Number of confirmed sexual misconduct incidents between volunteers and/or contact personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1278	0
	(12)	Number of detainees identified as high risk with a history of sexually assaultive behavior in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1278	0
	(13)	Number of detainees identified as at risk for sexual victimization in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1278	0
5A		Inmates have opportunities to improve themselves while confined.		

	(1)	Number of inmates who passed GED exams while confined in the past 12 months.	47	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	934	.050
	(2)	Total number of grade levels advanced by inmates in the past 12 months.	13	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	934	.013
	(3)	Number of certificates of vocational competency awarded to inmates in the past 12 months.	127	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	934	.135
5B		Inmates maintain ties with their families and the community.	0	
		NONE	0	
5C		The negative impact of confinement is reduced.	0	
		NONE	0	
6A		Inmates' rights are not violated.	0	
	(1)	Total number of inmate grievances in the past 12 months, regarding: (a) access to court; (b) mail or correspondence; (c) sexual harassment; (d) discipline; (e) discrimination; (f) protection from harm.	3	
	divided by	The average daily population in the past 12 months.	1278	.0023
	(2)	Number of inmate grievances (see [a] through [e] above) decided in favor of inmates in the past 12 months.	0	
	divided by	The total number of grievances filed in the past 12 months.	19	0
	(3)	Total number of inmate court suits alleging violation of inmate rights filed against the facility in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1278	.00007
	(4)	Number of inmate court suits alleging violation of inmate rights decided in favor of inmates in the past 12 months.	1	
	divided by	The total number of inmate suits filed in the past 12 months.	2	.50
6B		Inmates are treated fairly.		
	(1)	Number of inmate grievances regarding discrimination in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(2)	Number of inmate grievances regarding discrimination resolved in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate grievances filed regarding discrimination in the past 12 months.	0	0
	(3)	Number of grievances resolved in favor of inmates in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(4)	Number of grievances resolved in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate grievances filed in the past 12 months.	19	0
	(5)	Number of court malpractice or tort liability cases found in favor of the inmate in the past 12 months.	0	

	divided by	The number of court malpractice or tort liability cases in the past 12 months.	1	0
6C		Alleged rule violations are handled in a manner that provides inmates with appropriate procedural safeguards.		
	(1)	Number of disciplinary incidents resolved informally in the past 12 months.	1929	
	divided by	The average daily population in the past 12 months.	1278	1.509
	(2)	Number of formal inmate disciplinary decisions that were appealed in the past 12 months.	0	
	divided by	The total number of disciplinary decisions made in the past 12 months.	0	0
	(3)	Number of appealed disciplinary decisions decided in favor of the inmate in the past 12 months.	0	
	divided by	The total number of disciplinary decisions made in the past 12 months.	0	0
	(4)	Number of grievances filed by inmates challenging disciplinary procedures in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1278	.00007
	(5)	Number of disciplinary-related grievances resolved in favor of the inmate in the past 12 months.	0	
	divided by	The total number of disciplinary-related grievances filed in the past 12 months.	1	0
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1278	0
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months.	0	
	divided by	The total number of court decisions regarding discipline decided in the past 12 months.	0	0
	(8)	Number of rule violations in the past 12 months.	1030	
	divided by	The average daily population in the past 12 months.	1278	.805
	(9)	Number of inmates terminated from the facility due to rule violations in the past 12 months.	N/A	
	divided by	The average daily population in the past 12 months.	-	-
6D		Inmates take responsibility for their actions.		
	(1)	Number of inmates released in the past 12 months who made regular payments toward their restitution obligations.	N/A	
	divided by	The number of inmates who had restitution obligations in the past 12 months.	N/A	N/A
	(2)	Number of inmates who satisfy their court cost/fines obligations in the past 12 months.	N/A	
	divided by	The number of inmates who had court cost/fine obligations in the past 12 months.	N/A	
	(3)	Total amount of restitution paid by inmates in the past 12 months.	N/A	
	divided by	The average daily population in the past 12 months.	-	-
	(4)	Total number of hours of community service donated by inmates in the past 12 months.	128651	
	divided by	The average daily population in the past 12 months.(outside)	863	149.07

	(5)	Total number of inmates who participated in restitution in the past 12 months.	N/A	
	divided by	The total number of inmates housed in the past 12 months.	N/A	N/A
	(6)	Total number of inmates who participated in community service work in the past 12 months.	11168	
	divided by	The total number of inmates housed in the past 12 months.	15064	.74
	(7)	Total number of inmates who participated in victim awareness programs in the past 12 months.	260	
	divided by	The total number of inmates housed in the past 12 months.	15064	.017
	(8)	Total amount of restitution paid by inmates in the past 12 months.	N/A	
	divided by	The total number of inmates housed in the past 12 months	-	-
	(9)	Total number of hours delivered by inmates who participated in community service work in the past 12 months.	128651	
	divided by	The total number of inmates housed in the past 12 months.	15064	8.54
7A		The facility operates as a legal entity.		
		NONE		
7B		Staff, contractors, and volunteers demonstrate competency in their assigned duties.		
	(1)	Total number of years of staff members' education as of the end of the last calendar year.	85051	
	divided by	The number of staff at the end of the last calendar year.	598	142.225
	(2)	Number of staff who left employment for any reason in the past 12 months.	34	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	602	.056
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months.	20316	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	602	33.747
	(4)	Number of professional development events attended by staff in the past 12 months.	4052	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	602	6.730
7C		Staff, contractors, and volunteers are professional, ethical and accountable.		
	(1)	Number of incidents in which staff was found to have acted in violation of facility policy in the past 12 months.	94	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	602	.156
	(2)	Number of staff terminated for conduct violations in the past 12 months.	1	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	602	.001
	(3)	Number of inmate grievances attributed to improper staff conducts which were upheld in the past 12 months.	1	

