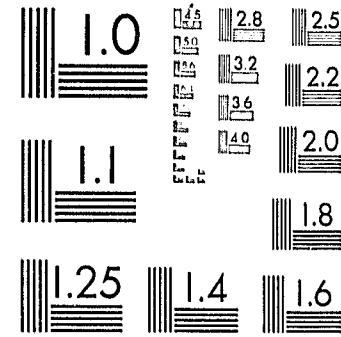


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MARYLAND CORRECTIONAL STANDARDS
ACCREDITATION PROJECT (CSAP)

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MARYLAND CORRECTIONAL STANDARDS ACCREDITATION

PROJECT (CSAP)

GRANT # 78 ED AX 0144

FINAL REPORT

AUGUST, 1980

NCJRS
APR 9 1981
ACQUISITION

PREPARED BY
PAUL S. HASTMANN

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FOREWORD

The Correctional Standards Accreditation Program (CSAP) was developed during FY 78 by the Law Enforcement Assistance Administration to accomplish the following objectives: to test the procedures and the process of accreditation of the Commission on Accreditation for Corrections, focusing on statewide correctional systems, to demonstrate that a wide range of improvements in correctional services and facilities can be achieved through a systematic procedure of standards implementation, and to improve, upgrade, and revise the standards of the American Correctional Association.

This discretionary grant program solicited applications from state correctional authorities interested in obtaining support for system wide accreditation activities. Each state selected received funds to support a Standards Management Team (SMT). In order to provide broad based participation, the program included six states which received technical assistance in standards implementation and cost analysis (demonstration sites), and six states for which support was limited to funding of a Standards Management Team (control sites). The twelve states were selected on the basis of geography, general population, inmate population, and the number of personnel in the system. The states selected for the project were: Arizona, Colorado, Connecticut, Iowa, Louisiana, Maine, Maryland, Massachusetts, Minnesota, New Jersey and Vermont. Nevada was originally chosen, but withdrew very early in the project.

The Correctional Standards Accreditation Program had two phases. The emphasis in Phase I was on the implementation of standards that had no significant fiscal impact. Phase II included implementation of standards requiring funding support in order to achieve full accreditation. The key assumption underlying the program was that technical and financial resources would provide the necessary incentive for state correctional agencies to enter an otherwise voluntary process and ultimately to implement advanced correctional practices through uniform standards developed by the profession and generally accepted and recognized by the field of corrections.

Applicant (6/78 - 10/78)

In the summer of 1978, preliminary contacts were initiated by the previous administration, primarily by W. Donald Pointer, Deputy Secretary, with the Law Enforcement Assistance Administration and the Commission on Accreditation for Corrections formally expressing interest in the correctional standards movement and the new concept of correctional accreditation. Maryland, however, had been involved in the incipient stages of the development of the Commission on Accreditation for Corrections standards through the participation of the Maryland Correctional Training Center in the field testing of the Manual of Standards for Adult Correctional Institutions, and the involvement of W. Donald Pointer as a member of the American Correctional Association's Committee on Standards and Accreditation.

The pursuit of nationally recognized correctional standards and accreditation was strongly endorsed by the Department's agency heads as being vital to the upgrading and strengthening of our organization, administration, and management of the resources and programs within our Department. The administration recognized that, due to the immediacy of daily operations and management by crisis, the opportunity for an objective self-evaluation was difficult. In addition, the resources for an internal evaluation system for the correctional agencies and facilities within the Department of Public Safety and Correctional Services, with the exception of the Jail Programming and Inspection Officer, were inadequate. Consequently, the administration opted to actively pursue participation in the Law Enforcement Assistance Administration's Correctional Standards Accreditation Project.

Negotiations and the development of a grant proposal took place in 7/78. The Governor's Commission on Law Enforcement and the Administration of Justice as well as the Department of Planning were involved in the review of the proposal. There was some initial concern over the level of staff support requested as well as some confusion over the accreditation process. However, all questions and differences were alleviated and the proposal was endorsed by the Governor's Commission on Law Enforcement and the Administration of Justice and the Secretary of Planning. The administration originally wanted to include in the project the Montgomery County Pre-Release Center, Threshold, Inc., and Dismas House, Inc. (contract halfway houses); however, the request was denied by the Law Enforcement Assistance Administration because the Correctional Standards Accreditation Program involved only agencies and facilities within the purview of the State correctional system.

On 7/26/78, a formal application for discretionary funds was forwarded to the Law Enforcement Assistance Administration. The project would involve all seven of the adult correctional institutions, all nine of the pre-release units, the Parole Commission, all of the Parole and Probation field offices, and Patuxent Institution. On 10/11/78, a grant in the amount of \$104,386 was awarded to Maryland as one of eleven states participating in Phase I of the Correctional Standards Accreditation Program. The grant was to be executed by the Department of Public Safety and Correctional Services and monitored by the Governor's Commission on Law Enforcement and the Administration of Justice.

Correspondent Status (10/78 - 8/79)

By the grant award, the Commission on Accreditation for Corrections officially accepted our application, thereby placing Maryland in Correspondent Status, a phase that continued until the submission and approval of the Self-Evaluation Report. The grant made provisions for the payment by the Law Enforcement Assistance Administration of all application charges, the Commission on Accreditation for Corrections consultant fees, Standards Management Team personnel, travel expenses, supplies, equipment, rent for office space, as well as telephone, postage, and photostatting services. On October 18, 1978, the Department of Public Safety and Correctional Services officially accepted the grant award and special conditions.

On November 6, 1978, the Deputy Secretary of Correctional Services, W. Donald Pointer, established the Policy Committee comprised of the Commissioner of Corrections, the Director of Patuxent Institution, the Assistant Executive Director of the Correctional Training Academy, the Director of Parole and Probation, the Chairman of the Parole Commission, and the Executive Director of the Inmate Grievance Commission to be chaired by the Deputy Secretary. The major responsibilities of the Policy Committee were: to act in an advisory capacity to the Deputy Secretary, to insure agency cooperation and coordination regarding the standards and accreditation project, to provide guidance to the Standards Management Team in standards interpretation and implementation, to review the Self-Evaluation Report before submission to the Commission on Accreditation for Corrections, and to monitor the activities of the Standards Management Team. Meetings of the Committee would be held as deemed appropriate throughout the accreditation process.

The grant objectives include the following: to provide resources for the Department of Public Safety and Correctional Services to perform a self-assessment of its correctional agencies' compliance with the Commission on Accreditation for Corrections standards, to provide the community with the opportunity to become familiar with our correctional agencies vis-a-vis recognized national standards, to develop and implement an on-going process of self-evaluation to further the achievement of Departmental goals and objectives, to improve the planning processes through the identification of correctional agencies' strengths and weaknesses, to enhance the utilization of current resources, to develop support for budgetary requests to legislative bodies, and to develop objective performance criteria for the Department of Public Safety and Correctional Services.

On November 8, 1978, a grant modification was submitted, which was approved, requesting a transfer of money from the Contractual Budget Category to Other Category to allow for the advertising of positions in several area newspapers for the Standards Management Team. As a result of the newspaper advertisements, a great number of resumes were received for the grant positions. After an initial screening to eliminate those not meeting the minimum requirements, interviews were held on December 6, 1978 and December 8, 1978. Stephen D. Minnich was selected as Accreditation Manager on December 8, 1978, though, due to personnel requirements,

his official appointment was delayed to January 24, 1979. Much of December/78 and January/79 was spent obtaining the office space, equipment, and supplies necessary to execute the project. During the period of January 7, 1979 to January 9, 1979, all Accreditation Managers from the participating states, as well as other corrections officials, went through an orientation and training exercise in Washington, D.C. to familiarize the participants with the Commission on Accreditation for Corrections standards and the accreditation process.

In mid-January/79, the composition of the Policy Committee was considerably altered. As a result of the election to Governor of Harry Hughes, Gordon C. Kamka replaced Robert Lally as Secretary of the Department of Public Safety and Correctional Services. A new Deputy Secretary, Commissioner of Corrections, Director of Patuxent, and Executive Director of the Inmate Grievance Commission was selected. However, the commitment to the standards and accreditation project remained unchanged. On January 26, 1979, the Policy Committee met for the first time. The Accreditation Manager explained the Law Enforcement Assistance Administration's special grant objectives, setup an agency briefing schedule, and made hiring recommendations regarding the Deputy Accreditation Managers.

On January 29, 1979, a revised project work plan was sent to the Law Enforcement Assistance Administration due to the delay in hiring for the grant positions. On January 30, 1979, the Accreditation Manager placed an article in the newsletter of the Maryland Probation, Parole, and Corrections Association to acquaint the correctional community with the project. On February 21, 1979, Paul S. Hastmann started employment as one of the Deputy Accreditation Managers. His primary assignment was to work with the Division of Corrections' Adult Correctional Institutions and Pre-Release Units. On March 14, 1979, Eugene Nuth filled the remaining vacancy for Deputy Accreditation Manager, and was assigned to coordinate the project activities with the Parole Commission, Parole and Probation, and the Patuxent Institution.

During the months of February/79 - March/79, the Standards Management Team implemented a comprehensive orientation program for all the participating agencies and facilities. At this time, the Assistant Attorney General was finalizing the details of the contract between the Department of Public Safety and Correctional Services and the Commission on Accreditation for Corrections. The Policy Committee again met on March 7, 1979, at which time, the Accreditation Manager indicated that the compliance tallies were due at the Commission on Accreditation for Corrections on May 1, 1979 and the Plans of Action on June 1, 1979, and that the results of compliance audits would be released to the public. On March 13, 1979, the services of the Contract Research Corporation were terminated by the Law Enforcement Assistance Administration as the group performing the policy analysis of the eleven state Correctional Standards Accreditation Program. At the Policy Committee meeting of April 11, 1979, copies of the completed contracts were distributed. During the period of March/79 - April/79, the self-evaluation was completed on each agency and facility, and forwarded to the Commission on Accreditation for Corrections on schedule by April 26, 1979. The month of May 1979 was primarily devoted and dedicated

to the formulation of Plans of Action for all areas found to be in non-compliance. The completed Self-Evaluations, including a Descriptive Narrative and Evaluation of Commission Activity, were submitted to the Commission on Accreditation for Corrections by the June 1, 1979 deadline. On May 8, 1979, preliminary cost figures were developed for standards identified as having cost implications. These figures were presented and discussed at the May 16, 1979 Policy Committee meeting. On May 29, 1979, a meeting was held involving representatives from all agencies to discuss system-wide implications of implementing certain standards.

Once the Self-Evaluations were submitted, the Commission on Accreditation for Corrections had 60 days to determine the accuracy of the reports in regard to form and content. The Standards Management Team developed a standards compliance monitoring system during this period, worked on implementing certain plans of action and organized the methodology of policy and procedure formulation and documentation preparation.

In June/79, we were informed that Analysts of Government Services, Inc. (ANALOGS) replaced the Contract Research Corporation in regard to the Correctional Standards Accreditation Program policy analysis. The Standards Management Team was introduced to key staff of the organization and given materials explaining their function and the proposed research design. On June 14, 1979, the Policy Committee heard from Jane O. Ferris, Associate Director of the Commission on Accreditation for Corrections, who requested and received permission to use some of our Plans of Action as national training examples and Thomas Albrecht, the Law Enforcement Assistance Administration Project Monitor, who gave us the status of LEAA funding. In addition, revised cost figures and the proposed monitoring system were shared and discussed. On June 15, 1979, Deputy Secretary Hardy met with the Governor's Commission on Law Enforcement and the Administration of Justice regarding the inclusion of accreditation activities in the Comprehensive Plan. During the period of June/79 - August/79, the Standards Management Team was much involved in the discussions that precipitated the establishment of the concept of a Maryland Commission on Correctional Standards which would consolidate all the existing standard setting and enforcing bodies impacting on Maryland correctional agencies.

Finally, on August 31, 1979, the Commission on Accreditation for Corrections responded to our Self-Evaluation reports. They were deemed largely acceptable in format and content. After a few corrections and additions, Maryland was accepted into Candidate Status as of August 31, 1979.

Candidate Status (8/31/79 to 6/30/80)

The designation of Candidate Status meant that Maryland's participating agencies and facilities had one year from August 31, 1979 to request formal compliance audits. Since the Self-Evaluation indicated that none of our agencies was within requisite compliance ranges, a considerable amount of work in policy and procedure formulation and documentation preparation was needed. On September 11, 1979, a grant extension was approved to April 30, 1980 to allow an ample opportunity to achieve compliance with all "no cost standards".

During the period of September/79 to December/79, a great deal of follow-up training was given by the Standards Management Team to middle management and line staff in an effort to broaden the base of staff involvement in the standards and accreditation process. The major thrust in the Fall of 79 concentrated on the implementation of the Plans of Action which primarily entailed policy and procedure development, staff training, and the execution of the new practices. The Standards Management Team provided technical assistance in these areas as well as performed the function of monitoring the progress towards compliance through the monthly reporting system and quarterly reports to the Commission on Accreditation for Corrections and the Law Enforcement Assistance Administration. On October 18, 1979, a Policy Committee meeting was held, at which time, the new policy statement on standards, authored by the Secretary, was discussed as well as his proposed legislation for a Maryland Commission on Correctional Standards. On November 7, 1979, two representatives from Nebraska talked with the Standards Management Team concerning their impending involvement in the accreditation process. The Standards Management Team shared their experiences and gave advice and recommendations. A "pre-application" for Phase II funding of the Standards Management Team was submitted upon request to the Law Enforcement Assistance Administration on November 21, 1979. On November 29, 1979 and November 30, 1979, a workshop was held in Washington, D.C. of all Accreditation Managers to discuss Phase II funding, audit procedures, preliminary cost figure analysis, as well as a status report from each state. In addition, we informed the Law Enforcement Assistance Administration and the Commission on Accreditation for Corrections that the Eager Street Pre-Release Unit would withdraw from the project effective November 30, 1979 due to the loss of its' lease. The Policy Committee met again on December 13, 1979, at which time, they were informed of the possibility of Phase II funding, the impending "no cost" audits, and the proposed field survey by ANALOGS.

On December 19, 1979, the nature of the Standards Management Team positions was changed from contractual to state funded. Consequently, a grant modification was submitted on February 25, 1980 to allow for the increased cost of benefits and the need to transfer funds from the Contractual Category to the Personnel Category. In addition, there was a need to modify the grant due to a change in the State approved travel allowance. On December 27, 1979, an updated cost analysis was submitted to the Law Enforcement Assistance Administration at their request.

Much of January/80 - February/80 was spent in documentation preparation for the approaching "no cost" mock audits by which the Law Enforcement Assistance Administration would monitor progress toward meeting the Phase I grant condition of being in compliance by April 30, 1980 with all standards having no significant fiscal impact. In late January/80 a formal request for Phase II funding in the amount of \$94,967 was forwarded to the Law Enforcement Assistance Administration for consideration. The Standards Management Team also participated in the development of the Master Plan for the Department of Public Safety and Correctional Services as well as in workshops for the Maryland Parole, Probation, and Corrections Association, the Maryland Community Correctional Administrator's Association, and the Middle Atlantic State's Correctional Association in early 1980.

The Maryland Parole Commission was pre-audited on January 30, 1980, Patuxent Institution on February 13, 1980, Maryland Correctional Institution for Women on February 14, 1980, the Pre-Release Unit for Women on February 15, 1980, and Parole and Probation on February 26, 1980 with mixed results. However, it was obvious that a considerable amount of effort was still required to reach compliance levels and that it would be very difficult to achieve compliance with all "no cost" standards by April 30, 1980. On March 31, 1980, a final cost analysis was submitted to the Law Enforcement Assistance Administration as a condition of the grant. During the period of February/80 - March/80, the concept of accreditation and the notion of correctional standards was hotly debated in the General Assembly. Despite the efforts of the Standards Management Team and the Department of Public Safety and Correctional Services to educate and inform the Legislature of our intentions and aims, amendments were attached to the budget of the Division of Correction and the Governor's Commission on Law Enforcement and the Administration of Justice restricting them from studying, promulgating, and/or implementing the Commission on Accreditation for Corrections standards effective July 1, 1980. As a result, the Standards Management Team, the Deputy Secretary of the Department of Public Safety and Correctional Services, and the Governor's Commission on Law Enforcement and the Administration of Justice met with the Law Enforcement Assistance Administration on April 3, 1980 to discuss the situation and suggest possible options. It was decided that the Department of Public Safety and Correctional Services must withdraw its request for Phase II funding due to a violation of the Correctional Standards Accreditation Program's research design. However, the Law Enforcement Assistance Administration agreed to extend Phase I to June 30, 1980 to allow the Standards Management Team to implement the Commission on Accreditation for Corrections standards so that certain agencies and facilities would be in a position to request compliance audits as soon as possible, as well as to facilitate the completion of all required grant reports and studies. At approximately the same time, Stephen Minnich was reassigned to Coordinator of Special Projects in the Headquarters of the Department of Public Safety and Correctional Services. He was replaced as Accreditation Manager by Paul S. Hastmann. The formal grant modification and extension was forwarded to the Law Enforcement Assistance Administration on April 15, 1980. On April 24, 1980, representatives of the General Accounting Office met with the Standards Management Team to discuss grant progress, the Standards Management Team's methodology, and the degree of contact and assistance from the Law Enforcement Assistance Administration and the Commission on Accreditation for Corrections.

After a detailed fiscal study, it was determined that additional funds were needed to facilitate the extension of the grant to June 30, 1980; therefore, a request for reverted funds was transmitted to the Governor's Commission on Law Enforcement and the Administration of Justice on May 14, 1980. They recommended that a grant modification be submitted instead in light of the fact that equipment purchased with grant funds was being utilized by persons not directly related to the Correctional Standards Accreditation Program. Such a request was forwarded and approved on May 28, 1980.

During the months of April/80 - May/80, the Department of Public Safety and Correctional Services informed the Legislature by correspondence of its intentions regarding the pursuit of standards and accreditation. On June 10, 1980, the topic was discussed at length before the House of Delegates Subcommittee on Law Enforcement and Transportation. The climate was much more congenial, such that a meeting was scheduled to discuss the possible reconsideration of Phase II funding support. At the same time, the Maryland Parole Commission underwent a formal compliance audit on June 9 - June 10, 1980 with a favorable recommendation for accreditation. On June 16 to June 18, 1980, the Pre-Release Unit for Women, Greenmount Avenue Pre-Release Unit, and the Community Vocational-Rehabilitation Pre-Release Unit received accreditation audits. Whereas, the Greenmount Avenue Pre-Release Unit failed to achieve the necessary compliance ranges, the Pre-Release Unit for Women and the Community Vocational-Rehabilitation Pre-Release Unit completed all the requirements for accreditation with the exception of meeting all the fire regulations set forth by the Fire Marshal. The Maryland Correctional Training Center was audited on June 25 - June 27, 1980 with mixed results. The minimum levels of compliance were achieved; however, the degree of dental services provided was determined to be inadequate. It should be noted that preliminary "mock" audits were carried out by the Standards Management Team in early June/80 on all the aforementioned agencies in preparation for the formal evaluation.

On June 26, 1980, the Department of Public Safety and Correctional Services was requested by the Law Enforcement Assistance Administration to voluntarily participate in the Correctional Standards Accreditation Program's policy analysis field survey to be performed by Westat, Inc., the replacement for ANALOGS. The Secretary acknowledged our cooperation and assistance soon after.

The participation of Maryland in the Correctional Standards Accreditation Program's project officially ceased on June 30, 1980.

PROGRAM DESIGN - STANDARDS MANAGEMENT TEAM

The original grant proposal, supported by direction from the Policy Committee, determined that the role of the Standards Management Team (SMT) in the organization and implementation of the Correctional Standards Accreditation Program in Maryland would be one of coordinating, monitoring, and advising rather than one of direct service delivery. The Standards Management Team, operating out of the Office of the Secretary of the Department of Public Safety and Correctional Services, acted as a "mission control" for the many and varied agencies and facilities involved in the accreditation project across the length and breadth of the state. The location of the Standards Management Team also gave the project the stature and importance necessary to challenge the status quo and the expected "isolated pockets" of resistance to change. The Standards Management Team was proactive in organizing and initiating the standards and accreditation process, but allowed each agency a considerable degree of latitude to develop its own particular methodology to implement the specific requirements determined by the Accreditation Manager in conjunction with the Policy Committee.

