



Department of Public Safety and Correctional Services

Maryland Commission on Correctional Standards

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PATUXENT INSTITUTION

AUDIT REPORT

MARCH 28, 2024

An on-site audit of the Patuxent Institution (PATX) was conducted on June 13-15, 2023 by Commission staff and six Duly Authorized Inspectors. This Final Report and attached Compliance Plan were approved by the Commission on Correctional Standards at its virtual meeting on March 28, 2024.

SUMMARY

The Patuxent Institution is located in Jessup, Maryland and provides housing for maximum security inmates, male and female, sentenced to the Division of Correction. The facility comes under the authority of Director Erin B. Shaffer, Psych. and is managed daily by Warden Paige C. Jones.

AUDIT RESULTS

After a thorough review of the required documentation, the Patuxent Institution was found to be in compliance with the majority of the standards for an Adult Correctional Institution. The identified deficiencies are listed below:

- **Records were not available for the monthly inspection and inventory of security equipment for Patuxent Institution for Women during the audit period of July 2020 – October 2021, as required by the standard.**
- **Records of the daily inventories of tools located at PIW from July 2020 – June 2023 and Sanitation from August 2021-June 2023 and records of the issue and return of tools located at PIW were not available for October 2020, December 2020, and January 2021-October 2021, as required by the standard.**

- **A fire safety inspection was not conducted in 2021 by the Maryland State Fire Marshal. During the Maryland State Fire Marshal fire safety inspection on September 9, 2022 numerous deficiencies to include multiple inoperable alarms and sprinkler systems were noted.**
- **An annual comprehensive health inspection was not conducted in 2022 for the Patuxent Institution's kitchens and there was no communication with the health department concerning the annual comprehensive health inspection during this period, as required by the standard.**
- **Records were not available to demonstrate the provisions and issuance of indigent kits and menstrual hygiene articles to the inmate population during the audit period of July 2020 – June 2023 and records were not available for the inventories of menstrual hygiene articles during the audit period of July 2022 – June 2023, as required by the standard.**
- **Records were not available of the annual reviews of official publications for July 2020 - June 2023, and Post Orders for January 2022 – June 2023, as required by the standard.**

AUDIT PROCESS

The Remote Audit Process was initiated, and the facility provided compliance documentation, and the pre-audit packet for remote review by the auditors. The facility utilized the MCCS U drive and the PATX restrictive folder to facilitate the remote audit process. The audit coordination team and the auditors were able to conduct remote inventories and activities, during this period, except in areas with no network connectivity. The audit coordination team demonstrated a high level of organization of documents within the PATX restrictive folder and those provided on-site. The on-site audit documentation was exemplary in the area of organization and efficiency which assisted in the process of identifying, retrieving and reviewing compliance documentation. Primary and secondary documentation was provided in the audit coordinator's office, the audit storage area, the conference room and in specific areas where the function occurred. During the on-site audit, the administration and staff were available to assist and address questions for the auditors. After the on-site portion of the audit, there was minimal documentation required to assess compliance with a specific standard. The facility has added some technology equipment to assist the audit coordination team with documentation which has shown improvement in their preparation with the remote audit process.

FACILITY TOUR

The facility tour was conducted by five groups of auditors and staff. The physical plant was observed to be in good condition on the days of the audit. However, there were maintenance issues that required attention. The majority of the maintenance and sanitation issues were addressed in a corrective action plan submitted by management. However, the majority of the cited areas required a work order and/or requisition. There were some maintenance issues that required additional time to repair and work orders were submitted, such as, at the Gatehouse, the control doors were not operating and were manually manned by staff; in the PIW Tier 2, Cell 10 had a missing toilet and sink; on Tier – 4, the two telephones needed repair; in the DD Building D1, a dryer is needed, in D2, a washer is needed, and there were three telephones in need of repair, the dayroom lights need to be replaced; in E1, one phone needs repair; in E2, the dayroom lights need to be replaced; in the School Auditorium, the intake vent is missing a grate, and in the inmate restroom, the ceiling is in need of repair, Rooms A101 and A102, the lightbulbs need to be replaced, in Rooms 112 and 114, the doorknobs need to be replaced; in the Clothing Room, the urinal needs to be replaced; in the Visiting Room, the Men's bathroom door handle needs repair; in DC Building M4, the lights need to be replaced on the officer's post and in the sanitation closet; in DC Building L3, two lights need to be replaced, and a shower curtain needs to be provided; and in DC Building M1, the shower is not operable. Based on the age, size and level of activity of the facility, the facility has been able to demonstrate significant sanitation practices. The grounds were well groomed and exemplified an earnest effort and commitment by staff and inmates.