	divided by	The number of inmate grievances alleging improper staff conduct filed in the past 12 months.	3	.33
	(4)	Number of inmate grievances attributed to improper staff conduct which were upheld in the past 12 months.	1	
	divided by	The average daily population for the past 12 months.	1278	.00007
	(5)	Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.	0	
	divided by	The number of staff substance abuse tests administered in the past 12 months.	306	0
	(6)	Number of staff terminations for violation of drug-free work policy in the past 12 months.	0	
	divided by	The number of staff terminations in the past 12 months.	0	0
	(7)	The average number of physicians employed in the past 12 months.	N/A	
	divided by	The number of physician positions authorized in the past 12 months.	N/A	N/A
	(8)	The average number of nurses employed in the past 12 months.	N/A	
	divided by	The number of nurse positions authorized in the past 12 months.	N/A	N/A
	(9)	The average number of mid-level health care practitioners employed in the past 12 months.	N/A	
	divided by	The number of mid-level health care practitioner positions authorized in the past 12 months.	N/A	N/A
	(10)	The average number of ancillary health care staff employed in the past 12 months.	N/A	
	divided by	The number of ancillary health care staff positions authorized in the past 12 months.	N/A	N/A
7D		The facility is administered efficiently and responsibly.		
	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures).	-1218689.7	
	divided by	The budget for the past 12 months.	825242400	-0.00147
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit.	1	
		NONE	-	-
	(3)	Number of grievances filed by inmates regarding their records or property in the past 12 months.	2	
	divided by	The average daily population in the past 12 months.	1278	.0015
	(4)	Number of inmate grievances (records/property) decided in favor of inmates in the past 12 months.	1	
	divided by	The total number of inmate grievances (records/property) in the past 12 months.	1	1
	(5)	Number of objectives achieved in the past 12 months.	3	
	divided by	The number of objectives for the past 12 months.	3	1
	(6)	Number of program changes made in the past 12 months.	0	
	divided by	The number of program changes recommended in the past 12 months.	0	0
	(7)	Number of problems identified by internal health care review that were corrected in the past 12 months.	3	
	divided by	The number of problems identified by internal health care review in the past 12 months.	3	1

7E		Staff are treated fairly.		
	(1)	Number of grievances filed by staff in the past 12 months.	18	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	602	.0299
	(2)	Number of staff grievances decided in favor of staff in the past 12 months.	5	
	divided by	The total number of staff grievances in the past 12 months.	18	.277
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year.	69493	
	divided by	The number of staff at the end of the last calendar year (e.g. average number of years experience).	598	116.209
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months.	0	
	divided by	The number of staff termination or demotion hearings requested in the past 12 months.	0	0
7F		The facility is a responsible member of the community.		
	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months.	9712	
	divided by	The average daily population of inmates in the past 12 months.	1278	7.599
	(2)	Total number of individual community members who provided voluntary service in the past 12 months.	500	
	divided by	The average daily population of inmates in the past 12 months.	1278	.391
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	1278	0
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months.	3	
	divided by	The average daily population of inmates in the past 12 months.	1278	.0023
	(5)	Total number of complaints from the community in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	1278	0
	(6)	Total number of hours of community service work delivered by inmates in the past 12 months.	128651	
	divided by	The average daily population of inmates in the past 12 months.	1278	100.665

Technical Assistance Visit

TECHNICAL ASSISTANCE VISIT

February 15, 2013

Bridget Bayliss
206 N. Washington Street
Alexandria, Va. 22314

I conducted a Technical Assistance Visit (TAV) at the Prince George's County Department of Corrections, Correctional Center located at 13400 Dille Drive, Upper Marlboro, Maryland 20772 on Wednesday, February 13, 2013.

The American Correctional Association audited the Prince George's County Correctional Center in February, 2012 and even though the agency was awarded recertification, the Commission placed the agency on probation because of major cleaning deficiencies that were cited by the audit team.

The purpose and scope of my visit was to tour the facility and to identify and focus on the areas that were cited in the audit report. After touring the facility, I met with some of the facility administrators, discussed my observations, my assessment of areas of concern, and presented some viable options that the agency might consider in efforts to correct the deficiencies.

Mr. Jonathan Walls, the Accreditation Manager, met me at the facility's Reception Area on Wednesday, February 13, 2013 at approximately 0900 hours and escorted me to his office. We discussed the standards found in non-compliance and started to tour the facility at approximately 0930 hrs. We visited and unofficially inspected Housing Units 12 through 17, the Medical Unit; the Officer's Dining Room; the Barber Shop & Nail Salon; Programs administrative offices; the Basement Floor and Kitchen; Processing/Intake; and the Population Management administrative offices and the Inmate Records Section. We completed the tour of the facility at approximately 1630 hours. After touring the facility, I had a debriefing, with Deputy Directors Col. William J. Smith - Bureau of Operations, and Col. Gregory O. Harris - Bureau of Services, accompanied by Mr. Walls. Due to a previous commitment for the County, Director Mary Lou McDonough was unavailable.

My observations and recommendations for improving maintenance and sanitation are as follows:

Medical Unit Observations

As it was during the previous audit, the Medical Unit had no issues. It is well maintained. In fact it had just gone through a three month renovation that was completed in October, 2012. The focus was the isolation cells whereby more sectioned glass was added for better observation and the ceilings were raised to prevent the inmates from accessing plumbing chases and damaging observation cameras.