Initially, the staff to the project presented a detailed orientation to the Agency Administrators, Institutional Managing Officers and their assistants, and the Pre-Release Unit Managers with respect to the Commission on Accreditation for Corrections' Standards, the accreditation process, and the Law Enforcement Assistance Administration imposed time constraints. In addition, the participating agencies were notified that the Standards Management Team would be available to provide technical assistance upon request and to the extent possible. Though one Deputy Accreditation Manager was specifically assigned to the Division of Correction and one was designated to coordinate the Division of Parole and Probation, the Parole Commission, and Patuxent Institution, both were skilled and knowledgeable in all areas and able to provide the necessary direction. Agency accreditation coordinators were selected to act as liaison between the respective correctional agencies and the Standards Management Team. Individual facility coordinators were also chosen to provide the necessary "on-site" supervision of the standards compliance and accreditation efforts.

The agencies were instructed to independently evaluate their operations with respect to the standards by taking the most strict interpretation of the language and by focusing on a "polaroid" picture of compliance at that juncture in time. Each agency used a different method to accomplish the self-evaluation task; some involved middle management and line staff, some involved functional heads such as dietary supervisors, etc., others preferred to involve only administrative personnel. After the compliance checklist had been completed by each agency, the results were collated by the Standards Management Team, and in the case of the Division of Correction, the findings were charted on a cross tally for each Adult Correctional Institution and Pre-Release Unit to determine certain irregularities and discrepancies (Chart A). The results were revealing in that, in some cases, all but one institution would comply with a standard or vice versa. The Standards Management Team chose to meet with the facility accreditation coordinator and selected administrative staff to discuss standards with which there appeared to be some inconsistency in relation to other facilities. As a consequence, several of the original decisions were altered. The other participating agencies also "massaged" their initial findings through systems of checks and balances.

We believe that the strategy utilized to perform the self-evaluation, in retrospect, was a bit awkward and cumbersome. We feel that there should have been more involvement from section chiefs, middle management, and line staff to minimize the necessity to reevaluate the levels of compliance as well as familiarize staff with the principles of sound correctional management. The more staff included in the process, the truer picture one obtains of the agency. In addition, we assert that the time allotted by the Law Enforcement Assistance Administration to complete the tasks related to the Self-Evaluation were unrealistic, in light of the magnitude of the project in Maryland and the degree of staff involvement and agency commitment necessary to accomplish the required assignments on schedule.

The next major exercise of the Self-Evaluation was the development of Plans of Action to address the identified areas of deficiency, thus bringing the agencies into compliance with certain standards. The purpose of the Plans of Action was to identify the person responsible and the time necessary to complete designated tasks to achieve compliance. All the agencies devised the specifics of the action plans through committees comprised of administrative personnel, at which a member of the Standards Management Team was present. The plans were divided into two primary areas of responsibility for development and implementation; the central administrative office and the field unit. Due to the complexity of some action plans, dual responsibility was designated. All plans were forwarded to the Standards Management Team after review and approval by the agency administrator. It is important to note, in hindsight, that no one at any level of the project realized the extent of the need or the degree of the effort required to draft, review, approve, promulgate, and evaluate policy and procedure, much less the need to orient and train staff in the translation of these policies and procedures into practice.

The Standards Management Team then instructed the participating agencies to submit a descriptive narrative of their programs and services. The agencies took a considerable amount of care and presented generally comprehensive summaries of their operations. The agency Self-Evaluation Reports were forwarded to the Commission on Accreditation for Corrections as they were submitted to the Standards Management Team rather than sending them in totality by the due date. The final segment of the Self-Evaluation, Comments on Commission Activity, was not completed by the deadline. We felt it was the least crucial of the parts of the Self-Evaluation, and one that would require some independent study to make the response meaningful. Therefore, the Standards Management Team submitted a questionnaire to the participating agencies to solicit comments on the standards themselves as well as the concept of correctional accreditation (see Form B). The Parole Commission, Patuxent Institution, and the Division of Parole and Probation submitted their comments independently. However, the Adult Correctional Institutions, the Pre-Release Units, and the Division of Correction Headquarters forwarded their comments to the Standards Management Team. Here they were consolidated, to include those of the Standards Management Team and the Policy Committee, before being transmitted to the Commission on Accreditation for Corrections.

At the request of the Law Enforcement Assistance Administration, the agencies were instructed to identify all standards that had a potential cost factor, and to indicate an estimate of cost and a possible funding source (see Form C). These figures were then discussed at a Policy Committee meeting before being conveyed to the Law Enforcement Assistance Administration. While the Commission on Accreditation for Corrections scrutinized our Self-Evaluation Reports for form and content, the Standards Management Team proceeded to develop several charts and graphs to aid in the future planning and implementation of the project. To assist in agency short and long range planning as well as to provide a valuable comprehensive evaluation

tool, the Standards Management Team devised a "Functional Breakdown" for all participating agencies and facilities (see Form D). It identified the functional areas from the standards' manuals and categorically identified an agencies' strengths and weaknesses. In addition, in order to reassure legislators, administrators, citizens, and other interested parties, a form was developed, which clearly indicated that all the participating agencies could achieve accreditation levels without substantial cost to the system (see Form E). As a means of establishing the approximate dates on which the required levels of standards' compliance would be achieved, a chart, utilizing the Plans of Action, was developed. These estimated times of accreditation would aid in scheduling our requests for formal compliance audits (see Form F). However, it was discovered rather early in the project that many of the completion dates for the Plans of Action were unrealistic, simply because the promulgation of policy and implementation of procedure was much more complicated a process than anticipated. We would recommend that future efforts to achieve accreditation take this into account and allow additional time to complete the required tasks to achieve standards' compliances.

One of the more important procedures devised by the Standards Management Team was the monitoring system by which the agencies would submit a progress report on a monthly basis to the Standards Management Team, including documentation verifying the completion of certain plans of action (see Form G). In theory, the process was logical, in practice, it proved unworkable. It involved considerable effort on the part of the agency accreditation coordinator, particularly the Division of Correction with its' sixteen participating facilities and Patuxent with its' four sets of standards. Secondly, the request for the transmittal of documentation was ill-conceived, particularly when verification of standards' compliance involved manuals or on-site visits. Thirdly, several of the agencies simply failed to submit their reports on schedule which made accurate system-wide monitoring difficult. Finally, the Standards Management Team accepted the report at face value without adequate follow-up to ensure continued compliance. Whereas monitoring will always be essential in this type of project, it must be developed to allow a realistic expectation of completion and accuracy, and will require more involvement from the Standards Management Team to provide the necessary quality control mechanism. It should also be noted that, due to the Standards Management Team's need to maintain a working knowledge of the various agencies in the project, copies were made of all major documents produced by the participating agencies and kept at the Office of the Secretary for general information and reference purposes.

In addition, the Standards Management Team had the responsibility of reporting the progress of the project to the Law Enforcement Assistance Administration on a quarterly basis. Several charts, in addition to the required narrative, were developed to graphically describe the status of our efforts at a particular point in time. Chart H indicated the actual status of the plans for each participating agency and the Department of Public Safety and Correctional Services as a whole. Chart I provided a specific listing of the standards brought into compliance by a specific date. Chart J displayed the levels of compliance as indicated on the original Self-Evaluation Report, as agencies projected to a particular date, and as they actually accomplished by the end of a quarterly reporting period. Copies of the quarterly reports were not only forwarded to the Law Enforcement Assistance Administration, but also to the Commission on Accreditation for Corrections, the Policy Committee members, and the Agency Accreditation Coordinators so that each could readily ascertain the status of their progress in relation to that of other agencies in the project.

While awaiting the Commission on Accreditation for Corrections' review and approval of the Self-Evaluation Reports, the Standards Management Team embarked on a project of study, review, and analysis of the other bodies of standards impacting on Maryland's correctional agencies and facilities. The standards promulgated, supported, and/or enforced by the State Jail Programming and Inspection Office, the Governor's Commission on Law Enforcement and the Administration of Justice, and the Division of Correction's CARC/Pre-Release Office were examined in great detail, particularly in relation to the standards promulgated by the Commission on Accreditation for Corrections (Chart K). As a result of these efforts as well as discussions with the correctional leadership in Maryland and other interested parties, the concept of a Maryland Commission on Correctional Standards, consolidating all the existing standard setting and enforcing bodies, was proposed. The Accreditation Manager actively participated in the drafting of the legislation presented to the 1980 General Assembly.

The Standards Management Team also participated, especially in the Division of Correction and the Patuxent Institution, in the development and formulation of some of the policy and procedural statements addressing compliance with certain standards. When not directly involved, the Standards Management Team requested that drafts of all proposed policy statements be submitted to the Standards Management Team for the evaluation of their conformity with the intent of the standards. Initially, this process proved successful; however, the number of policy statements generated by the agencies made this task unrealistic. Therefore, the Standards Management Team was relegated to only occasional monitoring of selected new policies to ensure compliance.

As the accreditation project entered into Candidate Status, it became clear that knowledge of the process must be disseminated to as many staff persons as possible, particularly at the line level, to allay fears and concerns as well as to prepare for the eventual implementation of the multitude of policies and procedures being developed at the administrative level. The Standards Management Team travelled to all the participating facilities and agencies to present an orientation on standards and accreditation as well as to show the slide presentation, The Way To Accreditation, provided by the Commission on Accreditation for Corrections. Though a certain degree of hostility was encountered, we believe the line staff received valuable insight into the Correctional Standards Accreditation Program. The primary concerns registered by line personnel involved the relative worth of pursuing accreditation vs. the amount of work required, their liability due to the accountability inherent in the standards process, and the lack of obvious monetary and fringe benefits to be derived from their participation. Despite the opposition, the Standards Management Team, through a consistent and comprehensive approach, educated and persuaded the majority of the personnel in the system on the benefits of the project. We would recommend such an approach to future jurisdictions involved in accreditation efforts.

The Standards Management Team realized early in the project the value of communication and coordination between the various agencies involved in the project, between the Standards Management Team and the Commission on Accreditation for Corrections, and between the Standards Management Team and the Law Enforcement Assistance Administration. Toward that end, the Policy Committee scheduled periodic meetings, to discuss the status of the project, to address any major issues presented by the Standards Management Team, and to provide guidance to the Standards Management Team and the participating agencies in the implementation of the standards and accreditation process. In

addition, the Standards Management Team held intermittent meetings of the Agency Accreditation Coordinators to share ideas, to address areas of mutual concern and interest, and to be kept abreast of the latest developments on the status of the project. The Standards Management Team also actively encouraged inter-agency communication and contact as a means of addressing standards which crossed agency lines as well as a means of sharing experiences toward the achievement of standards' compliance. Open lines of communication were likewise kept between the Standards Management Team and the Law Enforcement Assistance Administration and the Commission on Accreditation for Corrections. Phone contacts and correspondence were frequent, and on site visits occurred to the extent possible. We believe this approach greatly aided Maryland in the achievement of the goals and objectives of the accreditation project.

As the "no cost" audits and formal compliance audits approached, the Standards Management Team, in conjunction with the various agencies, became involved in the development of a listing of suggested documentation to meet all the applicable standards (Form L). As the list was being formulated, the task of documentation preparation was initiated. The Standards Management Team rarely participated in the actual accumulation of supporting documentation, but rather provided technical assistance in identifying the nature and kind of materials available to verify compliance. One of the more valuable methods utilized by the Standards Management Team was the "mock" audit. Members of the Standards Management Team, with the assistance of other agency staff, played the role of auditors and performed on site evaluations of compliance documentation. The "mock audits" proved to be a valuable "trial run" prior to the arrival of the Visiting Committee. All the agencies and facilities attempting an accreditation audit were evaluated by the "mock" auditors at least twice in the months just preceding a formal audit to identify areas of weakness, to point out incomplete documentation files, to clarify problems of standards' interpretation, and to familiarize staff with the audit process.

The Standards Management Team was the primary contact between the Department of Public Safety and Correctional Services and the members of the Visiting Committee as well as the staff of the Commission on Accreditation for Corrections. The agency audit request, the travel and lodging arrangements for the members of the Visiting Committee, and the on-site coordination of the audit process at the time of the formal audits were part of the duties of the Standards Management Team.

The task proved so enormous in scope that the role of the Standards Management Team, by necessity, remained advisory in nature. Without the assistance, cooperation, motivation, and dedication of the agency liaisons and coordinators, the project would not have gotten "off the ground". While no panacea, the standards project proved to be a value-rich experience which greatly enhanced the operations of corrections in Maryland.

The Chairman of the Parole Commission designated his Administrative Assistant as the Agency Accreditation Coordinator with the responsibility to coordinate agency accreditation efforts, to maintain open lines of communication with the Standards Management Team, and to monitor progress toward standards' compliance. However, all staff, including clerical personnel, were intricately involved in the project from the very beginning. Through frequent staff meetings, orientations, and training sessions, all personnel were made aware of the impact of the standards in their daily operations, the benefits of participating in the exercise, and the degree of individual commitment necessary to meet the deadlines imposed by the Law Enforcement Assistance Administration, the Standards Management Team, and the Policy Committee. The high level of commitment to the process translated into a "team effort" management approach.

Due to the paucity of personnel in the agency and the heavy daily demands to carry on normal operations, the Chairman and his accreditation advisor opted to perform the Self-Evaluation at the Tidewater Inn in Easton, Md. on a weekend. This contributed to the needed privacy and a more conducive atmosphere to accomplish the required tasks. All the Parole Commissioners, Parole Hearing Examiners, and Section Supervisors attended as well as the members of the Standards Management Team. All the aforementioned personnel individually rated the agency with regard to Manual of Standards for Adult Paroling Authorities prior to the meeting and came prepared to discuss their rationale. On Friday evening, the emphasis was placed on the completion of a cross-tally of the various opinions of the participants and the resultant discussions leading to agreements on final decisions as to compliance, non-compliance, or non-applicability. The Standards Management Team was available for standards' interpretation as well as technical assistance on the accreditation process. The following day primarily involved the listing of sources of documentation to verify findings of compliance. In addition, that afternoon involved the drafting of plans of action for all areas of identified non-compliance. On Sunday morning, a meeting was held to coordinate and consolidate all the previous days' activity and to plan the tasks to be completed upon return to the office. By performing the Self-Evaluation in the manner described, there was little disruption to the normal routine.

The plans of action were assigned to various committees comprised of parole authority members, parole hearing examiners, and staff. A chairman was selected with the primary responsibility of coordinating the activities necessary to achieve compliance with the specific standards assigned to that committee. One of the major tasks confronting the staff was the research and review of all legislation impacting on the agency. This examination not only aided the staff in documentation preparation, but also in the identification of problem areas needing clarification and/or corrective action. The Parole Commission used the standards process as the catalyst to propose new legislation, to develop and implement manuals for office procedure, to update and improve the filing system and recordkeeping mechanism, and to improve and increase the level of staff training. Much of the ground work for new and revised policy and procedure was completed by the Administrative Assistant, and submitted to the Commission members at the monthly staff meetings for review, approval, and promulgation. Due to the fact that the Manual of Standards for Adult Paroling Authorities had fewer standards, and hence fewer plans of action, the Agency Accreditation Coordinator saw no need to develop charts, graphs, or forms to facilitate standards' compliance.

The Parole Commission prepared for the pre-audit by accumulating documentation for the selected "no cost" standards to be evaluated by the consultant. The documentation files were developed and periodically expanded as the project progressed and additional supporting material became available, consequently, a great deal of last minute work was not necessary to prepare for a formal compliance audit.

The Standards Management Team in conjunction with the Agency Accreditation Coordinator performed a "mock audit" prior to the arrival of the Visiting Committee to determine areas of weakness in documentation preparation, to identify additional sources of compliance verification, and to educate the staff in the audit process and methodology. The mock audit enabled the Parole Commission to take corrective action sufficient to achieve the required compliance levels for accreditation in June 1980.

In conclusion, the general reaction of the staff was one of enthusiasm from the start. The Parole Commission had been involved for some time in improving its' management consistent with legal mandates and correctional trends; therefore, it was well on its' way to the achievement of national accreditation.

AGENCY PROGRAM DESIGN - PATUXENT INSTITUTION

Patuxent indicated at the time of the grant submission that it would seek accreditation for all four of its functions, the Adult Correctional Institution, Parole Services, Adult Parole Authority and the Adult Community Residential Services. The approach taken by the Standards Management Team (SMT) was to assign one person from the team the responsibility for the Patuxent Project. The assignment was made in mid March, 1979. Patuxent in turn assigned one person as liaison and coordinator, with the department heads, or their designees assigned to facilitate the actual work. The Patuxent Project was a monumental undertaking covering almost one thousand (1,000) standards. The organizational structure remained intact throughout the life of the project, despite the fact that there were several key personnel changes at Patuxent impacting on the implementation and execution of the required tasks.

The exercise commenced when the Standards Management Team met with the Administrative Staff at Patuxent and gave an orientation which included: time constraints, the various steps in the process, an assessment of the task, and the difficulties anticipated as well as the benefits that could be realized upon successful completion and the awarding of accreditation. At this meeting there was a preliminary review of the standards for the purpose of familiarizing the key staff with the organization of the manuals, the general terminology utilized, and some interpretations of intent. At a subsequent meeting in April the completed self-evaluation was discussed at some length by the Deputy Accreditation Manager for Patuxent, the Director of Patuxent and Patuxent's Administrative staff. Chart a indicates that the self-evaluations submitted were somewhat optimistic, and that the subsequent review process considerably reduced the compliance levels in all four areas. As a result of a final self-evaluation the levels of compliance improved slightly. It was at this point that the work of drafting plans of action began. This was a difficult and frustrating process for Patuxent because there was no set procedure, methodology, or precedent for the development, review, promulgation and implementation of numerous policies and procedures. This crucial problem was soon resolved, and the drafting of the plans of action initiated. At a staff meeting in May, the Director set December, 1979 as the goal for attainment of accreditation levels. Therefore, most of the plans of action submitted to CAC in June, 1979 reflected a December, 1979 implementation date.

It should be noted that it was during the self-evaluation phase that Patuxent Institution realized that, in its opinion, it could not meet certain standards due to legal and statutory problems. The strategy was not to utilize the "Not Applicable" designation but rather to seek exemptions based on specific reasons. The "exemptions" notion was subsequently rejected by the CAC. Therefore, those standards submitted as exemptions were designated "Compliance", "Non-compliance" or "Not Applicable" and re-submitted.

Finalized plans of action were submitted to CAC in June, 1979 and Candidate Status was awarded in August, 1979. In July, 1979 it was requested, as part of the SMT monitoring strategy, that Patuxent submit a monthly status report in each of the four areas (see Chart b). The SMT used GANT Charts and Graphs to track progress (see Chart c). These charts reflected the monthly reports submitted. It was the original plan to have Patuxent, as well as the other Department of Public Safety and Correctional Services' entities undergoing the accreditation process, to submit evidence of compliance for each standard met, so that the SMT could review and evaluate it. This plan was abandoned because of the vast amount of work and correspondence that would be imposed on the participants and the SMT. Instead it was felt that the SMT would conduct verification and mock audits toward the end of candidate status.

It was in the three months following the submission of the Plans of Action (6-79) and acceptance into Candidate status (8-79) that considerable time was lost. This could be expected since Patuxent's key administrative personnel were on vacation or working on the formulation and submission of the capital and operating budgets. Therefore, no alarm was sounded regarding Patuxent's lack of progress. As of November 1979, however, Patuxent had not committed itself to accreditation as a priority. As a result, a sustained, concerted effort was mounted to redefine the agency priorities and efforts so that accreditation activities regained momentum.

It was not until January 1980 that the SMT began to press Patuxent for a firm commitment to the accreditation process. Time for completion of Phase I was growing short. One of the tools used to put the process back on track was the development of a buck slip (see Chart d) that included a control number, thereby making it easy to total the Plans of Action and the work being done on them (see Chart e). Nevertheless, it was the "no cost" audit by Mr. Max Mustain in February that was the turning point in the accreditation efforts. The results of the "no cost" audit were very disappointing, which prompted some staff reassignments. With a new accreditation coordinator and other new personnel assigned to the accreditation project, some progress was made. Plans of Action were still behind schedule but it was felt that by June, 1980 accreditation levels could be attained. This in retrospect was a bit ambitious since there still was not a 100% administration commitment to gaining accreditation. It was not until August, 1980 that such a commitment was made and accreditation became a priority.