MANAGING FOR RESULTS

The Department of Public Safety and Correctional Services (DPSCS) Managing for Results (MFR) initiative includes specific core objectives that address compliance with the minimum standards for places of adult confinement. The results of these objectives are outlined below:

- **Percent of applicable inmate security standards met** **88%**
- **Percent of applicable inmate well-being standards met**
 - Medical, Dental and Mental Health **100%**
 - Food Service **90%**
 - Housing and Sanitation **88%**

The compliance results are incorporated as a part of this audit report for the Department of Public Safety and Correctional Services 2023 fiscal year reporting requirements for MFR.

CONCLUSION

The Maryland Commission on Correctional Standards will conduct a **monitoring review** of the documentation required to be submitted to MCCA, no later than **Friday, October 11, 2024**, to assess compliance with the six standards found in noncompliance, at the audit. Upon completion of the assessment of the noncompliant standards, the Patuxent Institution may be recommended for the Recognition of Achievement Award.

In conclusion, the Patuxent Institution has dedicated staff who are committed to the success of the institution. They display pride in their work and ensuring that the facility is operating in accordance with the standards, which are an integral tool for managing the daily operations of the facility. The Department of Public Safety and Correctional Services is encouraged to continue to provide the support and resources necessary to the Patuxent Institution to achieve and maintain compliance with the standards.

PATUXENT INSTITUTION

COMPLIANCE PLAN

COMPLIANCE DUE DATE: October 1, 2024

MONITORING REVIEW DATE: October 11, 2024

Non-Compliance Standards	Deficiencies Noted	Corrective Action Needed
.01 E (3) Security Equipment	Records were not available for the monthly inspection and inventory of security equipment for Patuxent Institution for Women during the audit period of July 2020 – October 2021, as required by the standard.	Monthly inspections and inventories of all security equipment within the institution must be conducted and documentation must be maintained for the audit period, as required by the standard.
.01 L (3, 5) Tool Control	Records of the daily inventories of tools located at PIW from July 2020 – June 2023 and Sanitation from August 2021-June 2023 and records of the issue and return of tools located at PIW were not available for October 2020, December 2020, and January 2021-October 2021, as required by the standard.	Daily inventories and the issue and return of tools must be conducted and the documentation must be maintained for all tools within the facility for the entire audit period, as required by the standard.
.02 A Fire Safety Inspections	A fire safety inspection was not conducted in 2021 by the Maryland State Fire Marshal. During the Maryland State Fire Marshal fire safety inspection on September 9, 2022 numerous deficiencies to include multiple inoperable alarms and sprinkler systems were noted.	The facility must meet all fire safety codes and regulations, in accordance with COMAR 12.13.03.03, as verified by an annual inspection, which are to be implemented at 12 month intervals to ensure compliance, by the State Fire Marshal.

PATUXENT INSTITUTION

COMPLIANCE PLAN

COMPLIANCE DUE DATE: October 1, 2024

MONITORING REVIEW DATE: October 11, 2024

Non-Compliance Standards	Deficiencies Noted	Corrective Action Needed
.03 C Health Inspection	An annual comprehensive health inspection was not conducted in 2022 for the Patuxent Institution’s kitchens and there was no communication with the health department concerning the annual comprehensive health inspection during this period, as required by the standard.	The food service operation must be licensed and meet state sanitation and health regulations, in accordance with COMAR 10.15.03, as verified by an annual comprehensive health inspection by the health department, as required by the standard.
.04 E (1, 3, 5) Personal Hygiene Articles	Records were not available to demonstrate the provisions and issuance of indigent kits and menstrual hygiene articles to the inmate population during the audit period of July 2020 – June 2023 and records were not available for the inventories of menstrual hygiene articles during the audit period of July 2022 – June 2023, as required by the standard.	Personal hygiene articles, indigent kits and menstrual hygiene articles, must be provided upon admission and routinely thereafter, menstrual hygiene products are issued at admission at no cost to female inmates, an inventory of the menstrual hygiene products must conducted and all records must be maintained, as required by the standard.
.08 D Annual Reviews of Official Publications	Records were not available to for annual reviews of official publications for 7/2020 - 6/2023, and Post Orders for January 2022 – June 2023, as required by the standard.	Annual reviews of policies, procedures, post orders, inmate orientation materials, operating manual and other official publications must be annually reviewed and recorded to determine current application and utility, as required by the standard.