Recommendations: None

Housing Unit Observations

There were units that still had the worn carpeting. Carpeting that had been removed was so worn that it posed safety problems. Patches of glue left from the removed carpeting makes the floor look tacky.

The utility closets were still a problem. In several of the closets mops were resting in dirty water, and the basins and floor drains were much stained.

There was some dirt and residue buildup along baseboards in the units and sally ports.

There was dirt and residue buildup around the legs and beneath the serving counters.

Recommendations

Instead of scheduling one night for a major cleaning for inspection, expand it to three nights per week. More time could be spent on troubled or high traffic areas

Utilize portable steam cleaners to break down dirt buildup

Use non-metal scouring pads in concert with the steam cleaners

Utilize dust mops to help enhance floor shine and reduce the amount of wax used.

Routinely replace worn, dirty mop heads.

Clean, wring dry and store mops in vertical position with head up to dry after every use. Do not leave mops in buckets, especially in dirty water after use.

Thoroughly clean janitorial closets first (floors, walls and drains); consider repainting if necessary, and designate a time on each shift when the janitorial closet doors can be left open to ventilate.

Consider purchasing or acquiring metal cages to store wet mops that can be secured to the wall in the recreation yards near the rec. yard entrance.

Kitchen Observations

There were missing floor tiles.

There is a utility closet that is out of order.

There was some water on the floor, but it was explained to me by the Food Service Director Mr. McCay that it was due to normal operation because the leaks had been repaired.

The audit report indicated that the temperature gauge on the tray washer was broken at that time. The gauge has been replaced and the tray washer was in operation at the time of my tour and the gauge indicated a temperature of 180 degrees.

It was my observation that the food prep area and areas surrounding the freezers and refrigerators were satisfactory.

Recommendations

I recommend that all floor drains and traps need to be continuously inspected by staff, cleared and cleaned to prevent water from backing up and creating puddles.

I suggest that an inmate be assigned to man a wet-vac during the hours of kitchen operation to manage spillage. This should aid in the ability to expeditiously dry the floors and replace damaged floor tiles.

Utilize portable steam cleaners to break down dirt buildup.

Use non-metal scouring pads in concert with the steam cleaners.

Routinely replace worn, dirty mop heads.

Clean, wring dry and store mops in vertical position with head up to dry after ever use. Do not leave mops in buckets, especially in dirty water after use.

Conclusion

My observations indicate that cleaning is being performed, but there is a lack of attention to detail and the need to have the proper equipment, materials and tools to get the job done effectively. There is a need for accountability that the cleaning is being done properly and that to only use a broom and a mop is not enough.

I suggested that the agency consider investing and providing professional janitorial/cleaning training for a few officers/staff that oversee and supervise the inmate workers. I consider it as an investment because after reviewing the proposed renovations for the units and the fact that construction has begun for the new kitchen, the Department will have in place sound cleaning practices when the projects are completed. Since this is an investment with long-term commitments and goals, I suggested the Department research county and state government agencies, private industry companies/firms and vendors that provide product and/or services to the county. This entity would also provide professional training and certification in the field of janitorial and sanitation services and the proper use of cleaning agents and chemicals.

This TAV report was prepared by William J. Johnson, Retired (Former Deputy Director, Bureau of Services/Bureau of Programs) – Prince George's County Department of Corrections.

Respectfully Submitted,

William J. Johnson

William J. Johnson



Department of Public Safety and Correctional Services

Maryland Commission on Correctional Standards

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PRINCE GEORGE'S COUNTY DEPARTMENT OF CORRECTIONS

AUDIT REPORT

JULY 27, 2017

An audit of the Prince George's County Department of Corrections was conducted on January 10–13, 2017 by Commission staff and eight Duly Authorized Inspectors. This Final Report and attached Compliance Plan were approved by the Commission on Correctional Standards at its meeting on July 27, 2017.

SUMMARY

The Prince George's County Department of Corrections, is located in Upper Marlboro, Maryland. The facility houses female and male pretrial and sentenced inmates. The facility is under the daily management of Director Mary Lou McDonough.

AUDIT RESULTS

After a thorough review and inspection of the required documentation, the Prince George's County Department of Corrections was found to be in substantial compliance with the standards for an Adult Detention Center. The two identified deficiencies are:

- **Daily inventories, quarterly inspections, issue and return, and a master listing of the surplus kitchen utensils in the dietary department were not conducted nor were documentation available for the audit period, February 1, 2014 through January 1, 2017, as required by the standard.**
- **Annual reviews of 28 post orders, an official publication, were not completed during the audit period (25 in 2014, 5 in 2015 and 3 in 2016), as required by the standard.**

AUDIT PROCESS

The pre-audit materials were provided to MCCC prior to the scheduled audit. The majority of the secondary documentation was organized and centralized in the large conference room and in areas where the specific functions occur. The current manuals of standard operating procedures were reviewed and were found to be instructional to staff, functional and responsive to the needs of inmates. Inmate orientation materials addressed matters conducive to the inmate population. Emergency plans and post orders addressed staff, inmate concerns, and public safety. The administration and staff were available and assisted the auditors during the audit process. Auditors were escorted by facility staff to areas where the auditors required observation and to assess an area or department for compliance with the standard. The management and staff were receptive to all recommendations provided by the auditors, during the audit.