The SMT had, as previously mentioned, adopted a strategy of a compliance review by virtue of a mock audit instead of trying to verify and critique each completed plan of action as it was finalized. This was an excellent strategy since it was to be implemented about 60-90 days before projected accreditation levels and the request for an audit. Through this system a logical assessment could be made with regard to the status of an institution in relation to its' readiness for a formal compliance audit and, if corrections or changes were needed, there would be sufficient time to do so (see Chart f and g). It was discovered in the early summer, 1980, that though most tasks involved in the plans of action were complete and in the form of policy and/or procedure, there was a bottleneck at the final approval level. Even more significantly, even though approved, very few policies were put into practice, thus depriving the institution of valuable experience with the new policies and procedures prior to the time of an actual audit.

Throughout the process the SMT kept Patuxent advised of what was expected by LEAA and CAC. There were occasional negative reactions to some of the time deadlines, usually because of insufficient notice and the additional work required necessitating that everything else be postponed until the CAC/LEAA material was completed. The SMT, in addition to monthly status reports, attended Patuxent staff meetings in order to clarify and explain the process as well as answer any questions. Direct access to Patuxent staff was unrestricted which enhanced communication and reduced to a minimum the amount of correspondence that would be necessary.

In summary, Patuxent, in the spring of 1979, was totally ill prepared to fully participate in a standards and accreditation exercise. Some salient factors were that there were very few written policies and procedures, there was no consistent or structured method of policy approval and implementation, and the staff attitude was not conducive to identifying accreditation as a priority. In addition to the aforementioned impediments, special note should be taken regarding Patuxent's unique status as reflected by a specific statute. As a result of this situation, there were and still are impediments to Patuxent being accredited in all areas. Nevertheless, the process did in a rather forceful way, cause Patuxent to look at its' operations from the perspective that, even though unique, it still had much in common with the other elements of Maryland's correctional community, and therefore could

be evaluated by national standards. The current administration is now committed to evaluating its' operations in a more objective manner than they were at the beginning of the project. There is now a clearly recognized need for written policy and procedure, particularly in light of the increasing number of new employees.

AGENCY PROGRAM DESIGN - DIVISION OF PAROLE AND PROBATION

Methodology

Initiating the Process

Recognizing the magnitude of the accreditation effort about to be undertaken by the Division in March, 1979, the Director assigned the Office of Standards Compliance to spearhead the Division's accreditation efforts. The two staff members assigned to that office were assisted throughout the process by an Accreditation Sub-Committee whose members represented each of the Division's four (4) administrative regions.

This arrangement proved to be most effective. It opened channels of communications, promoted a greater understanding of the accreditation process, and helped secure the involvement of field staff in the project.

Completing the Agency Self-Evaluation

The first major task undertaken by the Office of Standards Compliance and the Accreditation Sub-Committee was to complete the Division's self-evaluation.

Initially the Sub-Committee and O.S.C. met to review all the Standards and categorize them as being non-applicable to the agency or if applicable as being relevant to a particular area of agency operations - Headquarters, Regional, or Local (Form 1).

The O.S.C. then began a detailed analysis of the agency's position regarding the Standards applicable to Headquarters (Form 2).

Simultaneously, all local offices were provided with copies of the Manual of Standards for Adult Probation and Parole Field Services and asked to complete and return to the O.S.C. a Standards Compliance Checklist (Form 3). This would indicate to the O.S.C. how each office supervisor viewed the Division in relationship to each Standard.

The responses submitted by each office manager were tallied by office (Form 4) and by Standard (Form 5). This technique highlighted both the offices which seemed to have the most severe compliance problems, as well as those Standards with which most office managers thought the agency was in non-compliance.

The next step involved transferring this information to Regional Master Sheets (Form 6) and then to a final statewide tally sheet (Form 7). On this form a clear picture emerged of how each standard was viewed by all staff who were surveyed.

Their responses (votes) were entered onto the Standards Review Process and Final Decision Sheet (Form 8).

A number of steps remained before a final decision was made. First, the Accreditation Sub-Committee met to review the responses submitted by the local office managers. In some cases the Sub-Committee decided to abide by a majority opinion and in other cases agreed that one non-compliance response received from an office manager was sufficient to determine that the entire agency was in non-compliance with a Standard.

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The decisions made by the Sub-Committee were then reviewed by the Management Council, a first time by the Director, and after clarification of terminology was received from C.A.C. by the Director for a second time. A final decision was then made and submitted to C.A.C.

When set to paper this review process may seem to have been unnecessarily cumbersome. In reality, not sufficient time or attention was devoted to it. Decisions were too often made without proper research and documentation. Office managers had widely differing interpretations of the Standards. The effect this had on their responses was only determined much later.

The office managers were also aware of particular situations bearing on their own decision which should have been investigated by the O.S.C. and the Sub-Committee had more time been available. In retrospect, this action might have changed a number of final compliance decisions.

Summary of Agency Self-Evaluation

A number of forms were devised to summarize the results of the agency's self-evaluation. Form 9 lists the final decision reached on each Standard. Form 10 breaks down the final decisions into major functional areas in the same way as the Standards are categorized in the Manual. Form 11 - Results of Self-Evaluation - shows in chart form not only the agency's position after its self-evaluation, but also the number of standards required to achieve accreditation.

This group of forms were to prove useful as the accreditation process continued. They served as base line information against which subsequent progress could be measured. They also provided feedback to staff who had participated in the agency's self-evaluation.

Plans of Action

Initially, many staff were to participate in developing Plans of Action. Conceptually, it was thought best to make each staff person heading a major functional area of the Division responsible for the developing Plans of Action for those standards which impacted on his area.

Unfortunately, this approach was not successful. Many staff simply had scheduling problems that did not permit them to give their attention to this task. In addition, those Plans which were produced were not uniform or precise.

To remedy these problems, the O.S.C. was assigned the responsibility of developing all Plans.

The O.S.C. utilized the forms provided by C.A.C. for this procedure. Its' Plans reflect a precision that was formerly lacking and a careful analysis of the method by which policy and procedure is promulgated by the Division of Parole and Probation (Form 12, 13).

Methodology

At this juncture, the O.S.C. also developed the form entitled Plans of Action - Work Schedule (Form 14). This proved helpful in identifying the accreditation workload mandated by the Plans of Action for key agency personnel. Moreover, it enabled staff to anticipate when they would be required to free up time to devote to accreditation related activities.

In hindsight, it is clear that had time permitted, the original concept for developing the Plans of Action would have been preferable to the course of action actually adopted. Later changes (addendums) to the Plans caused by scheduling conflicts could have been largely eliminated. Greater participatory planning would also have eliminated any feelings of coercion and would have enhanced a feeling of shared responsibility for a project of such large dimensions.

Distributing Plans of Action and Assigning Task Responsibilities

To alert staff members to their roles in carrying out the Plans of Action, two form memos were developed (Forms 15, 16). Every member received a copy of every Plan in which he/she had a task responsibility. Some staff were involved in only one or two Plans. Others, as in the case of the Director, were involved in almost all the Plans and received what amounted to a binder filled with 49 Plans of Action.

Meetings were scheduled between the recipients of the Plans and the O.S.C. to clarify task responsibilities and discuss any scheduling problems. Form 17 - Follow-Up Schedule - was used to ensure that no one was left out and that all Plans were discussed with appropriate staff.

Changes (addendums) to the Plans of Action

As a result of the meetings outlined above, changes were made in some of the Plans of Action. Some were occasioned by scheduling conflicts not recognized at the time the Plans were completed. Others came about when every effort was made to consolidate task activities to work more rapidly towards completing the Plans.

Form 18 - Addendum - was used to record all changes and to notify those who were involved in the Plan. Form 19 - really a working paper - was used to chart the effect of the various changes on the total number of tasks associated with each Plan. The third form of this group, the Plans of Action Addendum Changes (Form 20) was used to record original and changed completion dates for all tasks required to complete each Plan.

Plans of Action - Completion Overview

As a companion to the Plans of Action, the O.S.C. prepared two forms - 21 and 22 - to give staff an overview which their participation in single Plans would not have provided.

The first listed the start and completion dates for all Plans and the order in which each Plan was scheduled to be completed. The second chart listed the essential and important standards chronologically by date of expected completion. It also showed when required compliance levels would be met.

Methodology

Monthly Monitoring Reports

To track progress in complying with the Plans of Action, a monthly monitoring report format was developed. Each month an Accreditation Monitoring Form (Form 23) was completed which indicated the status of each Plan. From this form the information was tallied and transferred to the Monthly Task Completion Summary (Form 24) which listed for each Plan the number of tasks scheduled for completion which were actually completed and which were not. The Monthly Accreditation Task Analysis (Form 25) was used to compute total tasks completed and not completed for each month and to show each as a percentage of the tasks scheduled for completion during the month. The Plans of Action - Progress Chart (Form 26) was a slightly modified Gantt Chart which summarized progress pictorially.

Fiscal Impact Reports

Three times during Candidate Status the Office of Standards Compliance was requested to determine the fiscal impact of complying with A.C.A. Standards. Preliminary cost analyses were recorded on Form 27 - Plans of Action Cost Assessment. The columns on this form and on the following form - Plans of Action Fiscal Impact (Form 28) - followed the line item budget used by all agencies in the State of Maryland. As might be expected, many calculations were made and working papers written to support the final cost figures that were entered on the latter form.

All working papers were retained in-house. However, a brief narrative accompanied the cost estimates to show how they were formulated. The narrative was submitted on Form 29.

Management Council Inclusions

The Division's Management Council reviews virtually all policy and procedure developed for promulgation. Inasmuch as many of the Plans of Action required that specific policy and procedure be written it was obvious from the outset that the Management Council would be reviewing many new policies and procedures. Form 30 was used to determine when the Management Council would have to allocate time to review such policies and procedures. It was helpful in setting that groups monthly agenda. Form 31 - Management Council Inclusions - set out for the Council each month precisely what its accreditation responsibilities were.

Compliance Analysis/Plans Behind Schedule

Throughout Candidate status the O.S.C. met regularly with the Director and the Management Council to update them on progress in completing the Plans of Action and to highlight problems that were being experienced. Toward this end, the O.S.C. developed a number of Compliance Analysis forms (Forms 32, 33, 34, 35). In general, the forms focused on the current status of each Plan of Action, gave an explanation of why progress was lagging, recommended remedial action, and on occasion suggested a particular staff person become involved.

Methodology

Much effort was spent in completing these forms. However, the O.S.C. never really felt that they were effective in reaching the Management Council. Their length and specificity tended to have a soporific effect on Council Members.

The real value of the compliance analysis lay in their use as planning tools. They were invaluable in identifying problem areas, delineating staff and activities necessary to execute remedial action, and in establishing time frames for the achievement of specific tasks.

Of greatest value to the Management Council were forms 36 and 37. The first was a simple listing of Plans of Action Behind Schedule. The second was a chart entitled Comprehensive Compliance Analysis which compared the results of the agency's initial self-evaluation to what the O.S.C. projected an audit team would find were they to audit the Division at that point in time.

Interestingly enough, these projected audit results did not always show that the Division was making steady progress toward compliance with an ever larger number of Standards.

There were several "revisionist" periods. During these periods, the decisions made in the original self-evaluation were re-evaluated. Some compliance decisions were found to be self serving or in error. Regardless of the reason, it was clear the decision was wrong and that additional action would be necessary before the Division achieved compliance. Consequently, while the Division was moving ahead to comply with Standards recognized at the outset as being problems, this progress was often more than offset by the discovery of original compliance decisions which were in error.

Documentation Reference Guide

Acting upon the recommendation of the Sub-Committee for Accreditation Coordination, the Office of Standards Compliance developed a DOCUMENTATION REFERENCE GUIDE for use in conjunction with Division of Parole and Probation Policies and Procedures which are found in all local offices.

The GUIDE was designed to meet an informational and training need by acquainting staff with:

- a) the Standards for Adult Probation and Parole Field Services promulgated by the Commission on Accreditation for Corrections
- b) how the Division views itself in terms of compliance or non-compliance with these Standards
- c) the documentation from Division Policy and Procedure references and other sources which is used to support compliance decisions

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- d) the deficiencies which resulted in its non-compliance decisions
- e) any additional information which will contribute to a greater understanding of the Standards

It was also constructed to acquaint C.A.C. auditors with the documentation the Division cites to support compliance with any Standard.

Form 38 is the Title Page from the Documentation Reference Guide and a sample page from the Guide. Form 39 - Documentation Code - was used to list the documentation codes for all Standards. The documentation entries in the Guide were checked against it to ensure that the correct type of documentation had been cited.

Reference Guide to the Annotated Code of Maryland

The O.S.C. experienced real difficulty in searching through the Annotated Code to locate statutory support for compliance with a number of Standards. References in the Code to the Division are scattered and at times obtuse.

The O.S.C. pulled together all the references made to the Division in a Reference Guide to the Annotated Code of Maryland. Form 40 is the Title Page, a page from the Table of Contents, and a sample page from this Guide.

The Guide should place the Division in compliance with Standard 3004 and more importantly should considerably assist other staff members confronted with problems requiring statutory research.

Monitoring Final Accreditation Activity

As the date for requesting an audit drew nearer, it became imperative for the Director to personally monitor completion of final accreditation tasks. Form 41 - Monitoring Accreditation Activity - Checklist for Mr. Hopkins was devised to enable him to accomplish this task.

Preparation For Audit

After communicating with the C.A.C. staff to get a better understanding of the upcoming audit, the O.S.C. and Sub-Committee moved to prepare local offices for the audit.

Listed on Form 42 - Preparation For Audit - were the approximately 120 Standards identified by C.A.C. as being Standards which are to be audited in local offices. Form 42 was designed to serve a number of purposes: to list revisions which would have to be made in the Documentation Reference Guide already distributed, to indicate materials which the O.S.C. would have to

Methodology

place in local office documentation files, and to list materials local offices would be expected to supply. Using this form the Regional Representative on the Sub-Committee and the office managers of those offices selected for audit should be able to construct documentation files to prove compliance with those Standards which will be audited in the field offices.

AGENCY PROGRAM DESIGN - PRE-RELEASE SYSTEM

The Pre-Release System's accreditation effort was directed primarily by a full-time Accreditation Manager, appointed by the Superintendent of the agency, who in turn selected a part-time Accreditation Coordinator for each unit. The following were their major responsibilities: to devise and implement a manual of standard operating procedures addressing all pertinent Division of Correction Regulations and Pre-Release Directives, to act as liaison between the Pre-Release Accreditation Manager and the Unit Manager who in some cases elected to coordinate accreditation activities, and to assist the Unit Manager in the training and orientation of unit staff in the implementation of new procedures prompted by standards' compliance activities. Meetings of the Unit Accreditation Coordinators were held on a monthly basis, primarily in conjunction with the Superintendent's monthly Unit Manager's meeting to share ideas, present problems, and to discuss issues of mutual concern regarding the pursuit of accreditation. The Pre-Release Accreditation Manager also supervised the accreditation coordinator for the Brock Bridge Correctional Facility. However, due to the fact that this facility, formally part of the pre-release system, was evaluated with respect to the standards for Adult Correctional Institutions, the facility Accreditation Coordinator remained relatively independent of the activities of the more traditional pre-release units.

Frequent and open communications was maintained between the Standards Management Team, Pre-Release Accreditation Manager, and the Unit Accreditation Coordinators through correspondence, telephone contact, and actual on site visits. Both written and verbal communication was clear, concise, and timely, which proved invaluable in transmitting a wealth of information and instructions from central office to the field, from the administrator to the line staff, and across the length and breadth of the State. In addition, quarterly meetings of all Agency Accreditation Managers, organized and coordinated by the Standards Management Team, provided an opportunity to share ideas and experiences, to exchange sources of compliance, and to discuss common problems and/or issues in an open forum.

The Pre-Release Accreditation Manager, on several occasions, with the consent of the Superintendent, reassigned personnel with exceptional organizational and writing skills to facilities experiencing difficulties during the accreditation process in developing standard operating procedures and standards' compliance documentation.

The Pre-Release System Superintendent delegated the responsibility to the Pre-Release System Accreditation Manager for the development of drafts for new or revised Pre-Release policy statements designed to implement or comply with the Commission on Accreditation for Corrections' standards. The Assistant Superintendent and/or Superintendent would then review, revise, and approve all directives prior to issue. All correspondence directing the Unit Managers to perform certain accreditation related activities was issued over the Superintendent's signature, though often drafted by the Pre-Release System Accreditation Manager. As new policy statements were issued in the form of Division of Correction Regulations and/or Pre-Release

Directives, units were requested to forward to the Pre-Release System Accreditation Manager proof of compliance with the intent and requirements of the directive, primarily in the form of standard operating procedures. The Pre-Release System Accreditation Manager monitored unit compliance through verbal and written communication as well as graphics. These statistics were then reported on a monthly basis to the Standards Management Team.

Specifically, the original Self-Evaluation was completed by the Unit Manager and designates, primarily supervisors of functional areas, i.e. Dietary, Security, etc. The central functions such as Personnel, Fiscal, and Administration were completed by Pre-Release System Headquarters staff with guidance from the Pre-Release System Accreditation Manager. The results were then discussed at a meeting of all the Unit Managers, the Standards Management Team, the Division of Correction's Accreditation Manager, the Pre-Release System's Accreditation Manager, and the Pre-Release System's administrative staff. All areas of confusion and inconsistency were discussed and addressed in an open forum. Once a consensus had been reached regarding non-compliance, draft plans of action were developed, including designations of responsibility for implementation. The completed Self-Evaluation report was then submitted to the Commissioner of Correction for final review and approval.

A primary tool utilized by the Pre-Release System's Accreditation Manager was the "mock" audit, whereby the Standards Management Team and the Pre-Release System's accreditation staff would evaluate accreditation files for compliance with individual standards. Recommendations were then made to Unit Accreditation Coordinators suggesting methods by which documentation could be improved, i.e. better file organization, include additional verification of compliance, orientate and train staff, revise existing documentation materials, etc. The "mock" audit exercise also aided in the familiarization of unit staff with the procedures to be used by the Visiting Committee at a formal compliance audit. Results of the mock audits were shared with other units with the hope of clarifying standards interpretation problems, informing the units of resources to assist in standards' compliance and documentation, as well as sharing experiences and observations on the process of accreditation itself. The pre-audit of selected "no-cost" standards performed by the Commission on Accreditation for Corrections' consultants for the Law Enforcement Assistance Administration monitoring purposes was observed by representatives of all the Pre-Release Units so that they could benefit from the exposure to the process and procedures and take such knowledge back to their respective facilities.

In addition, the Standards Management Team and the Pre-Release Accreditation Manager developed and periodically updated a Commission on Accreditation for Corrections Standards' Documentation Guide, based on the model provided by the Commission on Accreditation for Corrections' staff, which communicated to all unit accreditation coordinators primary and secondary sources of documentation that were to be placed in the individual file folders. The Documentation Guide proved to be a valuable "working document" in the organization of standards' compliance materials. The Guide attempted to indicate a logical progression of policy and procedure from the Annotated Code of Maryland to Division of Correction Regulations to Pre-Release Directives to Standard Operating Procedures to actual implementation and practice. We feel the Guide was also very useful to the members of the Visiting Committee during the formal compliance audit. Considering the nature and scope of certain standards and functions such as Personnel, Fiscal, and Administrative, the Standards Management Team and the Pre-Release Accreditation Manager made an

administrative decision to document compliance of approximately 20% of the applicable standards at the Pre-Release Headquarters. The remaining standards were either documented at the unit level, or both centrally and locally.

The Standards Management Team and the Pre-Release Accreditation Manager organized and orchestrated the actual compliance audits in conjunction with the Unit Managers and Unit Accreditation Coordinators. A room was provided for the members of the Visiting Committee at each facility. All pertinent documentation materials were present including a file for each standard with supporting verification enclosed. Appropriate staff were made available to answer inquiries and/or supply additional documentation.

Though most of the compliance activities occurred at the unit level, catalyst for progressive change emanated from the Division of Correction and the Pre-Release System's administrative staff.