Audit Activities

1. Facility:

Patuxent Institution

Date(s):

June 13-15, 2023

2. Audit Team Members:

Code	Name	Title/Rank	Affiliation
A	Veronica Moore	Executive Director/ATL	MCCS
B	Tanya Joyner	Assistant Executive Director	MCCS
C	Brian Raivel	Correctional Program Specialist	MCCS
D	LaShawn Payton-Muhammad	Auditor	MCCS
E	Tareda Armwood-Faison	Officer/Auditor	MCCS
F	Michelle Johnson	Officer	BCCC
G	Angelique Lucas	Lieutenant	DRCF
H	Ashley Wright	Officer	YDC
I	Chinelo Ukpelegbu	Lieutenant	MCIJ
J	Tashawna Dove	Correctional Program Specialist I	BCBIC
K	Jason Clise (R)	Correctional Program Specialist II	WCI

3. Assigned Standards:

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

4. Team Arrival/Departure Times:

Date: June 13-15, 2023 Team: A-J Arrival: 9:00 a.m. Departure: 4:30 p.m.

5. Entrance Interview:

Date: June 7, 2023

Time: 11:30 a.m. via Google Meet

Audit Team Members Present: A-E and I - K

Facility Staff Present: Dr. (Director) Erin Shaffer, Assistant Warden Kimberly Stewart, Sergeant Brittany Green, Sergeant Natasha Butler, Officer Ian Simmons and Officer Alycia Golson (Audit Coordinators).

6. Tour: 5 Groups

Date: June 13, 2023

Time: 9:30 a.m. – 12:15 p.m.

Audit Team Members: A-J

Escorts: Officer Ogboye, Sergeant Rouse, Officer Butler, Officer Golson, and Officer Donnor.

7. Inmate Interviews:

Date: May 30, 2023 (F/M)

Time: 10:50 a.m. – 11:11 a.m. (F)

Audit Team Member: D (F), E (M)

10:30 a.m. – 10:49 a.m. (M)

Characteristics:

Males: 6

Females: 4

Location: Remote Google Meet (F/M)

8. Staff Interviews:

Characteristics: Males: 15 Females: 12

Security: 17 Admin: 3 Medical: 3 Support: 3 Other: 1

9. Exit Interview:

Date: June 29, 2023

Time: 10:30 a.m. via Google Meet

Audit Team Members Present: A-E and I - K

Facility Staff Present: Dr. (Director) Erin Shaffer, Warden Paige Jones, Assistant Warden Kimberly Stewart, Sergeant Brittany Green, Sergeant Natasha Butler, Officer Ian Simmons and Officer Alycia Golson (Audit Coordinators).

10. Comments: Correctional Program Specialist II Jason Clise, WCI, conducted the audit remotely.

Audit Report (Cont'd)

Descriptive Outline

- A. FACILITY: Patuxent Institution
- B. CATEGORY: Maximum Security
- C. ADMINISTRATIVE AUTHORITY: Director Erin Shaffer
- D. MANAGING OFFICIAL: Paige C. Jones, Warden
- E. AUDIT COORDINATORS: Sergeant Brittany Green and Officer Ian Simmons
- F. STAFFING PATTERNS (as of this date): 5/22/23 for contractual; PT for part-time

Rank/Title	#Positions	#Pending MCTA	Male	Female	Minorities	Vacancies
1. Administrative Personnel						
A. Warden/Director/Chief/ Superintendent	1	0	1	0	1	0
B. Asst/Deputy/Warden/ Director	1	0	0	1	0	0
C. Security Chief	1	0	0	1	1	0
D. Other	0	0	0	0	0	0
2. Security Personnel						
A. Major	4	0	3	0	3	1
B. Captain	12	0	5	7	11	0
C. Lieutenant	21	0	8	8	15	5
D. Sergeant	40	0	24	8	31	8
E. Corporal	289	0	155	81	230	53
F. Private	0	0	0	0	0	0
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	11	0	3	8	7	3
B. Social Workers	9	0	1	7	3	1
C. Psychologists	8	1	1	3	3	4
D. Other	20	1	2	11	6	7
4. Support Personnel						
A. Recreation	1	0	1	0	1	0
B. Chaplains	1	0	1	0	0	0
C. Cook/Dietary	4	0	6	5	11	3
D. Supply Officer	5	0	3	2	4	0
E. Maintenance	5	0	2	0	0	3
F. Clerical	5	0	1	4	2	0
G. Other	0	0	0	0	0	0
5. Medical Personnel						
A. Physicians	2	0	1	1	2	0
B. Nurses (R.N., L.P.N)	22	0	5	17	20	0
C. Physician's Assistants	1	0	1	0	1	0
D. Nurse Practitioners	2	0	1	1	2	0
E. Dentists	1	0	1	0	1	0
F. Other	5	0	1	4	5	0