TOUR NOTES

The auditor's toured the physical plant on the first day of the audit in five groups. Staff were available to escort auditors throughout the facility. The auditors were able to tour and inspect the renovated kitchen, completed during the audit period. Several areas were noted by the auditors, within the housing units, such as, several plumbing issues; leaking toilets, leaking pipes, clogged sinks, cracked ceiling tiles, loose network wires, cracked light fixtures, broken glass panes, lights out in common areas. As noted from the last MCCC audit, the facility is undergoing a Capital Improvement Project for all of the housing units. As of the audit, two housing units had been completed prior to the audit. Over 100 work orders were provided for maintenance repairs which required additional time for repair and were cited by the auditors. The county maintenance will need to address areas in the facility regarding replacing ceiling tiles, peeling paint, replace light in the property hallway and numerous equipment repairs in the kitchen. The facility staff did address minor sanitation issues, prior to the conclusion of the audit.

The majority of plumbing issues will be addressed upon completion of the Capital Improvement Project of the housing units. During this project, housing units will be refurbished including: cell ceilings, doors, floors, and steel surfaces. The housing unit renovations began in July 2014. Housing Units 7 and 9 renovations were completed prior to the start of the audit. Twelve units will be renovated and each renovation will be approximately 90 days per unit. The projected completion date for the Capital Improvement Project is Fall of 2018.

CONCLUSION

The Maryland Commission on Correctional Standards will conduct a monitoring visit on **Thursday, February 8, 2018 at 10:00 a.m.,** to assess compliance with the minimum standards found in noncompliance at the audit. Once the facility's compliance has been established, the facility will be recommended to receive the Recognition of Achievement Award.

The Prince George's County Department of Corrections staff utilizes the standards as a management tool to improve on the daily operations of the facility. Management and staff are committed to the audit process and obtaining total compliance with the standards of an Adult Detention Center. The Prince George's County Department of Corrections is encouraged to continue to uphold the standards, ensure compliance, and operate within the guidelines of the State of Maryland.

PRINCE GEORGE'S COUNTY DEPARTMENT OF CORRECTIONS

COMPLIANCE PLAN

COMPLIANCE DUE DATE: February 1, 2018

MONITORING VISIT DATE: February 8, 2018 at 10:00a.m.

Non-Compliance Standards	Deficiencies Noted	Corrective Action Needed
.03 J (2, 3, 4, 6) Kitchen Utensils	Daily inventories, quarterly inspections, issue and return, and a master listing of the surplus kitchen utensils in the dietary department were not conducted nor was documentation available for the audit period, February 1, 2014 through January 1, 2017, as required by the standard.	Daily inventories, quarterly inspections, and issue and return of kitchen utensils must be conducted, a master listing must be up-to-date and documentation must be maintained for the audit period, as required by the standard.
.08 D Official Publications/Annual Review	Annual reviews of 28 post orders, an official publication, were not completed during the audit period (25 in 2014, 5 in 2015 and 3 in 2016), as required by the standard.	Annual reviews of policies, procedures, post orders, inmate orientation materials, operating manuals and other official publications must be conducted and recorded to determine current application and utility, as required by the standard.

Audit Activities

1. Facility: MM Prince George's County Department of Corrections Date(s): January 10-13, 2017

2. Audit Team Members:

Code	Name	Title/Rank	Affiliation
A	Veronica Moore	Assistant Executive Director/ATL	MCCS
B	Cheryle Moyer	Senior Correctional Program Specialist	MCCS
C	Regina Russell	Auditor	MCCS
D	Howard Perkins	Lieutenant	Howard CDC
E	John Price	Data Management Specialist	DPSCS Headquarters
F	Marcella Conway-Jones	Sergeant	Calvert CDC
G	Angelique Lucas	Sergeant	DRCF
H	Stephen Mack	Hearing Officer	DOC HQ – Adj. Unit
I	Starlyn McMillian	Correctional Officer II	MRDCC
J	Robert Studds	Captain	Charles CDC
K	Eugenia Stepney	Sergeant	SMPRU

3. Assigned Standards:

C, F	.01	Security/Inmate Control	G, K	.05	Inmate Rights
A, B, E, J, K	.02	Inmate Safety	H	.06	Classification
E, J	.03	Inmate Food Services	H	.07	Hearings
D, I	.04	Inmate Housing/Sanitation	G, H	.08	Administrative Record Keeping

4. Team Arrival/Departure Times:

Date: January 10-11, 2017	Team: A-K	Arrival 9:00 a.m.	Departure: 4:30 p.m.
Date: January 12-13, 2017	Team: A-J	Arrival 9:00 a.m.	Departure: 4:30 p.m.

5. Entrance Interview: Date: January 10, 2017 Time: 9:00 a.m.

Audit Team Members Present: A-K

Facility Staff Present: Director Mary Lou McDonough, Deputy Director Corenne Labbe, Division Chief Bill Frazier, Division Chief Stephan Simmons, Division Chief Jeff Logan, Compliance Manager Jonathan Walls (Audit Coordinator) and other invited staff.

6. Tour: 5 Groups Date(s): January 10, 2017 Time: 9:40 a.m. – 12:00 p.m.

Audit Team Members: A and D-K

Escorts: Lieutenant DuCeller, Lieutenant Shelley, Lieutenant Smith, Lieutenant Orr, and Lieutenant Gordon.