AGENCY PROGRAM DESIGN - ADULT CORRECTIONAL INSTITUTIONS

The Division of Correction did not assign a specific individual to coordinate the accreditation project on a full-time basis for the Adult Correctional Institutions as was the case with the Pre-Release System. Instead, the Agency Accreditation Coordinator, who was the Assistant Director of Planning and Research, coordinated accreditation activities from the agency headquarters, in addition to regularly assigned duties and responsibilities. Consequently, a considerable degree of the effort had to be assumed by the individual institutions and other special groups.

The primary working committee in the initial stages of the project was the Assistant Managing Officers' Task Force. This body of administrative personnel was charged with the organization and implementation of the Self-Evaluation exercise, the drafting of plans of action, and the development of policies for review and approval by the Commissioner. As the project progressed, the working group shifted to individuals from each institution, primarily at the line staff level, who functioned as Facility Accreditation Coordinators. They primarily concerned themselves with the identification and accumulation of documentation to verify standards' compliance and with the development of procedures for review and approval by the Managing Officer to implement the policy statements emanating from the Central office. These two working groups usually met at least monthly to discuss the progress of the project as well as to review and comment on the policies and procedures being developed before submission to the appropriate authority for adoption and promulgation. In addition to the aforementioned groups, several special interest committees were created utilizing field staff as well as central office personnel, to develop particular procedures or address unique issues (i.e. Correctional Officers in charge of Segregation units met to discuss and develop procedures for segregation controls and programming; training personnel from each institution assisted in the development of a DOC regulation with regard to standardized training requirements and procedures; and a Managing Officers' Task Force revised the Adjustment procedures in addition to the inmate rules and regulations to achieve compliance with standards addressing Inmate Rights and Discipline.

Plans of action were developed for all standards which were determined to be in non-compliance by one or more institution. A task analysis was performed which chronologically, by month, indicated the steps necessary to attain compliance with each standard requiring corrective action (see Attachment I). In addition, a sheet was prepared, by standard, indicating the dates activities were scheduled, those responsible for particular activities, and follow-up and completion information (see Attachment II). While the design of the form and its implementation could have been beneficial, there was insufficient staff to keep the form current; consequently its usefulness proved to be minimal. In the final analysis the form served to record the status of the Plans of Action; whether on schedule, behind schedule, not started, or complete. As in the other agencies, the DOC was overly optimistic in the setting of completion dates for plans of action, necessitating a considerable amount of revision.

The monitoring system developed by the Standards Management Team for recording the status of each standard was particularly cumbersome for the DOC. A total of 1211 standards required Plans of Action; though the actual number of individual Plans was approximately 450 since several plans addressed more than one standard. The monthly monitoring system involved considerable staff time and effort, and in most cases the reports were tardy and less than accurate. The method used to determine the status of each Plan of Action was changed at least three times. For the initial three months of operation, the plotting Chart (see Attachment II) was used. When this proved time prohibitive, the format was revised. For approximately the next six months, the project utilized a "pencil-sheet" for each institution listing the applicable Plans of Action (see Attachment III). The institutions were made aware of those for which they were responsible, and were required to report monthly on the status of these standards to the Central office. This format again necessitated considerable staff time. As more and more Central policy was promulgated during the course of the project, many of the Plans of Action required activities to be completed by the institutions themselves; therefore, the number of Plans of Action to be monitored by the individual facility increased dramatically. Again the process called for review and revision. A typed listing for each institution was completed, indicating, by number, the Plans of Action (see Attachment IV). This report was initiated at the Central office, and then forwarded to the respective institutions for their completion. Despite the refinement of the monitoring apparatus, the DOC continued to experience difficulty in reporting to the SMT as originally designed.

The Assistant Managing Officers Task Force met on several occasions to review the self-evaluation reports and develop Plans of Action to meet all standards recorded as non-compliance. Attachment V reflects one of the steps used in this process--that of indicating who would develop the Plan of Action. The Assistant Managing Officers in conjunction with the Central Office Program Directors, developed the Plans of Action for standards of common non-compliance. In addition, each institution developed Plans of Action for standards which were determined to be deficient at only their facility. All Plans of Action were reviewed by the Assistant Managing Officers as a group as well as by the Division's Accreditation Manager, the Commissioner, and the Standards Management Team.

During the project, emphasis was placed on implementing those Plans of Action which had been identified as non-cost items. For the most part, these were for standards which required written policy and procedure to standardize and codify existing operations and practices to ensure accountability and effective corrections management. The project utilized four (4) types of groups to develop and/or review the drafts of policy statements: the Assistant Managing Officers; the Institutional Accreditation Coordinators Committee; the Managing Officers; and specialized meeting groups (e.g. Segregation Officers, Correctional Training Officers, etc.). In addition, Central Office program staff assisted in developing, revising, recording, and reviewing DCRs as well as provide assistance to the institutions, as needed, in developing operating procedures to implement the policies. All policies (DCRs) were reviewed for legal sufficiency by Counsel to the agency and by the Standards Management Team to ensure that the intent of the standard had been met. The rather complex nature of the policies being considered for change as well as those necessary to be initially developed required more staff time and effort than originally anticipated. For example, the policies concerned with adjustment procedures were carefully scrutinized, refined, and reviewed by various levels and groups due to their sensitive nature. In addition, the Division's

EVALUATION OF STANDARDS AND ACCREDITATION PROCESS

policies in this area are somewhat governed by previous Court Decrees; consequently, these policies were also examined by outside agencies (e.g. Attorney General's Office and Legal Aid Bureau) to solicit their comments and suggestions. These factors, as well as the time required to send the policies for printing, and distribution resulted in considerable delays in meeting the targeted dates of completion. Further time was also required for each institution to develop its operating procedures and to train staff in these procedures before actual implementation.

The coordination of the process of developing and reviewing the policies related to the Standards Project was shared between the Accreditation Manager for the Division of Correction (Assistant Director of Planning and Research) and the Executive Assistant to the Commissioner. The Accreditation Manager generally coordinated the policy development and initial review, with the Executive Assistant handling the final review, printing and distribution of the DCRs. Midway through the project, the Executive Assistant position became vacant, and after a brief period, the Assistant Director of Planning assumed this vacancy on a temporary basis. This sequence of events did not enhance the project's timely progress. However, it did allow continuity of the project.

Those plans which involved costs, both major (institutional renovations) and incidental (additional equipment or staff), were addressed through budget requests, proposed grant applications and proposals for future budget requests. Additionally, many of the items which were identified as having cost implications were areas which the Division had previously addressed as needed to improve the services, programs, and/or operations of the agencies (e.g. improved health care services and major renovations of two institutions).

It should be noted that considerable delay resulted from the opposition of the State Legislature to the notion of national standards and accreditation. The negative reaction of the General Assembly as well as their proposal to fiscally restrict the Division of Correction in its efforts to meet CAC standards hampered the progress of the project; consequently, a slow-down in the project's activities ensued. At the point at which it became clear that the Division was going to be under an edict to cease accreditation activities as of July 1, 1980 (when the new Budget Bill became effective) the project focused its energies on preparing those institutions which were close to necessary compliance levels for audits prior to July 1, 1980.

In April, 1980, in light of the General Assembly's action, the decision was rendered to concentrate on those institutions which were most nearly able to sufficiently prepare for a formal audit by the end of the fiscal year. Their efforts were concentrated on documentation preparation. The other facilities continued to devote their efforts to further implementing Plans of Action, but ceased all activities related to the preparation of materials to substantiate compliance.

The documentation preparation was handled by the individual institution (MCTC) with assistance from the Central Office and the Standards Management Team. This assistance was usually in the form of providing specific pieces of documentation. Other assistance was provided by staff members of our agency and other agencies who had completed CAC Auditor training. These people reviewed the documentation files and provided recommendations and comments.

In the final analysis, the effort of the DOC to meet CAC standards was monumental. It is evident that more time, more technical assistance, more staff involvement, more legislative support, and a considerable administrative commitment is required to achieve accreditation of a large system in need of change.

Professionals in the field consider the adoption of objective, specific, and measurable standards and their application through a viable accreditation process to be one of the most significant events in the history of American corrections. This movement to a true system of accountability was not prompted by legislative mandate, public outcry, court action, or pressure from special interest groups, but rather exerted from within corrections itself as a means of improving operations through professionalism and a renewed sense of purpose.

Specifically, it was the catalyst which prompted Maryland to embark on a fresh look at an old system, as recommended in an April/80 report of the National Governor's Association Committee on Criminal Justice and Public Protection. By participating in the Correctional Standards Accreditation Program, Maryland made a commitment to sound corrections' management.

After over a year of interpreting and implementing the Commission on Accreditation for Corrections' standards, the participating agencies and facilities concur that, by and large, the standards are realistic, viable, and attainable expressions of current correctional philosophy and practices. As a result of years of study and evaluation including field testing, it is obvious that the standards are comprehensive, tightly constructed, objective opinions of the correctional community which was significantly involved in their development. There was nothing considered "mysterious" or "magical" about the standards. They are direct statements of operational guidelines for corrections couched in measurable terms. Though the agencies did not necessarily agree with all the specific standards, the manuals were accepted, as a whole, as being the most complete and functional body of correctional standards to date. One of the more attractive elements of the Commission on Accreditation for Corrections' standards is the provision for periodic updating and revision to incorporate new court decisions and new information and knowledge in the field. With respect to the revision process, all of the participating agencies forwarded to the American Correctional Association's Correctional Standards Program Committee on Standards suggested revisions to keep the standards responsive to Maryland's needs and circumstances.

It is quite apparent that the accreditation process itself is an extremely valuable experience for many reasons. The actual process of self-evaluation by which an agency measures its' compliance with nationally recognized guidelines is "value rich" from the perspective of staff training, education, and orientation, program evaluation, and planning and coordination. Because the standards are comprehensive in nature addressing every major functional area of corrections, the staff are obliged to become more aware of program aspects heretofore given little or no attention. The standards became an educational "road map" to staff familiarization with the correctional system in its' totality. Likewise, the process of self-assessment discloses areas of relative strength and weakness, thus becoming, in essence, a quality control system for corrections. As in any quality control system, responsibility and accountability are strongly emphasized. The deficiencies uncovered by the self-analysis can then be addressed through a proactive rather than reactive systems approach of long and short range planning. It allows the correctional system to refine its' programs and operations through structured monitoring with an aim to become more proficient, efficient, effective, and professional.

Another advantage of the accreditation process is the resultant consistency and standardization of the system, particularly in regard to written policies and procedures. The actual written formalization of long-standing Correctional practices is an accomplishment of no small note. In addition, many operations dictated by tradition were revised, rescinded, and clarified as a result of standards' compliance efforts.

Compliance with nationally recognized standards will also minimize the possibility of costly litigation, since so many of the standards are based on court decisions. Consequently, the correctional system will provide the inmate population with the highest level and most humane of conditions affordable. The pursuit of standards' compliance may also enhance the prospects of financial assistance from legislative assemblies, research foundations, and other public and private organizations. Achievement of the highest professional correctional standards indicates to the community that we are delivering the quality of services and the assurances of public safety that they expect for their tax dollars. The public demands accountability and the pursuit of accreditation increases its' awareness and involvement. In addition, efforts to execute plans toward compliance enhance and underscore the need and advisability of intra and inter-agency cooperation and communication. The process and attainment of accreditation also gives a field traditionally lacking legislative, fiscal, and public support some feeling of professional pride and self-esteem.

Specifically, most of the agencies involved in the project indicate that the initial line staff reaction to the accreditation process ranged from total apathy and indifference to skepticism to outright opposition. However, middle management and administrative personnel tended to be more enthusiastic, optimistic, and knowledgeable about the advantages of a self-assessment process. Most of the complaints centered around the amount of time and work involved in policy and procedure formulation, training, implementation, and documentation preparation. There was also some initial confusion and concern regarding the accreditation process and procedure, the degree of staff involvement necessary to achieve compliance, and the short time frames given to accomplish the required tasks. The exercise was considered to be cost and time prohibitive by many, particularly in the early stages of the process. On the other hand, those highly involved in the project saw the worth of bringing structure to a large, rather unwieldy system. As the benefits became more clear with the passage of time, more of the staff previously possessing the attitude of "ignore it and it will go away, this too shall pass, and it's nothing but a flash in the pan", became supportive. Many also feel that the audit process itself is extremely valuable, in that it allows for an unbiased evaluation of standards' compliance as well as for the opportunity to learn from correctional authorities from other systems and jurisdictions across the country. It is felt that the pursuit of excellence brought out the best in many employees and helped others to grow professionally. The self-analysis forced us to address sensitive issues previously given little attention. It did away with the popular notion of "mystery knowledge", thereby making information about all aspects of the correctional system more readily available and accessible to all staff.

The pursuit of accreditation requires responsible, system-wide planning, coordination, and organization. Maryland feels that alone was worth all the time, money, and effort involved. Nothing was lost or compromised by our involvement in the Correctional Standards Accreditation Program, but rather, we made great strides toward the modernization of our correctional operations.

FUTURE OF STANDARDS AND ACCREDITATION IN MARYLAND

On June 30, 1980, the Correctional Standards Accreditation Program formally ceased in Maryland. Eugene Nuth, Deputy Accreditation Manager, was reassigned to the Division of Correction in an administrative capacity. Paul S. Hastmann, the Accreditation Manager, was assigned to the Secretary's Office to complete required grant reports and summaries, to share in the transition from accreditation activities to the new Maryland Commission on Correctional Standards, to respond to the Commission on Accreditation for Corrections and the Law Enforcement Assistance Administration inquiries, to coordinate future compliance audits and field consultant activities, to monitor progress toward compliance, and to provide technical assistance of a general nature.

Despite the restrictive budget language with respect to the Division of Correction's pursuit of the Commission on Accreditation for Corrections standards and accreditation, the Patuxent Institution and the Division of Parole and Probation will continue to strive toward standards compliance and accreditation status. The dates of September 22 - September 25, 1980 have been tentatively scheduled for the compliance audit of Parole and Probation. A considerable amount of work is being done in the areas of policy and procedure development, staff training, orientation, and documentation preparation. A field consultant has been arranged for August 12, 1980 to aid in standards interpretation, analysis of procedural statements, and documentation formulation and organization. The Department of Public Safety and Correctional Services is confident that accreditation status will be awarded to the aforementioned agency. Patuxent's PREP House requested an audit for the last week of August/80, but withdrew the petition after further study. Nevertheless, Patuxent Institution is committed to the concept of accreditation and will request compliance audits before the end of Candidate Status on August 31, 1980. On July 23, 1980, Patuxent had the benefit of Janet York as a Field Consultant to their Institutional Board of Review, which is pursuing accreditation as an Adult Paroling Authority. Field consultants in the areas of Parole Field Services, Community Residential Facilities, and Adult Correctional Institutions will be scheduled for Patuxent in the near future. Therefore, a great deal of audit activity will take place in the Fall/80. It is anticipated that Accreditation Status will be considered in Phoenix, Arizona in February/81 for the Division of Parole and Probation and Patuxent Institution.

During the period of July/80 - September/80, the Department of Public Safety and Correctional Services will respond to the Preliminary and Final Reports relating to the compliance audits of June/80. The Parole Commission will be formally considered for Accreditation Status on August 15 - August 17, 1980 at the San Diego, Calif., meeting of the Commission on Accreditation for Corrections. All the Division of Correction facilities audited will appear before the Board of Commissioners on November 19 - November 21, 1980 in Washington, D.C.

Though the General Assembly placed fiscal restraints on Maryland's involvement in accreditation, it expressed an interest in studying in greater depth the concept as well as the specific CAC standards during the summer. The Department of Public Safety and Correctional Services has been in contact with the Subcommittee on Law Enforcement and Transportation and will continue to cooperate in anyway possible with the hope of revitalizing the accreditation movement in the DPS&CS during the next legislative session. In addition, the Joint Chairman's Report requested a cost and benefit analysis of the implementation of CAC standards in the Division of Correction by October 1, 1980. The Department of Public Safety and Correctional Services will be performing the necessary evaluations and studies to accomplish that goal.

The concept of correctional standards, unlike accreditation, has the support of the legislature as well as the administration, as evidenced by the passage of Senate Bill 791 creating a Maryland Commission on Corrections Standards. By the Fall/80 the Commission members and staff will be administering the legislative mandate to advise the Secretary of the Department of Public Safety and Correctional Services regarding all standards for state and local correctional facilities which he is authorized to promulgate, to provide technical assistance to aid various jurisdictions to comply, and to enforce such standards through periodic inspections.

CONCLUSION

The Department of Public Safety and Correctional Services voluntarily entered in the Correctional Standards Accreditation Program with the explicit intention of improving and upgrading the management and administration of Maryland's correctional agencies and facilities, as well as to better provide for the humane treatment of the offender and to enhance the public safety. After over eighteen months of concerted effort, these goals have been achieved. Even though the goal of system-wide accreditation was not met, the Correctional Standards Accreditation Program was the mechanism by which Maryland was able to manage meaningful change in its' correctional system.

All of the grant objectives were successfully completed. The entire correctional system of the Department of Public Safety and Correctional Services was assessed in relation to the Commission on Accreditation for Corrections' standards, the community, through the media and the legislative forum, became more familiar with Maryland's correctional agencies, an on-going process of self-evaluation was developed through the establishment of a Maryland Commission on Correctional Standards, the planning process was improved by the inclusion of the Standards Management Team and the concept of standards in the Department of Public Safety and Correctional Services' Master and Executive Plans, resource allocation was evaluated in relation to standards compliance, the notion of standards was presented to the Legislature as rationale for budgetary requests with mixed results, and objective performance criteria will be developed and enforced under the auspices of the Maryland Commission on Correctional Standards.

Maryland has greatly benefited from participation in the Correctional Standards Accreditation Program and highly recommends the accreditation process to other jurisdictions with the understanding that the attainment of a correctional system operated under sound management principles is not easy, not inexpensive, and not painless, but definitely worthwhile.

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	MCTC	MCTH	MP	MRDCC	MHC	MCIW	Chart A1 BB
01							
02							
03							
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	ESPRU	GAPRU	PRUW	CVRPRU	JPRU	SMPRU	CLPRU	PHPRU	Chart A EPRU
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006									
007									
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009									
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Suggestion for Submitting Comments on Accreditation

- What standards are confusing in language and/or intent?

- What standards are felt to be inappropriate?

- What standards are absent and should be included?

- What are the advantages/likes and disadvantages/dislikes of the self-evaluation and process for accreditation?