G. PROGRAM/SERVICES:

1. Self-Help Activities	#Participants	Frequency/Schedule
A. Inmate Council	0	0
B. Substance Abuse Counseling	0	0
C. Mental Health Counseling/Therapy/ Psychologist/Psychiatrist	148	2 or more / weekly
D. Alcoholics Anonymous	18	Every Thursday
E. Narcotics Anonymous	28	Every Monday
F. Religious Services	385	Once Weekly
G. Other	0	0
2. General Privileges		
A. Library	All Inmates	Twice Weekly
B. Commissary	All Inmates	Once Weekly
C. Visiting	All Inmates	Twice Weekly / 2 hours max total
D. Telephone Use	All Inmates	30 minutes per shift
E. Mail	All Inmates	Weekly / No Weekends
F. Exercise:	Indoor	Daily
	Outdoor	Weekdays / No Weekends
G. Recreation:		
Games	All Inmates	Twice Daily / Dayroom Recreation
TV/VCR	All Inmates	Twice Daily / Dayroom Recreation
Radios	0	0
H. Other	0	0
3. Institutional Programs/Trusty Assignments	#Participants	Frequency/Schedule
A. Sanitation	64	6 Working days / 1 off day
B. Laundry	19	6 Working days / 1 off day
C. Kitchen	72	6 Working days / 1 off day
D. Commissary	All Inmates	Once Weekly
E. Other	0	0
4. Off-Site Programs/Work Crews	#Participants	Frequency/Schedule
	N/A	N/A

Adult Correctional Institutions

H. <u>INMATE POPULATION (as of):</u>	Month 05/2023	Differences†
1. Operating Capacity	<u>1330</u>	<u>0</u>
2. Current Total	<u>607</u>	<u>-157</u>
3. Maximum Custody	<u>81</u>	<u>5</u>
4. Medium Custody	<u>508</u>	<u>-113</u>
5. Minimum Custody	<u>15</u>	<u>-38</u>
6. Pre-Release Custody	<u>3</u>	<u>-26</u>
7. Held for Other Jurisdictions	<u>0</u>	<u>-9</u>
8. Out of Other Jurisdictions	<u>0</u>	<u>-3</u>
9. Special Confinement	<u>19</u>	<u>-57</u>
a. Disciplinary Detention	<u>13</u>	<u>-7</u>
b. Administrative Segregation	<u>6</u>	<u>-49</u>
c. Protective Custody	<u>0</u>	<u>0</u>
d. Medical Isolation	<u>0</u>	<u>-1</u>
10. Hospital/Infirmary	JRH (2) / CTP (6)	<u>0/3</u>
11. Inmate Characteristics:		
a. Average Age	<u>Male – 38.1 Female 40.5</u>	
b. % of Minorities	<u>Black – 76.44% (males) / 23.53% (females)</u> <u>White – 22.71% (males) / 76.47% (females)</u> <u>Indian – .34% (males) / 0% (females)</u> <u>Asian - .51% (males) / 0% (females)</u>	
c. Predominant Charges/Offenses	<u>Homicide, Assault, Robbery</u>	
d. Average Sentence Length	<u>Male 113.6 years Female 102.9</u>	
12. Work Release	0	

†To be calculated by M.C.C.S.

Significant Changes

A. Staffing

1. Over the last few years the staffing level have been negatively impacted. Each department in the Patuxent Institution has vacancies, however, during this year the number of vacancies have improved. Currently, custody has a total of 67 vacancies. The other departments have been outlined in the information above.

B. Programs/Services

1. ROTC program is still on hold. The Patuxent statutory programs and school remain in effect.

C. Inmate Population

1. Patuxent Institution no longer have the Parole Violator Program which has drastically cut down on how many inmates we are receiving and releasing at the Patuxent Institution.

D. Physical Plant

1. The Patuxent Institution is very old and in need of a lot of care. Much of our future plans involve the repairs of many areas of the facility.

E. Major Equipment Purchases

1. There was a camera system installed in PIW
2. 3 Boilers
3. 2 Water Heaters
4. Perimeter Lights
5. Ice Machine waiting for installation

F. Future Plans

1. Replace and install additional video cameras
2. Replace the elevators (DC and Admin Levels)
3. Repair roof in school area
4. Developing special training for the officer working in the mental health areas
5. Looking at Unit Management
6. New Institution Roads (Asphalt)
7. Increase the number of volunteer programs
8. Reinstate many of the institution practices that were lost regarding the EP and Youth programs