7. Inmate Interviews: Date: January 10, 2017 Time: 9:40 a.m. – 11:25 a.m. (F) 10:05 a.m. – 11:15 a.m. (M)

Audit Team Member(s): B (F) and C (M)

Location: ADL Classroom D (F) and Classroom A (M)

Characteristics: Males: 6 Females: 7

8. Staff Interviews:

Characteristics:	Males: 18	Females: 7	Security: 15	Admin: 4
	Medical: 3	Support: 3	Other: 0	

9. Exit Interview: Date: January 13, 2017 Time: 12:00 p.m.

Audit Team Members Present: A-J

Facility Staff Present: Director Mary Lou McDonough, Deputy Director Mark Person, Deputy Director Corenne Labbe, Division Chief Bill Frazier, Division Chief Stephan Simmons, Division Chief Kaaryn Stanford, Division Chief Jeff Logan, Compliance Manager Jonathan Walls (Audit Coordinator) and other invited staff.

Descriptive Outline

- A. FACILITY: Prince George's County Correctional Center
- B. CATEGORY: Adult Detention Center
- C. ADMINISTRATIVE AUTHORITY: Rushern L. Baker III, County Executive
- D. MANAGING OFFICIAL: Mary Lou McDonough, Director
- E. AUDIT COORDINATORS: Jonathan Walls, Compliance Manager, Sgt. Shepherd, Compliance Officer
- F. STAFFING PATTERNS (as of this date): 11/1/16 - C for contractual; PT for part-time

Rank/Title	#Positions	#Pending MCTA	Male	Female	Minorities	Vacancies
1. Administrative Personnel						
	1	0	0	1	0	0
A. Warden/Director/Chief/ Superintendent						
B. Asst/Deputy/Warden/ Director	2	0	1	1	2	0
C. Security Chief	1	0	1	0	0	0
D. Other	1	0	0	1	1	0
2. Security Personnel						
A. Major	2	0	2	0	1	0
B. Captain	5	0	4	1	4	0
C. Lieutenant	20	0	14	6	14	1
D. Sergeant	65	0	42	23	63	4
E. Corporal	267	0	175	92	231	0
F. Private	76	0	49	27	64	51
G. Other	0	0	0	0	0	0

Rank/Title	#Positions	#Pending MCTA	Male	Female	Minorities	Vacancies
3. Treatment Personnel						
A. Counselors/Case Workers/Case Managers	3	0	1	2	3	0
B. Social Workers	0	0	0	0	0	0
C. Psychologists	0	0	0	0	0	0
D. Other	0	0	0	0	0	0
4. Support Personnel						
A. Recreation	1	0	1	0	1	0
B. Chaplains	3C	0	2	1	3	0
C. Cook/Dietary	8	0	1	7	7	1
D. Supply Officer	5	0	4	0	4	1
E. Maintenance	8	0	8	0	6	0
F. Clerical	26	0	0	15	8	11
G. Other	0	0	0	0	0	0
5. Medical Personnel						
A. Physicians	2C	0	1	1	2	0
B. Nurses (R.N., L.P.N)	20C	0	2	18	20	0
C. Physician's Assistants	3C	0	1	2	3	0
D. Nurse Practitioners	0	0	0	0	0	0
E. Dentists	1C	0	1	0	1	0
F. Psychologist	1C	0	0	1	1	0
G. Other (Psychiatrist)	1C	0	1	0	1	0

PROGRAM/SERVICES:

1. Self-Help Activities

	#Participants	Frequency/Schedule
A. Inmate Council	15	Quarterly
B. Substance Abuse Counseling	188	3 x per week
C. Mental Health Counseling/Therapy/ Psychologist/Psychiatrist	130 sessions per year with the Psychiatrist 4 hours per day 5 days per week; there is also a Psychologist 5 days per week; 4 Social Workers 5 days per week; an avg. of 265 inmates are treated per month for mental illness	
D. Alcoholics Anonymous	0	0
E. Narcotics Anonymous	unlimited	2 x per week
F. Religious Services	11,293	7 x per week
G. Adult Education	201 Annually	5 x per week
H. Juvenile Program	102 Annually	7 x per week
I. Health Classes/PIP	715 Annually	4 x per week
J. Barbering	13 Annually	5 x per week
K. Nail Technician	20 Annually	5 x per week
L. Pre-Cosmetology	29 Annually	5 x per week
M. Women's Empowerment	71 Annually	3 x per week
N. Domestic Violence	163 Annually	1 x per week
O. Re-Entry Skills: Job Readiness, Domestic Violence, Men Matters, Financial Literacy	389 Annually	1-2 x per week
P. Community Re-Entry Services	375 Annually	5 days a week
Q. Other	0	0

2. General Privileges

A. Library	Varies	5 days a week
B. Commissary	Varies	1 x weekly
C. Visiting	Varies	2 x weekly
D. Telephone Use	Varies	Unlimited
E. Mail	Varies	Daily delivery and pick-up
F. Exercise:	Indoor	Varies
	Outdoor	Varies
G. Recreation:		
Games	Varies	Unlimited during non-lockdown hours
TV/VCR	Varies	Unlimited during non-lockdown hours
Radios	N/A	N/A
H. Other	N/A	N/A

3. Institutional Programs/Trusty Assignments

	#Participants	Frequency/Schedule
A. Sanitation	15	5 Days per Week
B. Laundry	5	5 Days per Week
C. Kitchen	84 Rotating Sched.	7 Days per Week
D. Special Kitchen Detail	7	7 Days per Week
E. Paint Crew	6	3 Days per Week
F. Dock Workers	4	5 Days per Week
G. Commissary	0	0
H. Other	0	0