Planning Office (tps) 7/10/79

	UNIT AND LOCATION	CO.	POSSIBLE FUND SOURCE	ITY	Chart C
	MHC, MCTC, MCI, BBCU Tool control staff and equipment needed	\$ 30,000 ONG \$ 6,000 OTO	DOC Budget LEAA Grant *		
4176	MHC, RBCU Flammable, toxic, caustic materials equipment needed	\$ 14,000 OTO	DOC Budget		
4185	MCI Emergency equipment (generator)	\$? OTO	DOC Budget		
4203	MCTC, MCI Renovate/create administrative/disciplinary segregation units	\$5,000,000 OTO	DOC Budget/LEAA Grant		
	MCTC, MCI Staff positions	\$ 638,000 ONG	DOC Budget		
	MHC Renovate 50 cells	\$ 400,000 OTO	DOC Budget/LEAA Grant		
	MHC Staff positions needed	\$ 43,400 ONG	DOC Budget		
	MCIW Renovate to create administrative/ disciplinary segregation unit	\$ 8,000 OTO	DOC Budget/LEAA Grant *		
	MCIW Staff needed	\$ 40,000 ONG	DOC Budget		
	MP Renovate Unit	\$ 5,000 OTO	DOC Budget/LEAA Grant		
	MP Staff needed	\$ 120,000 ONG	DOC Budget		
4235	PATX Food service equipment	\$ 50,000 OTO	PATX Budget		
4249	MP, PATX Laundry Equipment	\$ 10,000 OTO \$ 75,000 OTO	DOC Budget PATX Budget		
	RDCC, PATX Staff	\$ 8,000 ONG \$ 15,000 ONG	DOC Budget PATX Budget		
4250	PATX Renovation and laundry equipment needed	\$ 27,000 OTO	PATX Budget		

DIVISION:

DATE:

STANDARD NUMBER	FUNCTIONAL AREA(S)	NOT APPLICABLE			NON-COMPLIANCE			COMPLIANCE			PERCENT OF (% COMPLIANCE)		
		E	I	D	E	I	D	E	I	D	E	I	D
4001-4027 (27)	Administration, Organization & Mgt.												
4028-4054 (27)	Fiscal Management												
4055-4087 (33)	Personnel												
4088-4104 (17)	Training & Staff Development												
4105-4112 (8)	Planning and Coordination												
4113-4122 (10)	Management Info. System												
4123-4129 (7)	Research and Evaluation												
4130-4139 (10)	Records												
4140-4149 (10)	Physical Plant												
4150-4192 (43)	Security and Control												
4193-4199 (7)	Supervision of Inmates												
4200-4222 (23)	Special Management Inmates												
4223-4236 (14)	Food Services												
4237-4252 (16)	Sanitation, Safety and Hygiene												
4253-4279 (27)	Medical and Health Care Services												

DIVISION :

DATE :

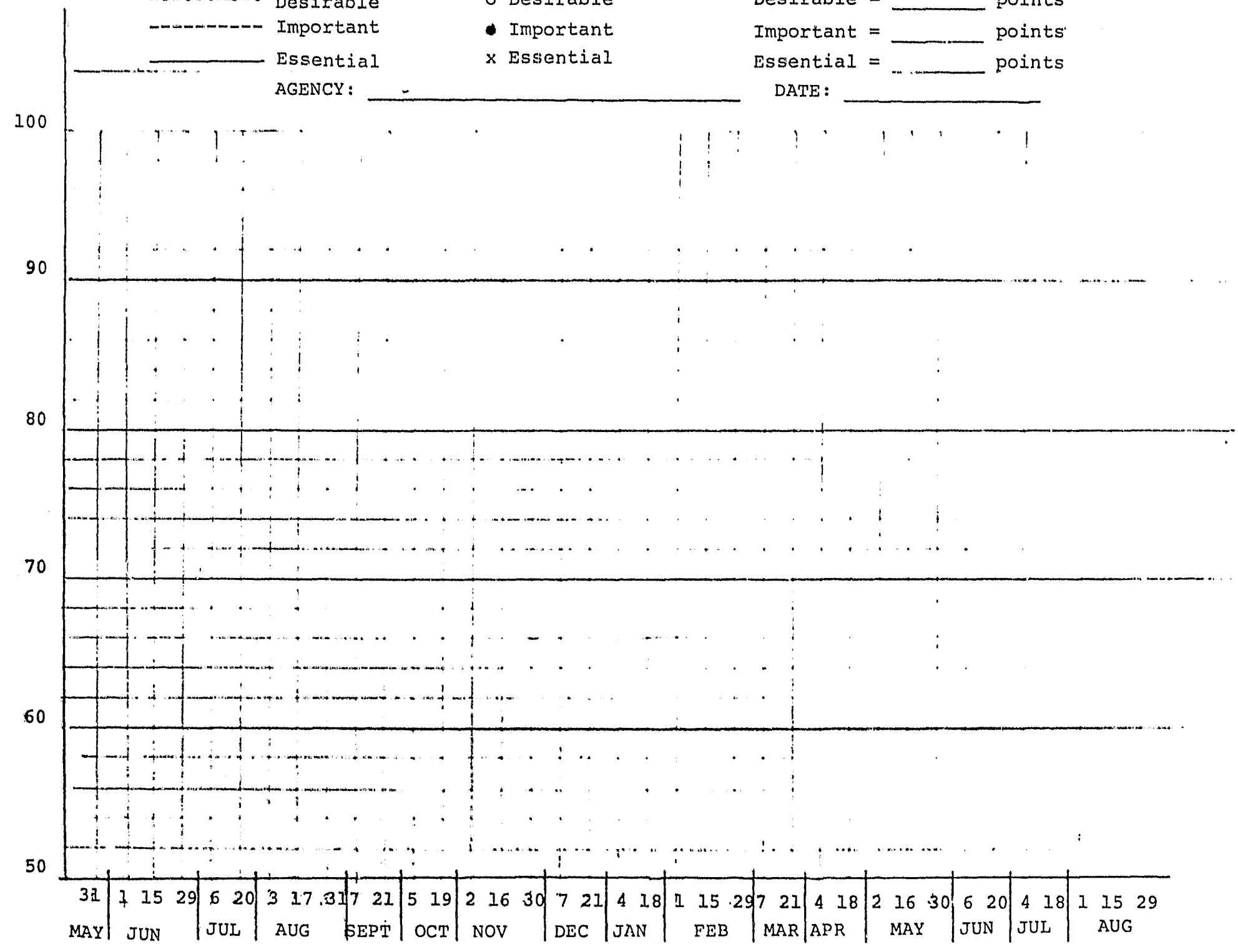
STANDARD NUMBER	FUNCTIONAL AREA(S)	NOT APPLICABLE			NON-COMPLIANCE			COMPLIANCE			PERCENT OF (%) COMPLIANCE		
		E	I	D	E	I	D	E	I	D	E	I	D
4280-4309 (30)	Inmate Rights												
4310-4339 (30)	Inmate Rules & Discipline												
4340-4355 (16)	Mail and Visiting												
4356-4364 (9)	Reception and Orientation												
4365-4371 (7)	Inmate Money & Property Control												
4372-4385 (14)	Classification												
4386-4392 (7)	Inmate Work Programs												
4393-4408 (10)	Educational & Vocational Training												
4409-4418 (10)	Library Services												
4419-4429 (11)	Recreation & Inmate Activities												
4430-4436 (7)	Religious Services												
4437-4444 (8)	Social Services & Counseling												
4445-4455 (11)	Release Preparation & Temp. Release												
4456-4465 (10)	Citizen Involvement & Volunteers												
TOTALS													

POTENTIAL NON-COST COMPLIANCE LEVELS

	# of Cost Standards	Total Applicable	% Potential Non-Cost Compliance
essential important desirable			
essential important desirable			
essential important desirable			
essential important desirable			
essential important desirable			
essential important desirable			
essential important desirable			
essential important desirable			
essential important			

○ Desirable ○ Desirable Desirable = _____ points
 - - - - - Important ● Important Important = _____ points
 ——— Essential x Essential Essential = _____ points

AGENCY: _____ DATE: _____



DIVISION OF CORRECTION
ACCREDITATION PLANS OF ACTION
STATUS REPORT

Chart G

Chart H

MONTH / YEAR

ADULT INSTITUTIONS

	Total # Plans of Action	# of Plans in Progress	# of Plans Complete	# of Plans Not Yet Started	# Plans Behind Schedule
MCTC					
MCIH					
MCIW					
MP					
MHC					
MRDCC					
BBCU					

ACTIVITY THIS MONTH:

Plans Completed (please attach any documentation): _____

Plans Behind Schedule: _____

Comments: _____

Submitted By: _____

Division of Correction	Total Plans of Action	Total Plans on Schedule	Total Plans Complete	Total Plans Not Yet Started	Total Plans Behind Schedule
MCTC					
MCIH					
MCIW					
MP					
MHC					
MRDCC					
BBCU					
PRU					
GAPRU					
PRUW					
CVRPRU					
MPRU					
SMPRU					
CLPRU					
PHPRU					
EPRU					
Parole Commission					
Parole & Probation					
Patuxent					
Adult Institution					
PRU					
Parole Authority					
Parole Services					

LIST OF COMPLETED STANDARDS AS OF 6/30/80 (Continued)

MCIW

4020 E, 4022 I, 4078 I, 4088 E, 4090 E, 4094 E, 4095 I, 4098 E, 4100 E, 4120 E, 4121 I,
4127 E, 4165 E, 4177 E, 4178 E, 4179 E, 4181 E, 4182 I, 4183 E, 4184 E, 4201 E, 4202 E,
4203 I, 4218 E, 4220 E, 4221 E, 4241 E, 4290 E, 4299 I, 4300 E, 4318 E, 4320 E, 4324 E,
4325 E, 4332 E, 4333 E, 4336 E, 4339 E, 4348 E, 4382 I, 4383 E, 4393 E

MP

4005 E, 4006 E, 4008 E, 4016 E, 4020 E, 4021 I, 4022 I, 4088 E, 4090 E, 4094 E, 4095 E,
4098 E, 4100 E, 4127 E, 4162 E, 4164 E, 4165 E, 4173 E, 4177 E, 4178 E, 4179 E, 4181 E,
4182 I, 4183 E, 4184 E, 4194 E, 4197 E, 4198 E, 4199 E, 4201 E, 4202 E, 4203 I, 4205 E,
4207 E, 4209 E, 4211 E, 4212 E, 4213 E, 4214 E, 4218 E, 4221 E, 4222 E, 4241 E, 4262 E,
4290 E, 4295 I, 4299 E, 4300 E, 4315 E, 4318 E, 4320 E, 4321 E, 4324 E, 4325 E, 4332 E,
4333 E, 4336 E, 4339 E, 4348 E, 4349 I, 4350 E, 4355 D, 4363 E, 4364 E, 4367 E, 4373 E,
4376 E, 4378 E, 4380 I, 4381 E, 4382 E, 4383 E, 4393 E, 4458 E, 4460 E, 4463 E, 4464 I

RDCC

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4088 E, 4090 E, 4094 E, 4098 E, 4100 E, 4127 E, 4150 E, 4162 E, 4165 E, 4177 E, 4178 E,
4179 E, 4180 E, 4181 E, 4182 I, 4183 E, 4184 E, 4197 E, 4198 E, 4199 E, 4201 E, 4202 E,
4203 I, 4205 E, 4209 E, 4211 E, 4212 E, 4213 E, 4214 E, 4218 E, 4221 E, 4222 E, 4233 E,
4240 E, 4241 E, 4259 E, 4262 E, 4276 E, 4290 E, 4295 I, 4299 E, 4300 E, 4315 E, 4318 E,
4320 E, 4324 E, 4325 E, 4332 E, 4333 E, 4336 E, 4339 E, 4350 E, 4355 D, 4363 E, 4367 E,
4373 E, 4374 E, 4378 E, 4380 I, 4381 E, 4382 E, 4383 E, 4456 E, 4457 E, 4458 E, 4460 E,
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4127 E, 4162 E, 4164 E, 4165 E, 4175 E, 4176 E, 4177 E, 4178 E, 4179 E, 4180 E, 4181 E,
4182 I, 4184 E, 4186 E, 4197 E, 4198 E, 4199 E, 4201 E, 4202 E, 4203 I, 4205 E, 4207 E,
4209 E, 4211 E, 4212 E, 4213 E, 4214 E, 4218 E, 4220 E, 4221 E, 4222 E, 4233 E, 4241 E,
4262 E, 4268 E, 4290 E, 4294 E, 4295 I, 4299 E, 4300 E, 4315 E, 4318 E, 4320 E, 4321 E,
4324 E, 4325 E, 4332 E, 4333 E, 4336 E, 4339 E, 4350 E, 4355 D, 4356 E, 4360 E, 4363 E,
4364 I, 4367 E, 4373 E, 4376 E, 4378 E, 4380 I, 4381 E, 4382 E, 4383 E, 4393 E, 4419 E,
4428 E, 4457 E, 4458 E, 4460 E, 4463 E, 4464 I

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4005 E, 4006 E, 4008 E, 4015 E, 4016 E, 4020 E, 4021 I, 4022 I, 4088 E, 4090 E, 4094 E,
4098 E, 4100 E, 4102 E, 4104 I, 4127 E, 4151 E, 4152 E, 4162 E, 4164 E, 4165 E, 4166 E,
4169 E, 4172 E, 4174 E, 4175 E, 4176 E, 4177 E, 4178 E, 4179 E, 4180 E, 4181 E, 4182 I,
4183 E, 4184 E, 4194 E, 4197 E, 4198 E, 4199 E, 4241 E, 4262 E, 4268 E, 4290 E, 4295 I,
4299 E, 4300 E, 4315 E, 4318 E, 4320 E, 4321 E, 4324 E, 4325 E, 4332 E, 4333 E, 4336 E,
4339 E, 4348 E, 4350 E, 4363 E, 4367 E, 4373 E, 4376 E, 4378 E, 4380 I, 4381 E, 4393 E,
4457 E, 4458 E, 4460 E, 4463 E, 4464 I

LIST OF COMPLETED STANDARDS AS OF 6/30/80 (Continued)

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4090 E, 4094 E, 4095 E, 4100 E, 4127 E, 4146 E, 4162 E, 4164 E, 4167 E, 4175 E, 4177 E,
4178 E, 4179 E, 4181 E, 4182 E, 4183 E, 4185 E, 4197 E, 4198 E, 4199 E, 4201 E, 4202 E,
4203 E, 4206 E, 4209 E, 4213 E, 4220 E, 4221 E, 4222 E, 4233 E, 4241 E, 4262 E, 4271 E,
4272 E, 4290 E, 4295 E, 4299 E, 4300 E, 4315 E, 4318 E, 4320 E, 4321 E, 4324 E, 4325 E,
4332 E, 4333 E, 4336 E, 4339 E, 4348 E, 4349 I, 4350 E, 4363 E, 4367 E, 4373 E, 4376 E,
4378 E, 4380 I, 4381 E, 4382 E, 4383 E, 4393 E, 4427 E, 4457 E, 4458 E, 4460 E, 4463 E,
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4005 E, 4006 E, 4007 E, 4008 E, 4009 E, 4010 E, 4020 E, 4022 I, 4039 E, 4080 E, 4088 E,
4090 E, 4094 E, 4095 E, 4100 E, 4123 E, 4150 E, 4155 E, 4164 E, 4175 E, 4178 E, 4179 E,
4181 E, 4182 E, 4183 E, 4197 E, 4199 E, 4201 E, 4202 E, 4211 E, 4213 E, 4214 E, 4220 E,
4221 E, 4230 E, 4233 E, 4241 E, 4259 E, 4262 E, 4295 E, 4300 E, 4315 E, 4318 E, 4320 E,
4321 E, 4324 E, 4326 E, 4332 E, 4333 E, 4335 E, 4348 E, 4350 E, 4367 E, 4373 E, 4376 E,
4380 I, 4381 E, 4382 E, 4383 E, 4393 E, 4457 E, 4458 E, 4460 E

Beginning Compliance
6/1/79

Agency Projected Compliance
As of 6/30/80

Agency Compliance
As of 6/30/8

	Essential	Important	Desired	Essential	Important	Desired	Essential	Important	Desired
Division of Correction									
MCTC	76%	83%	100%	100%	100%	100%	90%	93%	100%
MCIH	74	77	80	96	95	100	92	90	80
MP	69	67	20	96	96	100	89	81	60
MRDCC	66	64	20	96	94	100	88	79	60
MHC	67	60	60	93	87	100	87	76	80
MCIW	82	65	60	96	92	100	92	74	60
BBCU	70	71	40	97	98	100	89	85	40
Pre Release Unit									
GAPRU	79	67	N/A	94	93	N/A	83	81	N/A
PRUW	85	83	N/A	95	100	N/A	95	84	N/A
CVRPRU	83	74	N/A	92	88	N/A	91	94	N/A
JPRU	75	70	N/A	88	85	N/A	86	80	N/A
SMPRU	75	67	N/A	86	82	N/A	86	77	N/A
CVPRU	76	62	N/A	88	83	N/A	87	76	N/A
PHPRU	74	64	N/A	87	82	N/A	85	77	N/A
EPRU	74	67	N/A	87	84	N/A	86	77	N/A
Patuxent Institution	60	57	60	99	98	80	68	63	60
Parole Authority	69	73	N/A	99	100	N/A	89	99	N/A
PRU	66	69	N/A	99	100	N/A	53	70	N/A
Parole Services	69	55	N/A	100	98	N/A	73	60	N/A
Maryland Parole Commission	75	90	N/A	96	100	N/A	94	86	N/A
Division of Parole and Probation	78	65	N/A	98	96	N/A	91	81	N/A

Chart K

CAC	PERCENTAGE		CAP
195	100%	100%	231
42	21.5%	18.1%	43
31	16%	22.9%	53
17	8.7%	17.7%	41
16	8.2%	1.3%	
		39%	01
77	39.4%		
12	6.1%		

ADULT CORRECTIONAL INSTITUTIONS
COMPLIANCE DOCUMENTATION

- 4001 - Art. 27 Sec 670-726, DCR 10 series, Annual Report
- 4002 - Master Plan, DCR 10 series, Executive Plan
- 4003 - Job Description (MO), DCR 10 series (organizational), Art. 27 Sec 682
- 4004 - DCR 20-5, Staff Mtg. minutes, Institutional Directives, DOP Regs. .06.01.50
- 4005 - DCR 1-3, Institutional Administrative Manual, DCR manuals
- 4006 - DCR 10 series, Institution Organizational Description
- 4007 - DCR 10 series (Organizational Chart), Institutional Directives
- 4008 - DCR 10 series, Executive Plan, Annual Report
- 4009 - DCR 1-3, Institutional Directives and Operations Manual
- 4010 - DCR 20?, Institutional Directives
- 4011 - DCR 60-4, Executive Plan, Annual Program Evaluation
- 4012 - DCR 90?, Executive Plan
- 4013 - DCR 10-1 (Organizational Chart), Art. 32 Sec. 12A, DCR 20-8
- 4014 - Serious Incident Report, Population Data, DCR 60-4, Weekly Status Reports, Monthly Security Statistics
- 4015 - DCR 20-5, Institutional Directive, Staff Meeting Minutes
- 4016 - Institutional Directives
- 4017 - DCR 10 series, Annual Report, Executive Plan
- 4018 - Budget and Planning processes, Correspondence, Governor's Commission LEAJ DCR 90? Intragency agreements, Advisory Board for Corrections, Parole & Probation
- 4019 - MAP resource catalog manual, DCR 1-8, Correspondence
- 4020 - DCR 20-6, record of testimony or copy of information provided, correspondence
- 4021 - DCR 20-7, correspondence, Institutional directive, interagency agreements, evaluation reports
- 4022 - DCR 20-7, Correspondence
- 4023 - DCR 60 series, documentation of media contacts; public relations packets, etc.
- 4024 - DCR 60-1, DCR 60-2, DCR 200-1, institutional directives
- 4025 - Annual Report, Art. 27 Sec 677
- 4026 - Institutional Directives, Proof of memberships, Leave records, minutes of mtgs. with employees, DOP Regs .06.01.00
- 4027 - DCR 50-9, DCR 50-3, Monthly union mtgs. w/Commissioner, etc.
- 4028 - Job Specifications of Fiscal Specialist, Organizational Chart
- 4029 - Job Descriptions of MO, Organizational Chart
- 4030 - Personnel Records, Job Specifications of Fiscal Specialist
- 4031 - State Treasurer Regulations
- 4032 - DCR 175-1, DCM 210-1, Institutional directives
- 4033 - Budget line for contractual employees, Medical Service Fund
- 4034 - DCR 40-2, DCR 40-3, Correspondence, Executive Planning process
- 4035 - Job description of MO, DCR 40-2, DCR 40-3
- 4036 - Budget Form 2, Capital Budget Documentation
- 4037 - DCR 40-6, DCR 40-7, Overtime expenditure justification documentation
- 4038 - DCR 40-4, Budget and Fiscal Planning Manual
- 4039 - Minutes or transcripts of budget hearing, Correspondence, budget schedules
- 4040 - DCR 40-3, meeting minutes, written requests for action
- 4041 - Comptroller's Manual, DCR 40-6, DCR 40-7
- 4042 - Comptroller's Manual
- 4043 - Comptroller's Manual
- 4044 - Observation, Institutional procedures
- 4045 - Daily collection report, transmittals, comptroller's manual, DCR 40-7
- 4046 - Comptroller's Manual
- 4047 - DCR 75-1, Inventory control records, DGS Inventory Manual
- 4048 - DCR 75-3, Inventory control records, DGS Inventory Manual
- 4049 - DCR 40-1, Central Payroll Manual, Payroll Records, DOP .06.01.00 DCR 50-21
- 4050 - Purchasing Bureau Regs., Budget and Fiscal Planning Manual
- 4051 - Legislative audit procedure, Administrative HQ audit-DCR 40?, Annotated Code
- 4052 - State Treasurer's Manual, Maryland Insurance Manual
- 4053 - DCR 175-1, DCM 210-1, Observation
- 4054 - DCR 175-1, Institutional Directives, Commissary Records
- 4055 - Art 64A, COMAR, DOP Regs .06.01.00
- 4056 - DCR 1-3 implementation on 50 series, institutional directives
- 4057 - DOP Regs .06.01.00, DCR 50 series, Hostage policy
- 4058 - Observation, Staff Interviews
- 4059 - Job Specification sheets, DOP Regs .06.01.00, COMAR
- 4060 - Art 49 Sec 17-21, DCR 50-1, Dept. Affirmative Action Plan, .
- 4061 - Records and Statistics from DOC personnel office on hiring, promotions, terminations, etc.
- 4062 - DCR 50-1, Rule .52 from DOP Regs, COMAR, Governor's Code of Fair Practices
- 4063 - Budget Requests (regular and supplemental), personnel requests (test dates, salary review, reclassifications, etc.)
- 4064 - Budget process, Annual Efficiency reports, Institutional efficiency evaluations in segregation assignments, DCR 50-
- 4065 - Observation
- 4066 - DCR 50-14, 50-2 Sec 33
- 4067 - DCR 50-3, Art 64A Sec 52-55
- 4068 - DCR 50-3, Art 64A Sec 52-55 (Grievance records)
- 4069 - Art 27 Sec 682a, letter of appointment, DCIB on appointment
- 4070 - Art 27 Sec 682a, Job specifications of Managing Officer
- 4071 - Job Specifications of Managing Officer
- 4072 - (Will appeal)
- 4073 - DCR 50-14, DCR 50-42, DCR 50-17, rules .37 of DOP Regs (Will appeal)
- 4074 - DCR 50-3, Art 64A Sec 52-55, rules .45-50 of DOP Regs
- 4075 - DCR 50-4, rules .38 of DOP Regs, COMAR Sec 38B
- 4076 - Job specifications, personnel records
- 4077 - N/A (need justification)
- 4078 - Art 64A Sec 19, DCR 50-49, DCR 50-1
- 4079 - Governor's Fair Practice Code, DCR 50-1
- 4080 - Salary schedule & benefit package, comparison with other corrections' disciplines in locality and related jobs in community
- 4081 - DCR 50-18, DOP Regs .06.01.00
- 4082 - Need plan of action
- 4083 - Institutional Directives, Personnel Policy #10
- 4084 - DCR 50-12, DCR 30-3, Rules .53 of DOP Regs, copy of GAD Form X-5
- 4085 - Rule 53 of DOP Regs, expense reimbursement records, institutional directives
- 4086 - DCR 50-2, Governor's Code of Ethics, ACA Code of Ethics
- 4087 - DCR 200-1, DCR 50-2 Sec. DCR 50?, DCR 30-4, Institution Directives
- 4088 - DCR 30-4, Art 41 Sec 70B
- 4089 - Job description of trainer, Train the Trainer's certificate, Personnel records
- 4090 - DCR 30-4, training records, training curriculum
- 4091 - DCR 30-4, training records, training curriculum
- 4092 - DCR 30-4, training records
- 4093 - DCR 30-4, training records
- 4094 - DCR 30-4, committee designations
- 4095 - DCR 30-4, training plan, minutes of mtgs., reports to MO
- 4096 - DCR 30-4, training records, personnel assignment document
- 4097 - DCR 30-4, training records, written qualification requirements
- 4098 - Training curriculum
- 4099 - Rule .53 of DOP Regs, DCR 30-1 training records
- 4100 - DCR 30-4, review of plan records
- 4101 - DCR 30-4, observation
- 4102 - DCR 30-4, observation