Adult Detention Centers

H. <u>INMATE POPULATION</u> (as of):	November 1, 2016	Differences [†]
1. Operating Capacity	1524	0
2. Males	869	-214
3. Females	67	-26
4. Total	936	-231
5. Locally Sentenced	145	-117
6. Awaiting Trial	724	-330
7. Awaiting Pre-Sentencing Investigation	21	-91
8. Awaiting Transfer to Md. Division of Correction	216	177
9. Held for Other Jurisdictions	9	8
10. Out to Other Jurisdictions	18	4
11. Weekenders	18	-15
12. Hospital/Infirmary	14	-11
13. Special Confinement	98	43
a. Disciplinary Detention	55	44
b. Administrative Segregation	17	-3
c. Protective Custody	17	-3
d. Medical Isolation	9	5
14. Work Release	0	0
15. Home Detention	104	-8
a. Pre-Trial	27	-6
b. Sentenced	77	-2
16. Pre-Trial Services	230	-310
17. Inmate Characteristics:		
a. Average Age	27	
b. % of Minorities	90.28%	
c. Predominant Charges/Offenses	Felony	
d. Average Sentence Length	8.4 years	

[†]To be calculated by M.C.C.S.

Physical Plant

The facility is an adult correctional center, with a direct supervision design operating under the unit management concept. The original construction was completed in February 1987 and is located on a sixteen acre fenced parcel of a thirty-five acre tract northwest of the town of Upper Marlboro, Maryland.

Entry into the facility for staff and visitors is controlled at the Reception Center Building which is located on the outer perimeter and adjacent to a large visitor/staff parking area. This building also houses the Armory, the Locksmith Room, a Regional Processing site and the District Court Commissioner. A perimeter sally port provides controlled access for inmate transports and routine delivery of supplies. A bi-level loop corridor provides access to all housing units and activity areas, including the upper level for visitors and the lower level for staff and inmate movement. Within the loop are several administrative offices, classrooms, a library, gymnasium, a recently expanded medical unit, a barber styling school, recently expanded staff dining/lounge area, and open courtyard for staff use. In addition, there is a large and extremely busy inmate intake area, an inmate finance office, an on-site courtroom and a staff training area. Program staff offices are located on the exterior of the corridors. The intake/processing area was recently renovated and expanded and now serves as the County's Central Booking Facility with an on-site District Court Commissioner's Office, staffed 24 hours, seven days a week.

A new Administration Building officially opened in March 2005 as part of the jail expansion project. This new building is located adjacent to the Reception Center and requires entry by access card only. On the upper level of the facility, the Central Control Room has also been recently renovated and equipped with new touch screen control panels, additional cameras in the facility (corridors) and a new centralized fire alarm system. This sophisticated electronic security control and monitoring system includes camera monitors for both internal and external video surveillance, monitors for perimeter intrusion detection devices, emergency telephones, a fire enunciator board and a myriad of doors and centralized communications controls. The basement level contains the kitchen, the laundry, inmate property storage, two supply rooms, a commissary and a loading dock.

The inmate housing area consists of sixteen separate units with a seven-pod configuration. Two of these units were added in November of 2001. Each housing unit consists of two levels (22 cells on level one and 26 cells on level two, with the exception of housing units 4A, 4B, 11A, and 11B, which are one level and have 24 cells each). All of the seventy square foot cells in the general housing units contain porcelain toilets and wash basin fixtures. A fixed steel desk, stool, mirror and bookshelf, wall mounted steel bed(s) and a non-opening window are standard features in these cells. Steel cell doors are the swinging type with view windows and food passes in the general housing units. In the segregation units, doors are of heavier gauge steel construction and have lockable food passes and stainless steel combination basin/toilet/fountain accommodations.

All general housing units have carpeted dayroom areas on the lower levels and include a safety vestibule entry area, a number of interview/counseling rooms, supply rooms, exposed officer control station, six fixed butcher block dining tables with four seats each and several collect call only telephones. Both levels (1987 construction) have three centralized showers with privacy screening and a centrally located television with cable access on both levels. The two new housing units (November 2001) have six centralized showers on each level. An enclosed outdoor recreation yard is attached on the perimeter of each housing unit with the exception of housing units 4A, 4B, 11A, and 11B, which share recreation yards through scheduling. Each unit has three non-contact visiting booths for general visits and one contact visiting booth for professional visits located on the upper level of each housing unit. The two newer units have five non-contact and one contact visiting booth(s).

The inmate central processing area is the point of entry for all male and female inmates. This area has one large court holding cell, four smaller holding and observation cells, two search rooms, and an open seating area for new detainees who are waiting to be processed. A bank of free (local call only) telephones are located in the seating area for new detainees to use to arrange bond. This area is observed by officers stationed in an elevated work station in front of the seating area and cells. Adjacent to the Processing/Intake Area is the area occupied by the District Court Commissioners.

Some of the housing units are identified for special purposes. H-5 houses segregation inmates and H-6 houses high risk inmates. These are the only units with an enclosed control center for added security by virtue of its own safety vestibule on the lower corridor. H-3 which is a sub-divided unit houses all classifications of female inmates. H-12 serves as initial housing for males pending classification. H-7 is used for inmate workers. H-11A is designated for juveniles. H-11B is designated as medical/mental health housing. H-4A houses inmates participating in the drug treatment program and H-4B houses male inmates involved in educational programs. The remainder of the units house general/medium security inmates.

The recently expanded/renovated Medical Unit contains eight male isolation rooms with an eleven bed ward and four female isolation rooms with a four bed ward. All inmate housing areas in the infirmary are observed 24 hours a day by a correctional officer as well as being monitored by video. The building maintenance room, boiler room and automotive technician shop are located on the ground level with access for inmate participants gained by a basement control center adjacent to the supply delivery dock area.

The perimeter is secured by a double fence with inner loop topped with razor ribbon. Motion detectors, camera surveillance and a paved road which is patrolled 24 hours a day by a vehicle with an armed K-9 officer provide perimeter security. Directly outside the perimeter, adjacent to the sally port is the methane gas generation plant, which is the main power source for the facility. Should power be interrupted, the system automatically switches over to power from a private provider. If both sources of power are unavailable, a two megawatt generator capable of powering the entire physical plant will activate.

Contemporary and modern fire safety devices, including fire alarms, smoke detectors, a smoke evacuation system, sprinklers, extinguishers, non-combustible materials along with several means of egress, and strategically placed emergency lights and posted evacuation routes combine to ensure adequate fire safety. Also, individual and housing unit emergency response devices provide additional security for staff throughout the complex.

The grounds are moderately landscaped. The facility utilizes 65 vehicles (including automobiles, 8 transport vehicles - including 1 handicap accessible transport van, 6 transport wagons and 1 sedan, 4 work detail vans, 9 K-9 vehicles, 2 pickup trucks, 2 utility trailers and a tractor).

Significant Changes

A. Staffing

Current staffing levels – Sworn 493 – vacancies – 60; Civilian 152 – vacancies - 50

In past years, Prince George's County suffered the economic recession as the nation, therefore, requiring its agencies to operate on a maintenance budget. As a result, in FY 16, the Department of Corrections was unable to fill any sworn vacancies and not allowed to have an entry-level training academy. At the time, the Department experienced an attrition-rate of 3 per month for a total of 36 vacancies per year. In FY 17, the Department has been approved to host three (3) entry-level training academies for a total of 105 positions; however, due to the attrition-rate and the number of existing vacancies the department will not reach its authorized sworn complement. On the civilian side, the department was funded 35 of its 50 vacancies. For the projected FY 18 budget, the County has seen a slight increase in its revenue stream allowing agencies to include cost-of-living and merits to salaries, however, overall operating budget must remain at a maintenance level. The Department of Corrections has again requested three entry-level training classes and funding for its remaining 15 vacancies.

B. Programs/Services

- 1) **A New Leash on Life** the Department of Environment (Animal Management Group) will provide on the job training to program participants in the area of animal care and husbandry. Participants will feed, water, groom, bathe, and exercise animals. They will clean, disinfect, and prepare cages for incoming animals. Animal Caretakers will also play with the animals, provide companionship, and observe behavioral changes that could indicate illness or injury. (sentenced population only)
- 2) **Thinking for a Change** is a psycho-social-educational program that uses principles of cognitive behavior therapy to help participants explore how their thoughts, feelings, and core beliefs impact their behavior. The program also includes instruction on strengthening social skills and applying problem-solving skills. Inmates who participate in the program attend two classes per week for twelve weeks and receive diminution credit.
- 3) **Job Readiness** provides inmates with pre-employment skills that will enable them to be successful in the workforce. The curriculum includes instruction on the following topics: preparing to enter the workforce; communication skills; interpersonal skills; life-management skills; decision-making skills; and customer service skills. Inmates who participate in the program attend two classes per week for six weeks and receive diminution credit.
- 4) **Financial Literacy** provides returning citizens with basic money management skills and governmental obligations. The curriculum includes instruction on the following topics: understanding paychecks; money management; spending and saving; banking; and IRS facts. Inmates who participate in the program attend two classes per week for six weeks and receive diminution credit.
- 5) **The Men Matters** program prepares men for a successful re-entry into the community. Inmates in the program receive weekly instruction on ways to develop successful character attributes, as well as short-term and long-term goals. The program is facilitated by a community volunteer and is offered to the inmate population from July through November.
- 6) **The Returning Fathers** program helps incarcerated fathers understand the effects of incarceration and loss on their children. The program is facilitated by the Department of Family Science at the University of Maryland College Park. In addition, participants are provided with referrals to the Center for Healthy Families (at the University of Maryland College Park) where they can continue treatment upon release to the community. The program also has a research study component that

- 7) specifically examines the re-entry experiences of African American fathers between the ages of 18 and 31.
- 8) **Parenting Skills** This program is based on the Inside Out Dad evidenced-based curriculum. It is the only evidence-based parenting program specifically designed for incarcerated fathers. It helps incarcerated fathers turn their lives around by helping them to create, reconcile, and maintain relationships with their children and family before release and helps them to plan how to nurture those relationships post-release. This is an 8-session group
- 9) **The Re-Entry Pre-Release class** provides accessible, relevant content supporting the full range of reentry challenges. It builds preparedness with practice activities that include real-life scenarios and examples. This is a 15-session group
- 10) **Sexual Health and Recovery** (SHIR) offers men and women in addiction recovery the opportunity to identify their sexual behavior linked with drug and/or alcohol use is often the primary reason for relapse. When sexuality is not directly and positively addressed in drug and alcohol treatment, it can result in treatment failure.
- 11) **Substance Abuse-Men's-Trauma Recovery and Empowerment Model (SA-M-TREM)**
SA-M-TREM is a fully manualized group-based intervention designed to facilitate trauma recovery among men with histories of exposure to trauma. Drawing on cognitive restructuring, psych educational, and skills-training techniques, the 24 session group emphasizes the development of coping skills and social support. It addresses both short-term and long-term consequences of violent victimization, including mental health symptoms, especially posttraumatic stress disorder (PTSD) and depression, and substance abuse.
- 12) **Training Grounds** This program provides training and supportive services to participants interested in becoming self-sufficient and obtaining a living-wage career. The program is committed to helping its participants identify personal barriers and develop professional skills that employers are looking for. The program help train participants to work in a brand new industry, and will prepare them for successful entry into the workforce. This program is a multi-faceted program. Its first phase is offered during incarceration. Upon successful completion of Phase I, participants are encouraged to enroll and complete Phase II in the community.