4103 - DCR 30-3, budget line item, budget request for additional CO's as replacement personnel
 4104 - DCR 30-4, Art 41 Sec 70B, correspondence, observation
 4105 - DCR 90?, examples of plans, correspondence
 4106 - Executive Plan, DCR 90?, Master Plan
 4107 - DCR 90?, Job description of MO, correspondence
 4108 - Documentation of annual review, Annual Program Evaluation Report
 4109 - DCR 90?, documentation of annual review Executive Planning process
 4110 - Budget process (supplemental), DCR 40-6, 40-71
 4111 - Regular and supplemental budget process, annual salary review request, reclassification requests, etc.
 4112 - Correspondence, memberships in criminal and non-criminal justice agencies, associations, committees, DCR 90?, Regional Planning involvement, etc.
 74113 - Quarterly and Monthly reports (need plan of action) DCR 90-4
 74114 - OBSCIS Task Force, (need plan of action)
 74115 - OBSCIS Data Dictionary, OBSCIS operators manual, OBSCIS procedures, (need plan of action)
 4116 - Quarterly Statistical Summary, Annual Program Evaluation Reports, Annual Report, monthly Population Data
 4117 - OBSCIS design, Planning process, Information requirements (need plan of action)
 4118 - OBSCIS operators manual, DCR 200-1 (need plan of action)
 4119 - Correspondence, request for information, OBSCIS Task Force
 4120 - DCR 90?
 4121 - Population statistics, OBSCIS, DCR 90?
 4122 - Quarterly Statistical Reports, OBSCIS
 4123 - Institutional Directives, Research or Evaluation documents
 4124 - Institutional Directives, Research or Evaluation documents
 4125 - Institutional Directives, Research or Evaluation documents
 4126 - Institutional Directives, Research or Evaluation documents
 4127 - Revised DCR 130-17, inmate interviews
 4128 - Funding proposal requests to LEAA, NIC, etc.
 4129 - Art 41, Sec 204C(g), Art 76, Sec 3 (bii), DCR 90?, Institutional Directives
 4130 - DCR 100-7, DCR 100-8, Institutional Directives, DCR 200-1
 4131 - DCR 100-7, DCR 100-8, Observation
 4132 - Observation of master file system
 4133 - DCR 35-3, DC form 35-1, Institutional Directives
 4134 - DCR 100-8, Observation, DC form 100-1, Institutional Directives
 4135 - Revised DCR 100-7, Observation
 4136 - Revised DCR 100-7, observation, Institutional Directives
 4137 - Revised DCR 200-1
 4138 - Revised DCR 200-1
 4139 - Revised DCR 200-1
 4140 - Physical Plant diagram, Housing Assignments, Observation
 4141 - Population records, observation, Housing Assignments
 4142 - Physical Plant diagram, Observation
 4143 - Physical Plant diagram, Observation
 4144 - Physical Plant diagram, Observation
 4145 - Physical Plant diagram, Observation
 4146 - DCR 70-1, DCR 70-3, Institutional directive, maintenance reports, repair records, emergency referral system
 4147 - N/A need written justification
 4148 - N/A need written justification
 4149 - N/A need written justification
 4150 - DCR 110-25, Institutional directive, staff review documentation, observation of security manual
 4151 - Physical Plant diagram, Observation

4152 - Perimeter surveillance plans, post orders
 153 - Perimeter design, Observation, post orders
 4154 - Institutional directive in security manual, post orders
 4155 - DCR 110-9, Institutional directives, post orders, DCR 110-12
 4156 - Perimeter security plan, Observation
 4157 - Perimeter security plan, Observation
 4158 - Physical Plant design, Observation
 4159 - DCR 35-3, 35-4, Institutional directive, post orders, count records, log entries
 4160 - Post orders, count records, Institutional directive, log entries
 4161 - DCM 210-1, Institutional directives, post orders, observation, pass list, mass movement procedures
 4162 - DCR 110-21, Institutional directives, inspection reports
 4163 - DCR 110-8, Institutional directives, search records
 4164 - DCR 110-8, DCM 210-1, orientation packets, review records, staff training records
 4165 - DCR 110-9, 110-10, 110-3, Observation, DCR 110-22, Institutional directives
 4166 - Inventory records, DCR 110-22, Institutional directives
 4167 - DCR 110-9, Institutional directives
 4168 - Observation of arsenal, DCR 110-22, Institutional directives
 4169 - Institutional directives, distribution records, DCR 110-22
 4170 - DCR 115-2, 20-3, 110-9, 110-10, actual reports, institutional directives
 4171 - DCR 110-9, 110-10, medical records or reports, Institutional directives
 4172 - Institutional directives, observation of weapons storage provisions, DCR 110-22
 4173 - Physical Plant design, observation, Institutional directives, DCR 110-22
 4174 - DCR 110-11, observation of key storage provisions, institutional directives
 4175 - DCR 110-20, Institutional directives, observation of tool storage provisions
 4176 - DCR 80-4, Institutional directives, observation of storage provisions
 4177 - DCR 110-1, Institutional directives, post orders, review records
 4178 - DCR 110-1, Institutional directives, signature or training records
 4179 - DCR 190-5, 245-2, Institutional directives, review records
 4180 - DCR 110-2, Institutional plans, review records, 110-24, 80-2
 4181 - DCR 30-4, training component, training records, staff interviews
 4182 - DCR 30-4, training component, training records, staff interviews, DCR 110?
 4183 - DCR 110?, Evaluation records
 4184 - DCR 110?, written plan, institutional directive in security manual, staff interviews
 4185 - Observation, Physical plant diagram
 4186 - Observation, maintenance records
 4187 - Institutional directive, inmate interviews, DCIB
 4188 - DCR 115-2, DCR 20-3, DCR 50-2 #10, serious incident reports, DCR 190-5, Institutional directives
 4189 - DCR 110-3, Institutional directives, DCR 190-5
 4190 - DCR 80-3, 75-6, staff and inmate interviews, Institutional directives
 4191 - DCR 75-6, GAD Form X-5, DOP Standard Travel Regulations, Institutional directives
 4192 - DCR 110-12, Institutional directive in security manual
 4193 - DCR 100-3, 100-1, 285-7, DCM 210-1, DCR 100-5, 100-14, 100-16, Institutional directives
 4194 - Institutional directive
 4195 - DCM 210-1, Institutional directive
 4196 - DCM 210-1, Institutional directive, pass system
 4197 - DCR 20?, Inspection records, Institutional directives
 4198 - DCR 20?, Inspection records, staff interviews, Institutional directives
 4199 - DCR 110?, Observation of logs, Institutional directives
 4200 - DCM 210-1, 105-1, 105-2, Institutional directives
 4201 - DCR 110-19, Institutional directives
 4202 - DCR 110-19, Institutional directives
 4203 - DCR 110-6, Observation

4204 - Physical Plant design, observation
 4205 - DCR 110-6, observation, institutional directives
 4206 - DCR 110-6, observation, institutional directives
 4207 - DCR 110-6, observation, institutional directives
 4208 - DCR 110-6, observation, institutional directives
 4209 - DCR 110-6, records of visits, log entries
 4210 - DCR 110-6, institutional directives
 4211 - DCR 110-6, institutional directive
 4212 - DCR 110-6, institutional directive
 4213 - DCR 110-6, staff and inmate interviews, institutional directives
 4214 - DCR 110-6, staff and inmate interviews, institutional directives
 4215 - DCR 110-6, staff and inmate interviews, institutional directives
 4216 - DCR 110-6, observation, institutional directives
 4217 - DCR 110-6, observation, institutional directives
 4218 - DCR 110-6, observation, institutional directives
 4219 - DCR 110?, post orders, log entries, institutional directives
 4220 - DCR 110-23, evaluation forms, institutional directives
 4221 - DCR 110-23, personnel records
 4222 - DCR 105-2, DCM 210-1, DCR 110-19, inmate records, institutional directives
 4223 - Job specifications and personnel record of food administrator, DCR 10 series
 4224 - Department of Health and Mental Hygiene Diet Manual, copy of 8/79 food report, master menu
 4225 - N/A need written justification
 4226 - Advance menu, institutional directives, master menu
 4227 - Diet and Therapeutic diet procedures (2-26-75) in manual
 4228 - DCR 160-6, cost control system, records
 4229 - DCR 160-3, 160-4, 160-5, meal records, observation, institutional directives
 4230 - DCR 160-1
 4231 - DCM 210-1, DCIB
 4232 - DCR 160-1, Maryland Institutional Food Manual
 4233 - DCR 160-1, observation
 4234 - DCR 160-1, Daily Internal Inspection Sheet, institutional directives
 4235 - Documentation of inspections by Dept. of Health & Mental Hygiene, National Sanitation Foundation manual
 4236 - DCR 160-1, Health Department Regulations posted in kitchen
 4237 - DCR 80-1, personnel and training records
 4238 - Inspection certificates and reports
 4239 - Documentation of certification
 4240 - DCR 80-2, staff and inmate interviews
 4241 - DCR 80-2, fire evacuation plans, fire drill records
 4242 - DCR 80-5, observation, institutional directives
 4243 - Observation, documentation of implementation (contract Awards)
 4244 - Observation, documentation of implementation (contract Awards)
 4245 - DCR 220-4, 220-6, institutional directives
 4246 - DCR 210-3, institutional directives, observation
 4247 - DCR 220-4, institutional directives, post orders
 4248 - DCM 210-1, DCR 220-4, DCR 105-1, institutional directives, post orders
 4249 - Inmate interview, observation
 4250 - Physical Plant design, observation, institutional directives, post orders
 4251 - Physical Plant design, observation, post orders
 4252 - Inmate interview, observation, schedule, institutional directives
 4253 - DCR 130-2, Executive plan, budgeted medical positions or contracts, Annual Report
 4254 - DCR 50-38, Job specifications and licenses
 4255 - Licenses or job specifications, DCR 50-38
 4256 - Documentation of availability

4257 - DCR 130-31, documentation of contractual agreements or arrangements, institutional directives
 4258 - DCR 130-5, 130-31, 130-7, contractual agreement
 4259 - DCR 130-15, 130-8
 4260 - DCR 130-15, 130-8
 4261 - DCR 130-15, 130-8
 4262 - DCM 210-1, DCIB, institutional directives
 4263 - DCR 130-8, institutional directives
 4264 - DCR 130-24, observation
 4265 - DCR 130-24, 200-1, institutional directives
 4266 - DCR 130-3, certification of pharmacist, DCR 10-1
 4267 - Formulary Manual, prescription records, institutional directives
 4268 - DCR 110-6, 130-9, institutional directives
 4269 - DCR 130-13, written notification, institutional directives
 4270 - DCR 270-1, 270-2, correspondence 20-3, institutional directives
 4271 - Shift schedule, training records
 4272 - DCR 130?, written plans
 4273 - N/A or observation
 4274 - DCR 130?
 4275 - DCR 125?
 4276 - N/A or DCR 125?
 4277 - Art. 31B (Patx.), DCR 230-2, 230-3, transfer records, institutional directives
 4278 - DCR 125?
 4279 - DCR 125?, consultation records, contractual agreements w/psychiatrists
 4280 - DCM 210-1, DCR 260-1, inmate and staff interviews, institutional directives
 4281 - DCR 260-1, 250-1, 195-2, DCM 210-1, institutional directives
 4282 - DCR 260-1, 250-1, 195-2, DCM 210-1, SOP
 4283 - DCR 260-1, 250-1, 195-2, DCM 210-1, institutional directives
 4284 - institutional directives, DCR 220-3, observation of library facilities, etc.
 4285 - DCR 50-2 #10, 110-6, 110-19, 115-2, institutional directives, DCIB
 4286 - observation, inmate interviews, DCIB
 4287 - observation, DCM 210-1, DCIB
 4288 - DCR 130 series, observation, inmate interviews, institutional directives
 4289 - Executive Plan, DCM 210-1, DCR 145-1, Annual Program Evaluation Reports
 4290 - DCR 130-17, institutional directives
 4291 - DCR 90?, institutional directives
 4292 - DCR 110-8, institutional directives, DCM 210-1, DCR 1-3
 4293 - DCR 110-8, institutional directives, DCM 210-1
 4294 - Executive Plan, DCR 110-13, DCIB
 4295 - DCM 210-1, DCIB, DCR 100-1
 4296 - DCR 105-2, DCM 210-1, DCR 105-1, institutional directives
 4297 - DCR 105-2, DCM 210-1, DCR 105-1, institutional directives
 4298 - DCM 210-1, institutional directives
 4299 - DCR 105-2, DCM 210-1, institutional directives
 4300 - DCR 105-2, DCM 210-1, DCR 105-1, institutional directives
 4301 - Art. 41 Sec. 204f, DCM 210-1, DCR 180-1
 4302 - DCR 110-1 and/or 100-5 for RDCC & MCIW, DCM 210-1, institutional directives
 4303 - DCM 210-1, DCR 210-3, institutional directives
 4304 - DCM 210-1, DCR 140 series, institutional directives
 4305 - DCM 210-1, institutional directives, DCR 195-1 and 195-2
 4306 - DCM 210-1, institutional directives, DCR 250-1
 4307 - DCM 210-1, DCR 60-2, DCR 255-1, DCR 250-1, institutional directives
 4308 - N/A need written justification
 4309 - N/A need written justification
 4310 - DCM 210-1, DCR 105-1, 105-2, institutional directives
 4311 - DCM 210-1, DCR 105-2, 105-1, institutional directives, orientation and training packets

4312 - DCM 210-1, DCR 105-1
 4313 - institutional training curriculum, training records
 4314 - DCM 210-1, DCR 105-1, 105-2
 4315 - will appeal
 4316 - DCM 210-1, DCR 105-2
 4317 - DCR 105-2, DCM 210-1
 4318 - DCR 105-2, DCM 210-1
 4319 - DCR 110-151, institutional directives, DRC 110-5
 4320 - DCR 20-9
 4321 - DCR 105-2, institutional directives
 4322 - DCM 210-1, DCR 105-2, institutional directives
 4323 - DCM 210-1, DCR 105-2, institutional directives
 4324 - DCR 105-2
 4325 - DCR 105-2, DCM 210-1, DCR 105-1, institutional directives
 4326 - DCR 105-2, DCM 210-1
 4327 - DCR 105-2, DCM 210-1
 4328 - DCR 105-2, DCM 210-1
 4329 - DCM 210-1, DCR 105-2, institutional directives
 4330 - DCM 210-1, DCR 105-2
 4331 - DCM 210-1, DCR 105-2
 4332 - DCM 210-1, DCR 105-2, 105-1
 4333 - DCM 210-1, DCR 105-2
 4334 - DCM 210-1, DCR 105-1, 105-2, institutional directives
 4335 - DCM 210-1, DCR 105-2
 4336 - will appeal
 4337 - DCM 210-1, DCR 105-2
 4338 - DCM 210-1, DCR 105-2
 4339 - DCM 210-1, DCR 105-2, DCR 180-1
 4340 - DCM 210-1, DCR 250-1, institutional directives
 4341 - DCM 210-1, DCR 250-1, institutional directives
 4342 - DCM 210-1, DCR 250-1, institutional directives
 4343 - DCM 210-1, DCR 250-1, institutional directives
 4344 - DCR 250-1, DCM 210-1, institutional directives
 4345 - DCR 250-1, DCM 210-1, institutional directives
 4346 - DCM 210-1, DCR 250-1, institutional directives
 4347 - DCM 210-1, DCR 250-1, institutional directives
 4348 - DCR 250-1, DCM 210-1, institutional directives
 4349 - institutional directives
 4350 - DCM 210-1, DCR 195-1, 195-2, institutional directives
 4351 - DCM 210-1, DCR 195-1, 195-2, institutional directives
 4352 - observation, institutional directives
 4353 - DCR 240-1, institutional procedures
 4354 - DCM 210-1, DCR 195-1, 195-2, institutional directives
 4355 - institutional directives
 4356 - observation, institutional directives, orientation package, inmate and staff interviews
 4357 - observation
 4358 - institutional directives, inmate records, post orders
 4359 - N/A for all but RDCC and MCIW - DCR 100-6, institutional directives
 4360 - N/A for all but RDCC and MCIW - DCR 130-15, institutional directives
 4361 - DCR 220-1, DCR 130-16, DCR 100-6, institutional procedures
 4362 - institutional directives and program design
 4363 - institutional directives, signature records
 4364 - Executive Plan, DCR 100-1, institutional directives
 4365 - DCR 220-1, DCR 220-6, institutional procedures
 4366 - DCR 220-2, DCR 220-8, institutional procedures