Inmate Population

The average daily population (ADP) has decreased from approximately 1100 detainees/inmates to approximately 970 since the last audit. There are two main contributing factors that have led to the decreased ADP. The first contributing factor is the Bail Reform Act. Since the Bail Reform Act was introduced during 2014, it has contributed to the decrease of the ADP because it established mandatory legal representation for all newly arrested/detained individuals, prior to them being presented before a Commissioner. This implementation, of this piece of legislation, has led to more individuals receiving reduced bail bonds and or personal recognizance instead of the arrestee being committed to the PGCDOC. The second contributing factor that has led to the ADP reduction is the decriminalization of certain misdemeanors throughout the State of Maryland. Specifically, the decriminalization of the possession of marijuana charge, in limited and specified quantities, has led to more initial releases of individuals instead of the individual being committed to the PGCDOC, also.

C. Physical Plant

1. The new kitchen was opened August 2014
2. A new conveyor belt for inmate property was installed in January 2015
3. The basement was remodeled in 2015, which included a new laundry room, expanded storage space for inmate property and supplies, and expanded warehouse storage

4. Housing unit renovations have begun. Housing units 7 and 8 have been completed. Housing units 9 and 10 are next. Renovations include painting of entire unit, reconditioned floors, stainless steel toilets, new dayroom lighting, new table tops and stools (tables have game designs for checkers, backgammon etc.) and outside recreation will have designed court areas for basketball and handball.

D. Major Equipment Purchases

1. Kitchen equipment to include freezers, refrigerators, ovens, and tray washer
2. Two transport vans
3. Property Bag Conveyor Belt
4. Fingerprint scanner (Morpho Track)
5. Body Cams for all Emergency Response Team members
6. Washers and dryers

E. Future Plans

1. Housing unit renovations are projected to be completed by Spring/2019
2. There are plans to renovate the Medical Unit. Infirmary and isolation cell capacities will be doubled. A second floor will be added for administrative offices. The projected date to break ground is Fall/2017
3. There are plans to add on to the administrative building to create a separate entrance and exit for employees. Also, as a part of that project, our Central Control will be relocated to the administrative wing. The Central Control will be increased in size due to the expansion of the Department's surveillance program. The project is slated to begin in 2019.



March 20, 2018

Elizabeth Coker-Nnam, LCPC
clinical Supervisor
Prince George's County Corrections Dept
13400 Dille Drive
Upper Marlboro , MD 20772

Joint Commission ID #: 614711
Program: Behavioral Health Care Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 3/20/2018

Dear Ms. Coker-Nnam:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual noted below:

- **Comprehensive Accreditation Manual for Behavioral Health Care**

This accreditation cycle is effective beginning January 19, 2018 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations



Final Accreditation Report

**Prince George's County Corrections Dept
13400 Dille Drive
Upper Marlboro, MD 20772**

**Organization Identification Number: 614711
60-day Evidence of Standards Compliance Submitted: 3/19/2018**

ESC Programs Reviewed Behavioral Health

The Joint Commission

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The Joint Commission Executive Summary

Program	Submit Date	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Behavioral Health	3/19/2018	No Requirements for Improvement	None	None

The Joint Commission Requirements for Improvement Summary

Program: Behavioral Health

Standard	Level of Compliance
CTS.02.01.09	Compliant
CTS.02.02.05	Compliant
CTS.04.01.03	Compliant
EC.02.05.01	Compliant
LD.01.03.01	Compliant
MM.01.02.01	Compliant

The Joint Commission

Appendix

Standard and EP Text

Program: Behavioral Health

Standard	EP	Standard Text	EP Text
CTS.02.01.09	1	The organization screens all individuals served for physical pain.	The organization screens all individuals served to identify those for whom a physical pain assessment is indicated. (Refer to CTS.02.01.03 through CTS.02.01.07 for more information)
CTS.02.02.05	2	The organization identifies individuals served who may have experienced trauma, abuse, neglect, or exploitation.	The organization identifies individuals who may have experienced trauma, abuse, neglect, or exploitation during initial screening and assessment and on an ongoing basis.
CTS.04.01.03	2	The individual served receives education and training specific to the individual's needs and abilities consistent with the care, treatment, or services provided. Note: This standard does not apply to academic education.	The assessment of learning needs addresses the individual's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication.
EC.02.05.01	10	The organization manages risks associated with its utility systems.	The organization has written procedures for responding to utility system disruptions.
LD.01.03.01	5	Governance is ultimately accountable for the safety and quality of care, treatment, or services.	Governance provides for the resources needed to maintain safe, quality care, treatment, or services.
MM.01.02.01	1	The organization addresses the safe use of look-alike/sound-alike medications.	The organization develops a list of look-alike/sound-alike medications it stores, dispenses, or administers. Note 1: One source of look-alike/sound-alike medications is The Institute for Safe Medication Practices (http://www.ismp.org/Tools/confuseddrugnames.pdf). Note 2: This element of performance is also applicable to sample medications.