4367 - DCR 220-2, 4, 5, 6, DCR 245?, institutional procedures
 4368 - DCR 245?, observation
 4369 - institutional directives, DCR 245?
 4370 - institutional directives, DCR 245?
 4371 - Legislative audits, DCR 245?
 4372 - Executive Plan, Annual Program Evaluation Reports
 4373 - DCR 100 series, institutional directives (manual)
 4374 - DCR 100-1, DCM 210 + 1, institutional procedures
 4375 - DCR ?, institutional directives
 4376 - DCR 100-1
 4377 - DCR 100-1, 100-3, 100-4, 100-12, 100-14, 100-16, institutional directives, DCM 210-1
 4378 - DCR 100-1
 4379 - DCR 100-1, DCM 210-1, institutional directives
 4380 - DCIB, DSM 210-1, DCR 100-1
 4381 - DCR 110-19, institutional procedures
 4382 - DCR 110-19, institutional procedures
 4383 - DCR 110-19, institutional procedures
 4384 - DCR 100-11, inmate file review, institutional directives
 4385 - Executive Plan, DCR 100-10, classification records, review, correspondence, institutional directives
 4386 - observation, inmate work assignments list compared to inmate population, staff and inmate interviews
 4387 - work assignment descriptions, staff and inmate interview
 4388 - staff and inmate interviews, schedule of typical work day
 4389 - correspondence or meetings w/NAB, ITP, DUR, SUI, etc.
 4390 - DCM 210-1, Payment records, staff and inmate interviews
 4391 - DCR 105-4, 105-5, DCM 210-1, WR housing, CLPRU wage scale
 4392 - DCR 155-4, payment records
 4393 - Master Plan (DOE), Program descriptions
 4394 - Annual Program Evaluation Report, Annual Report (DOE), Student evaluation of educational program planning process
 4395 - observation, DCR 135-1, Master Plan (DOE), Program participant criteria in MAP Resource Manual
 4396 - Staff and inmate interviews, program participant criteria, position descriptions of testing and evaluation personnel
 4397 - Master Plan (DOE), planning process, memo on class size
 4398 - Annual Program Evaluation Report, MSDE Annual Report, ESEA Title I Evaluation
 4399 - ESEA Title I Evaluation, State Advisory Committee for Vocational Education, Trade Advisory Committee
 4400 - Job specifications, copies of certification
 4401 - Staff and inmate interviews, training curriculum/semester report
 4402 - Observation
 4403 - Monthly educational statistical report, programmed instruction approach
 4404 - College special leaves, institutional college program descriptions, attendance records, private files, etc.
 4405 - Curriculum descriptions (i.e. Math, English), Career Education, Consumer Education, Life skills program descriptions
 4406 - State Vocational Education Plan, Competency based Vocational evaluation, observation, vocational shops, preparation programs
 4407 - Job Specifications, copies of certifications
 4408 - Correspondence, apprenticeship programs, related instruction programs, SUI placement program, Trade Advisory Committee, Vocational Educational Advisory Committee
 4409 - Observation, Master Plan (DOE), monthly statistical report
 4410 - DCR 135-2, institutional directives
 4411 - Job description, Correctional Education Program TO chart, position certification

4412 - Job description, Institutional TO chart, position certification
 4413 - Institutional directive, staff and inmate interviews
 4414 - Inmate library needs survey, planning process, monthly statistical report, Periodic Library Specialist report
 4415 - Inmate needs survey, planning process
 4416 - Observation
 4417 - Observation, Library service logs, planning process, Institutional Newsletter, orientation packet, DCM 210-1
 4418 - Institutional directives, library log, bookmobile schedule, etc.
 4419 - Executive Plan, DCM 210-1, DCR 145-1, Annual Program Evaluation Reports, Institutional procedures
 4420 - Executive Plan, DCM 210-1, DCR 145-1, Institutional procedures
 4421 - Job description, personnel records, TO chart for institution
 4422 - training curriculum, inmate interviews, schedules
 4423 - Executive Plan, DCR 145-1 pp.c., institutional directives
 4424 - observation
 4425 - Executive Plan, planning process
 4426 - institutional directives, inmate interviews
 4427 - DCR 145-1, Institutional directives
 4428 - Budget reviews, budget requests, welfare fund records, planning process
 4429 - DCR 240-3, inmate records review, institutional directives
 4430 - DCR 140-1, DCM 210-1, Executive plan, institutional directives
 4431 - DCR 140-1, Job description, TO chart of institution
 4432 - DCR 140-3, 140-4, budgetary and planning process, inmate interviews, Admission Summary
 4433 - DCR 140-4, 250-4, 250-1
 4434 - Observation
 4435 - DCR 140-1, Sec. 4c., institutional directives
 4436 - DCM 210-1, 195-1, institutional directives
 4437 - Program descriptions including contractual arrangements
 4438 - Job descriptions, personnel records, DOC TO chart
 4439 - Program description, DCR?
 4440 - Job descriptions, training records
 4441 - Training package and records, DCR?
 4442 - DCR?, institutional directives
 4443 - DCR?, institutional procedures
 4444 - DCR?, institutional procedures
 4445 - DCR 199?
 4446 - DCR 199?, DCR 240-1 to 240-4, DCR 199-2, DCR 199-4, DCR 155-1
 4447 - DCR 199?, DCR 199-2
 4448 - Institutional directives
 4449 - Art. 27 7000B, Art. 27 700d, DCR 240-1, 240-2, 240-3, 240-4, institutional procedures
 4450 - DCR 240-3, institutional directives
 4451 - Art. 27 Sec 700 D-1, Art. 27 Sec 700B, Art. 27 Sec 700D, DCR 240-1, 240-2, 240-3, DCR 199-4, institutional procedures
 4452 - Art. 27 Sec 700A, Art. 27 Sec 700B, DCR 155-1, DCR 240-3, institutional procedures
 4453 - DCR 155 series, 240-3, DCR 240-1, institutional directives, monthly statistics
 4454 - Institutional directives, observation
 4455 - DCR 105-1, 240-1R, work release rules on WR Form #10
 4456 - Job descriptions, TO chart, DCR 170-4
 4457 - DCR 170-1, institutional procedures
 4458 - DCR 170-1, 170-3, institutional directives
 4459 - DCR 170-1, DCR 30-4, Training curriculum, training records, institutional procedures
 4460 - DCR 170-1, orientation packet for inmates
 4461 - Observation, institutional directives

4462 - DCR 170-1, institutional directives
 4463 - DCR 170-3, institutional directives
 4464 - DCR 170-2, institutional directives
 4465 - DCR 170-1, institutional directives

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS

(b) (1)	Product/Service	NAICS Code	Region	Regional	Local	N/A
B	3001	X				
B	3002	X				
B	3003	X				
B	3004	X				
B	3005	X				
B	3006	X				
B	3007	X				
B	3008	X				
E	3009	X				
B	3010	X				
E	3011	X				
B	3012		X			
B	3013					X
B	3014	X				
B	3015	X				
B	3016	X	X	X		
B	3017	X	X	X		
B	3018	X	X	X		
B	3019			X		
B	3020	X	X	X		
B	3021	X				
B	3022	X	X	X		
B	3023	X	X	X		
E	3024	X				
B	3025	X	X	X		
B	3026	X	X	X		
B	3027			X		
B	3028	X	X	X		
B	3029	X				
B	3030	X				

(b) (1)	Product/Service	NAICS Code	Region	Regional	Local	N/A
B	3031					
E	3032					X
B	3033	X				
B	3034					X
B	3035	X				
E	3036	X				
B	3037		X			
B	3038	X				
E	3039					X
E	3040	X				
B	3041	X				
B	3042	X				
E	3043	X				
B	3044	X				
B	3045	X				
B	3046	X				
B	3047	X				
E	3048	X				
B	3049	X				
B	3050	X				
E	3051	X				
E	3052	X				
B	3053	X				
B	3054	X				
B	3055	X				
B	3056	X				
B	3057	X				
E	3058	X				
E	3059	X				X
E	3060					X

3/12/79

STANDARDS FOR ADULT PROBATION AND PAROLE FIELD SERVICES

STANDARDS FOR ADULT PROBATION AND PAROLE FIELD SERVICES

(E) Essential/ (I) Important	Standard	Headquarters	Regional	Local	N/A
E	3061			X	
L	3062			X	
E	3063	X			
L	3064	X			
E	3065	X			
E	3066	X	X	X	
L	3067	X	X	X	
E	3068	X			
L	3069	X			
E	3070	X			
E	3071	X			
E	3072	X			
E	3073	X			
E	3074	X			
E	3075	X			
E	3076	X			
E	3077	X			
I	3078	X			
E	3079	X	X		
E	3080	X			
E	3081	X			
E	3082	X			
E	3083	X			
E	3084			X	
L	3085	X		X	
E	3086	X			
E	3087			X	
E	3088			X	
E	3089	X			
E	3090	X			

(E) Essential/ (I) Important	Standard	Headquarters	Regional	Local	N/A
I	3091	X			
I	3092	X			
E	3093	X			
I	3094	X			
E	3095	X			
E	3096	X	X		
E	3097	X			
E	3098	X			
E	3099	X			
E	3100	X	X		
I	3101	X	X		
I	3102	X	X		
E	3103				X
E	3104	X			
I	3105	X			
I	3106	X			
I	3107	X			
I	3108	X			
E	3109	X			
I	3110	X			
I	3111				X
E	3112	X			
E	3113	X			
E	3114			X	
E	3115			X	
E	3116			X	
E	3117	X		X	
I	3118			X	
I	3119			X	
E	3120			X	

STANDARDS FOR ADULT PROBATION AND
PAROLE FIELD SERVICES

(E) (I)	Essential/ Important	# Standard	Headquarters	Regional	Local	N/A
E		3121			X	
E		3122	X		X	
E		3123	X		X	
I		3124	X		X	
I		3125	X			
E		3126	X		X	
E		3127	X			
E		3128			X	
E		3129			X	
E		3130			X	
E		3131			X	
E		3132			X	
E		3133	X		X	
I		3134			X	
E		3135	X			
E		3136	X			
E		3137			X	
E		3138			X	
E		3139			X	
E		3140			X	
E		3141			X	
E		3142			X	
I		3143	X		X	
E		3144			X	
E		3145			X	
E		3146	X		X	
E		3147	X			
I		3148	X			
E		3149	X			
E		3150	X			

STANDARDS FOR ADULT PROBATION AND
PAROLE FIELD SERVICES

(E) (I)	Essential/ Important	# Standard	Headquarters	Regional	Local	N/A
E		3151	X			
E		3152	X			
I		3153	X			
E		3154	X			
E		3155	X			
E		3156	X			
I		3157	X			
E		3158	X			
E		3159	X			
I		3160	X			
I		3161	X			
I		3162			X	
E		3163			X	
E		3164	X			
E		3165	X			
E		3166	X			
E		3167	X			
E		3168	X			
I		3169			X	
I		3170			X	
E		3171	X			
I		3172			X	
I		3173	X			
E		3174	X			
I		3175			X	
I		3176				X
I		3177	X			
E		3178	X			
E		3179	X			
I		3180	X			

STANDARDS FOR ADULT PROBATION AND
PAROLE FIELD SERVICES

(E) (I)	Essential/ Important	# Standard	Headquarters	Regional	Local	N/A
E		3181			X	
E		3182			X	
E		3183	X			
E		3184	X			
E		3185			X	
E		3186			X	
E		3187	X			
E		3188	X			
E		3189	X			
E		3190	X			
E		3191			X	
I		3192	X			
E		3193	X			
E		3194			X	
E		3195	X			
E		3196	X			
E		3197	X			
E		3198	X			
E		3199			X	
E		3200	X			
I		3201	X			
I		3202	X			
E		3203			X	
I		3204			X	
E		3205			X	
E		3206			X	
E		3207	X			
E		3208	X			
		TOTALS:	155	18	70	4

INITIAL REVIEW OF HEADQUARTERS STANDARDS

March 19, 1979

STANDARD #	DOCUMENTATION CODE	DOCUMENTATION REFERENCE
3001	2	Agent's Manual, Section I,B,1,C <u>"Code of Ethics,"</u> page 1-13
3002	2	Department of Personnel, Henry G. Bosz, Memorandum dated June 9, 1972 Secretary Robert J. Lally, Secretary's Administrative Guideline #3 dated July 6, 1972 Secretary Robert J. Lally, Secretary's attachment to Administrative Guideline #3 dated May 8, 1975
3003	2	Article 41, Section 117A Annotated Code of Maryland 1957 Edition, 1978 Replacement Volume 4A, page 242
3004	2	Article 41, Sections 115 through 131A Annotated Code of Maryland 1957 Edition, 1978 Replacement Volume 4A, pp. 240 through 324 Article 26, Section 146 Annotated Code of Maryland, 1957 Edition, 1978 Replacement Volume 2B, pp. 641,642 Article 27, Section 645K Annotated Code of Maryland 1957 Edition, 1978 Replacement Volume 3A, page 631
3005	2	Agent's Manual, Section IV, J, pp. IV-46, IV-47 <u>"Pre-Trial Supervision"</u> Rule 721, <u>"Pre-Trial Release"</u> , Section C <u>"Conditions of Release"</u> Maryland District Rules Annotated Code of Maryland 1957 Edition, 1977 Replacement Volume 9A, 1978 Cumulative Supplement, pp. 103-105

STANDARD COMPLIANCE CHECKLIST

3007

Wentworth Co. Ga.

SELF-EVALUATION Agency Personnel	STANDARDS COMPLIANCE AUDIT Visiting Committee
Evaluator's Signature(s): <i>[Signature]</i>	Auditor's Signature(s):
Compliance <input type="checkbox"/> Non-Compliance <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> (Check one)	Compliance <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Not Applicable <input type="checkbox"/> (Check one)
Documentation: #12	Documentation:
Plan of Action:	Comments:
Comments: SEE CHARTER # 3007 WENTWORTH CO. GA. ADMINISTRATIVE CODE	

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STANDARD COMPLIANCE CHECKLIST

3028

Exhite City

SELF-EVALUATION Agency Personnel	STANDARDS COMPLIANCE AUDIT Visiting Committee
Evaluator's Signature(s): <i>[Signature]</i>	Auditor's Signature(s):
Compliance <input checked="" type="checkbox"/> Non-Compliance <input type="checkbox"/> Not Applicable <input type="checkbox"/> (Check one)	Compliance <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Not Applicable <input type="checkbox"/> (Check one)
Documentation: #2 & #3	Documentation:
Plan of Action:	Comments:
Comments: SEE POLICE MANUAL CHAPTERS 3, 4 # 3	

7-16-79

Region II

Name: Coplin, M.

Office: Metro Plaza

Local Standards - Non-Compliance

3027
3033
3059
3060
3061
3062
3066
3088
3134
3172
3199

Headquarters Standards - Non-Compliance

3026 3125
3030 3133
3032 3148
3043 3149
3049 3150
3051 3152
3052 3158
3057 3161
3063 3167
3081 3177
3082 3179
3099 3184
3100 3197
3109 3198
3110 3201

Not Applicable

3204
3050
3160

Standard 3001

Non-Compliance: 0

Standard 3002

Non-Compliance: 0

Standard 3003

Non-Compliance: 0

Standard 3004

Non-Compliance: 0

Standard 3005

Non-Compliance: C. Rice

Standard 3006

Non-Compliance: 0

Standard 3007

Non-Compliance: 0

Standard 3008

Non-Compliance: J. Lewis

Standard 3009

Non-Compliance: J. Lewis

Standard 3010

Non-Compliance: J. Lewis
J. Renehan

Standard 3011

Non-Compliance: 0

Standard 3012

Non-Compliance: 0

Standard 3013

Non-Compliance: 0

Region IV Master Sheet

(Dwelling Unit 0)

Form 6

Remarks	Standard #	Central and		Hagerstown		Frederick		Pothersburg		Piedmont		Shelby		Woodlawn		Brooklyne		Towson		Dundalk		Hagerstown	
		Calhoun	Carroll	Comptche	Code	Compliance	Code	Compliance	Code	Compliance	Code	Compliance	Code	Compliance	Code	Compliance	Code	Compliance	Code	Compliance	Code	Compliance	Code
	3011	✓	C1		C2		C1/2		C1		C1		C2		C2		C2		C4		C1		C1
	3016	✓	NC		NC		C1/2		C1		C1		C2		C2		C2		C4		C1		C2
	3017	✓	NC		NC		NC		NC		NC		NC		NC		C2		NC		NC		NC
	3019	✓	NC		NC		NC		NC		NC		NC		NC		NC		C4		NC		NC
	3020	✓	NC		NC		C1/2		NC		NC		NC		NC		C2		C4		NC		NC
	3022	✓	NC		C2		C1		C1		C2		C2		NC		NC		C2		C1		C1
	3023	✓	NC		NA		NC		NC		NC		C2		NC		NC		C2		C1		NC
	3025	✓	NC		NC		C1		NC		C1		NC		C1		NC		C1		C1		C1
	3026	✓	NC		NC		C1		NC		C1		NC		C1		NC		C4		C1		C1
	3027	✓	C3		C4		NC		NC		NC		NC		NC		C2		NC		NC		C1
	3028	✓	C1		NC		C1		C1		C2		C2		C2		C2		C4		C1		C1
	3031	✓	C3		C3		NC		C3		C3		C3		NC		C3		C3		C3		C2
	3038	✓	NC		NC		C1		C2		C1		C2		C2		C2		C4		C1		C2
	3059	✓	C3		NC		NC		NC		NC		NC		NC		C1		C4		C1		C1
	3060	✓	C3		NC		NC		NC		NC		NC		NC		C3		NC		C1		C1
	3061	✓	NC		NC		NC		NC		NC		NC		NC		C2		NC		NC		NC
	3062	✓	C1		NC		C1/2		NC		NC		NC		C4		C2		C2		C1		C1
	3066	✓	NC		NC		C2		NC		NC		NC		NC		NC		NC		NC		C2
	3084	✓	C3		C1		NC		NC		C1		C2		C1		C2		C2		C2		C1
	3085	✓	NC		NC		NC		NC		NC		C2		C4		C2		C3		C1		C1
	3087	✓	NC		NC		C2		C3		C1		C2		NC		C3		C4		C1		C1
	3088	✓	NC		C1		NC		NC		NA		NC		NC		C2		NC		C1		C1
	3114	✓	C1		C3		NC		NC		NA		NC		C4		C2		NC		C1		C1
	3115	✓	C2		C1		C2		NC		NC		C1		C1		C2		C4		C1		C1
	3116	✓	C1		C1		C4		C1		NC		C1		C1		C2		C1		C1		C1
	3117	✓	C1		C1		C2		C1		NC		C1		C1		C2		C1		C1		C1
	3118	✓	C1		C1		C1		C1		NC		C1		C1		C2		C1		C1		C1
	3119	✓	NC		NC		C2		NC		NC		C1		NC		C3		C1		C1		C1

Standards For Adult Probation And Parole
Field Services

Standard #	Total Responses	Compliance		Non-Compliance		Not Applicable	
		total	%	total	%	total	%
E 3001	27	24	88.9	0		0	
E 3002	27	22	81.5	0		0	
E 3003	27	21	77.7	0		0	
E 3004	27	11	40.7	0		0	
E 3005	27	23	85.2	1	3.7	0	
E 3006	27	24	88.9	0		0	
E 3007	27	24	88.9	0		0	
E 3008	27	24	88.9	0		0	
T 3009	27	24	88.9	0		0	
E 3010	27	24	88.9	0		0	
I 3011	47	47	95.9	0		0	
E 3012	5	5	100.0	0		0	
E 3013	6	0	0	0		6	100.0
E 3014	27	24	88.9	0		0	
E 3015	27	22	81.5	0		0	
E 3016	75	70	93.3	3	4.0	0	
E 3017	45	57	126.0	15	20.0	1	1.3
E 3018	44	26	59.1	1	2.2	2	4.5
E 3019	46	21	45.7	20	43.5	5	10.9
E 3020	75	65	86.7	8	10.7	0	
E 3021	27	24	88.9	0		0	
E 3022	75	71	94.7	2	2.7	0	
E 3023	75	63	84.0	11	9.3	2	2.7
I 3024	27	12	44.4	0		0	
E 3025	45	66	88.0	6	8.0	1	1.3
E 3026	45	67	89.3	5	6.7	1	1.3
E 3027	46	21	45.7	24	52.2	1	2.2
E 3028	75	71	94.7	2	2.7	0	
E 3029	27	22	81.5	0		0	
I 3030	27	0	0	23	85.2	0	
I 3031	45	41	91.1	4	8.9	0	
I 3032	27	21	77.8	2	7.4	0	
I 3033	16	10	62.5	5	31.3	1	6.3

STANDARDS REVIEW PROCESS AND FINAL DECISION

Standard #	3-9-79	3-23-79	3-31-79		4-2-79	4-3-79	4-5-79	4-6-79	4-6-79
	Sub-Committee Meeting/Decision on not applicable	Al Dardas review of Headquarters	Total Responses (Headquarters, Regional, Local)		Sub-Committee Meeting/Decision on all responses marked (NC)	Management Council Meeting/Decision on all responses marked (NC)	Mr. Hopkins decision on all responses marked (C)	Decisions based upon receipt of definition/meeting with Mr. Hopkins	Final Decision reflecting official Agency Manual
			C	NC					
(B) 3001	-	C	24	0	-	-	-	-	C
(B) 3002	-	C	22	0	-	-	-	-	C
(B) 3003	-	C	21	0	-	-	-	-	C
(B) 3004	-	C	11	0	-	-	-	-	C
(B) 3005	-	C	23	1	C	NA	-	-	NA
(B) 3006	-	C	24	0	-	-	-	-	C
(B) 3007	-	C	24	0	-	-	-	-	C
(B) 3008	-	C	24	0	-	-	-	-	C
(I) 3009	-	C	24	0	-	-	-	-	C
(B) 3010	-	C	24	0	-	-	-	-	C
(I) 3011	-	C	47	0	-	-	-	NC	NC
(E) 3012	-	-	5	0	-	-	C	-	C
(E) 3013	NA	-	0	0	-	-	-	-	NA
(E) 3014	-	C	24	0	-	-	-	-	C

STANDARDS FOR ADULT PROBATION AND
PAROLE FIELD SERVICES

(E) (I)	Essential/ Important	#Standard	Compliance	Non-Compliance	Not Applicable
E		3001	X		
E		3002	X		
E		3003	X		
E		3004	X		
E		3005			X
E		3006	X		
E		3007	X		
E		3008	X		
I		3009	X		
E		3010	X		
I		3011		X	
E		3012	X		
E		3013			X
E		3014	X		
E		3015	X		
E		3016		X	
E		3017		X	
E		3018	X		
E		3019		X	
E		3020		X	
E		3021	X		
E		3022	X		
E		3023	X		
I		3024	X		
E		3025	X		
E		3026	X		
E		3027	X		
E		3028	X		
E		3029	X		
E		3030		X	

CONTINUED

1 OF 2

COMPLIANCE BY FUNCTIONAL AREA

Standard #	Functional Area	Not Applicable		Non-Compliance		Compliance		Percent of Compliance	
		E	I	E	I	E	I	E	I
3001-3040 (40)	Administration Organization & Mgmt.	2	0	10	3	21/31	4/7	67.7%	57.1%
3041-3072 (32)	Personnel	1	0	4	4	19/23	4/8	82.6%	50.0%
3073-3081 (9)	Fiscal Management	0	0	1	0	7/8	1/1	87.5%	100%
3082-3088 (7)	Case Records	0	0	4	1	2/6	0/1	33.3%	0%
3089-3096 (8)	Management Information System	0	0	2	1	3/5	2/3	60.0%	66.6%
3097-3103 (7)	Planning	1	0	0	0	4/4	2/2	100%	100%
3104-3111 (8)	Research	0	1	0	1	2/2	4/5	100%	80.0%
3112-3157 (46)	Supervision P & P Agencies Only	0	1	8	2	29/37	6/8	78.1%	75.0%
3158-3177 (20)	Supervision Parole Only	2	2	1	3	7/8	5/8	87.5%	62.5%
3178-3192 (15)	Supervision Probation Only	0	0	0	0	13/13	2/2	100%	100%
3193-3208 (16)	Pre-Sentence	0	1	3	1	10/13	1/2	76.9%	50.0%
	Totals	6	5	33	16	117/150	31/47	78.0%	65.9%

4-12-79

RESULTS OF SELF EVALUATION

	A. Total Standards	B. Not Applicable	C. Standard Base (A-B)	In Compliance		Necessary for Accreditation		To Achieve Accreditation	
				D. Number	E. % (D ÷ C)	F. Number (G x C)	G. %	H. Number	I. %
Essential	156	6	150	117	78.0%	135	90%	18	12%
Important	52	5	47	31	65.9%	38	80%	7	14%
Total	208	11	197	148	75.1%	173	XX	25	XX

- 77 -

COMMISSION ON ACCREDITATION FOR CORRECTIONS

PLAN OF ACTION

1. Standard number 3096
2. Extent of noncompliance: partial total
3. Statement of deficiencies:
The agency measures more immediate program goals but lacks capability to measure overall performance and achievement.

4. Resources required to achieve compliance;

- written policy
- new procedures
- documentation preparation
- additional personnel
- equipment
- programmatic changes/innovations
- new facilities
- renovated facilities
- additional funds, other than above

5. Activities required to achieve compliance:

Tasks	Designated Staff	Person Hours	Completion Date
a. Design Management Information System for evaluation of Division programs and systems	Consultant-Expanded Supervision Services Grant (LEAA), Consultant-Criminal Investigation Program Grant (NIC)	700 hrs.	10-1-79

Tasks	Designated Staff	Person Hours	Completion Date
b. Input of information into design process	Division Workgroups (2), each Workgroup: 5 persons @ 42 hrs. ea.)	420 hrs.	10-1-79
c. Review of Consultants' Report	Management Council (7 persons @ 4 hrs. ea.)	28 hrs.	11-12-79
d. Develop LEAA or NIC grant for design of automated data collection system compatible with Management Information System	Federal Grants Administrator	100 hrs.	12-20-79
e. Design of Automated Data Collection System	Consultant	210 hrs.	5-1-79

(See Page 3)

The following definitions are provided to assist in completing number 4.

Written policy - No policy exists, as required by the standard, or existing policy requires updating or modifying to comply with the standard.

Establish new procedure - No procedure exists, as required by the standard, or existing procedure(s) requires modification to comply with the standard.

Documentation preparation - The agency complies with the standard, but lacks documentation to support compliance.

Additional personnel - Additional staff are required to comply with the standard.

Equipment - Office, security, communications or other equipment is required to comply with the standard.

Programmatic changes/innovations - Changes in agency programs are necessary to provide the services and/or staff to comply with the standard.

New facilities - Additional space is required to comply with the standard.

Renovated facilities - Alterations of existing program, housing or other physical space are required to comply with the standard.

Additional funds - Any financial resources not already included in the above items, such as purchase of services funds.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

PLAN OF ACTION

1. Standard number 3085
2. Extent of noncompliance: partial total
3. Statement of deficiencies:

Contents of Case Records are not:
 (1) Separated
 (2) Identified according to an established format.

4. Resources required to achieve compliance:

- written policy
- new procedures
- documentation preparation
- additional personnel
- equipment
- programmatic changes/innovations
- new facilities
- renovated facilities
- additional funds, other than above

5. Activities required to achieve compliance:

Tasks	Designated Staff	Person Hours	Completion Date
-------	------------------	--------------	-----------------

a.

b.

(See Attached)

c.

Tasks	Designated Staff	Person Hours	Completion Date
f. Input of information into design process	Division Workgroup (5 persons @ 49 hrs. ea.)	245 hrs.	5-1-80
g. Review of Consultants' Report	Management Council (7 persons @ 4 hrs. ea.)	28 hrs.	6-1-80
h. Review of OJSCIS Phase II program requirements	Interagency Task Force (6 persons @ 42 hrs. ea.)	252 hrs.	6-1-80
i. Prepare and submit budget request for funding of Automated Data Collection System	Director Assistant Director, Bureau of Administration, Manager, Budget and Fiscal Services (3 persons @ 4 hrs. ea.)	12 hrs.	6-30-81
j. Begin implementation of Management Information System and Automated Data Collection System	Agency Professional Staff (549 @ 4 hrs. ea.) Agency Clerical (217 @ 1 hr. ea.)	2,513 hrs.	7-1-82

5. Tasks	Designated Staff	Person Hours	Completion Date
d.			
e.			
(See Attached)			
f.			
g.			

The following definitions are provided to assist in completing number 4.

Written policy - No policy exists, as required by the standard, or existing policy requires updating or modifying to comply with the standard.

Establish new procedure - No procedure exists, as required by the standard, or existing procedure(s) requires modification to comply with the standard.

Documentation preparation - The agency complies with the standard, but lacks documentation to support compliance.

Additional personnel - Additional staff are required to comply with the standard.

Equipment - Office, security, communications or other equipment is required to comply with the standard.

Programmatic changes/innovations - Changes in agency programs are necessary to provide the services and/or staff to comply with the standard.

New facilities - Additional space is required to comply with the standard.

Renovated facilities - Alterations of existing program, housing or other physical space are required to comply with the standard.

Additional funds - Any financial resources not already included in the above items, such as purchase of services funds.

Activities required to achieve compliance:

Tasks	Designated Staff	Person Hours	Completion Date
a. Formulate basic case record structure.	Formas Committee (8 persons @ 7 hrs. ea.)	56 hrs.	6-15-79
b. Develop policy and procedure draft.	Assistant Director Bureau of Field Operations	4 hrs.	7-13-79
c. Review draft and comment.	Executive Assistant Director	1 hr.	7-18-79
d. Review draft and comment.	Director	1 hr.	7-23-79
e. Revise draft.	Assistant Director Bureau of Field Operations	2 hrs.	8-3-79
f. Review draft.	Management Council (6 persons @ 1 hr.)	6 hrs.	8-6-79
g. Initiate comments and/or recommendations.	Regional Administrators (4 persons @ 4 hrs.)	16 hrs.	8-27-79
h. Revise draft.	Assistant Director Bureau of Field Operations	4 hrs.	9-7-79
i. Review revised draft.	Management Council (6 persons @ 1 hr.)	6 hrs.	9-10-79
j. Promulgation of new policy and procedure.	Director, (1/2) Secretary, (2) Area Training Officers (1 hr. per each)	6 1/2 hrs.	9-24-79

Task	Designated Staff	Persons Hours	Completion Date
k. Implementation in field offices.	Local Office Manager, Professional and Clerical Staff (Approximately 750 @ 1/2 hr.)	325 hrs. 375	9-28-79
l. Revision of present system.	Local Office Manager, Professional and Clerical Staff	5,813 hrs.	11-30-79

Plans of Action

May 15, 1979

Standard #	116		147½		37		102		112		78		169		13		107½		101½		90½		102½		92½		498½					
	Director Hopkins	Executive Assist. Dir Atkinson	Assist. Dir Pol & Prog. Dev.	Assist. Dir Admin. Sev Waxman	Assist. Dir Field Oper Katz	(7) Management Council	(4) Regional Admin.	Regional Chief(Adm)	Regional Chief(Oper)	(50) Local Manager	(474) Local Profess.	(188) Local Clerical	(25) HQT Profess.	(29) HQT Clerical	(4) Regional Trainers	Other																
3011	1 hr. 4-17 5-4	1 hr. 4-19 5-4				1 hr. 5-7											10 min. 5-22 5-29	10 min. 5-22 5-29	10 min. 5-22 5-29	10 min. 5-22 5-29	10 min. 5-22 5-29	10 min. 5-22 5-29	1 hr. 5-19 5-22	2 hr. (Sec.) 5-19 5-22								
3016	1 hr. 10-12 10-19	1 hr. 10-5 10-12		1 hr. 9-25 10-5		1 hr. 9-3	4 hr. 11-5 11-16										10 min. 12-14 12-28	10 min. 12-14 12-28	10 min. 12-14 12-28	10 min. 12-14 12-28	10 min. 12-14 12-28	10 min. 12-14 12-28	1 hr. 12-3 12-14	2 hr. (Sec.) 12-3 12-14								
3017	1 hr. 6-15 6-22	1 hr. 6-8 6-15	14 hr. 6-8 6-22	7 hr. 6-22 6-29	4 hr. 7-2 7-29	2 hr. 7-2 7-29	4 hr. 7-2 7-29	1 hr. 6-8 6-28	14 hr. 6-8 6-28																							
3019	1 hr. 9-14 9-21		2 hr. 9-14 9-21	1 hr. 9-21 9-28		1 hr. 10-1 10-26	4 hr. 10-1 10-26										1 hr. 11-9 11-16	1 hr. 11-9 11-16	1 hr. 11-9 11-16	1 hr. 11-9 11-16	1 hr. 11-9 11-16	1 hr. 11-9 11-16	1 hr. 11-9 11-16	2 hr. (Sec.) 11-9 11-16	2 hr. 11-9 11-16							
3020 (See #301) Additional tasks→	1 hr. 8-7 8-14	1 hr. 7-27 8-7		1 hr. 7-20 7-27		2 hr. 4-3	1 hr. 9-14 9-21	7 hr. 6-15 6-21									1 hr. 9-14 9-21	1 hr. 9-14 9-21	1 hr. 9-14 9-21	1 hr. 9-14 9-21	1 hr. 9-14 9-21	1 hr. 9-14 9-21	1 hr. 9-14 9-21	7 hr. 6-15 6-21	14 hr. 6-15 6-21							

STATE OF MARYLAND

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

DIVISION OF PAROLE AND PROBATION

SUITE 702 • ONE INVESTMENT PLACE • TOWSON, MARYLAND 21284

(301) 321-3666

(MARCOM) 234-3666



TO Regional Administrator - William F. Wintker, DATE September 10, 1979

FROM Arnold Hopmann, Director Region I

- For your information XXX Take charge of
- As requested .. . For additional information
- Approve and return . . . For comment/recommendation
- Note and return . . . Give me facts so I can answer
- See me Prepare reply for my signature

RE: Accreditation Plans of Action

As a result of submitting plans of action for the 49 non-compliance standards, the Division of Parole and Probation entered the Candidate Status phase of the accreditation process on June 1, 1979.

The goal of the Division's activities during this phase is to correct the standards compliance deficiencies identified during the Self-Evaluation phase. In order to achieve this goal, we must complete all the tasks contained in the 49 plans of action by the expected completion dates.

You will find attached two groups of plans. Group A contains plans for which you have lead off task responsibility. The second group (B) contains plans for which you have one or more later task responsibilities.

Group A	Group B	
3031*	3016	3092
	3017	3118
	3020	3120
		3121
	3033	3133
	3036	3143
	3040	3150
	3061	3169
	3062	3197
	3079	3198
	3088	3201

* Mr. Simmen is already coordinating Task a.

STATE OF MARYLAND

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

DIVISION OF PAROLE AND PROBATION

SUITE 702 • ONE INVESTMENT PLACE • TOWSON, MARYLAND 21204

(301) 321-3666

(MARCOM) 234-3666



TO _____ DATE November 9, 1979

FROM Albert J. Dardas, Jr., Manager, Office of Standards Compliance

- XXXX For your information Take charge of
- As requested For additional information
- Approve and return For comment/recommendation
- Note and return Give me facts so I can answer
- See me Prepare reply for my signature

RE: Accreditation Task Responsibility

As you are aware, the Office of Standards Compliance has the major responsibility for coordinating and monitoring the completion of work for each accreditation Plan of Action.

To facilitate this process, I would request that you comply with the following instructions regarding your Task Responsibility for Standard(s)

Task Responsibility

Due Date

Accreditation Task Responsibility

- 2 -

November 9, 1979

Should you have any questions regarding the above, please do not
hesitate to contact me.

Albert J. Dardas, Jr.
Albert J. Dardas, Jr.
Manager, Office of Standards Compliance

AJD:jak

cc: Arnold J. Hopkins, Director
Donald Atkinson, Executive Assistant Director

Accreditation Plans of Action
 Follow-Up Schedule
 July 1979

Contact date	Person	Plans		total plans	Meeting scheduled	Meeting held
		A tasks	B tasks			
7-6	① Special Programs Leo M. Altman	3036 3201	9 3030 3096 3152	1 4	if possible date for meeting	7/7 10:00 A.M.
7-6	② James Britton	3092	3030 3093	3	7/10 @ 9:00 A.M.	7/10 @ 9:00
7-6	③ Harry Connolly	3034 3037	3030	3	7/12 @ 11:00 A.M.	7/12 @ 1:30 - 2:00
7-6	④ Basil Day	3066	3016	2	7/12 @ 9:30 A.M.	7/12 @ 9:30 - 12:00 P.M.
7-6 7-7	⑤ Roland Knapp	3020 3043 3044 3051 3052 3061 3062 3063	0	8	7/7 @ 11:45 A.M.	7/7 @ 11:45 A.M. meeting New A. Division 7/19 @ 3:05
7-6	⑥ Paul Sumner	3031 3088 3118 3159 3149 3191	*3011 3082* *3016 3085* *3017 3086* *3019 3087* *3020 3092* *3033 3096* *3034 3120* *3036 3121* *3037 3133* *3038 3143* *3040 3144* *3051 3151* *3052 3152* *3161 3161* *3062 3177* *3063 3198* *3064 3199*	42	7/13 @ 2:00 P.M.	

June 27, 1979

A D D E N D U M

The following are changes made to the attached plan of action for Standard # 3082 after its submission on May 31, 1979. Please be aware of these changes when completing your task(s) for this plan of action.

<u>TASK</u>	<u>DESIGNATED STAFF</u>	<u>PERSON HOURS</u>	<u>COMPLETION DATE</u>
Task g.	Director Executive Assistant Director (2 persons @ 2 hrs. ea.)	4 hrs.	11-14-79
Task h. is eliminated			
Task m.	Records Management Specialist (35 hrs.) Agency Professional and Clerical Staff (approximately 766 persons @ 14 hrs. ea.)	10,759 hrs.	3-28-80

Standard	1	2	Allocation			7	8	9	10	11	12
			3	4	5						
	High Sign.	Tasks	Change	Tasks	Tasks	Change	Tasks	Tasks	Change	Tasks	Tasks
011	8		-	-	-	-	-	-	-	-	8
016	12		3	-	2	-	-	-	3	2	10
017	10		-	-	-	-	-	-	-	-	10
019	9		2	-	2	-	-	-	2	2	7
020	10	(+8)	-	-	-	10	-	-	10	-	10
030	11		5	-	3	8	-	-	13	-	7
031	7		2	-	1	6	-	-	8	1	6
033	10		-	-	-	10	-	-	10	1	9
034	7		1	-	1	6	-	-	7	1	6
036	8		2	-	1	1	-	-	3	8	(9)
037	7		1	-	1	6	-	-	7	1	6
038	8		-	-	-	8	-	-	8	1	7
040	10		2	-	-	9	-	-	11	1	9
043	5		-	-	-	5	-	-	-	-	5
044	9	(5)	-	-	-	8	-	-	10	1	(5)
051	9		2	-	1	7	-	-	9	1	8
052	8		2	-	1	7	-	-	9	1	7
061	13		3	-	2	4	-	-	7	2	11
062	9	(13)	-	-	-	5	-	-	8	2	(11)
063	9		3	-	2	1	-	-	8	1	7
066	4	(+12)	-	-	-	1	-	-	1	2	4
079	11		2	-	1	10	-	-	12	1	10
082	13		3	-	1	-	-	-	13	1	12
085	13	(13)	-	-	-	-	-	-	-	-	(12)
086	15	(15)	-	-	-	1	-	-	1	-	(12)
087	13	(13)	-	-	-	-	-	-	-	-	(12)
088	8		-	-	-	-	-	-	-	-	8
092	11		-	-	-	11	-	-	11	-	11
093	3		-	-	-	3	-	-	3	-	3
096	10		3	-	1	-	-	-	3	-	10
098	4		1	-	-	1	-	-	2	-	4
113	3		-	-	-	-	-	-	-	-	(3)
115	3		-	-	-	-	-	-	-	-	(3)

7-23-79

Page 1 of 1

Plans & Action
Addendum Changes

43 U.S. EYE CARE
43 416 20721 DUFF
NATIONAL

Plan #	A	B	C	D	E	F	G	H	I	J	K	L	M	9/79	Status
3011	4/19/79	5/1/79	5/14/79	5/17/79	5/18/79	5/23/79	5/29/79	6/5/79							completed
3016 6/27	9/3/79	9/28/79	10/5/79	10/12/79 eliminate	10/19/79	10/26/79	11/3/79 eliminate	11/10/79	11/20/79	12/3/79	12/14/79	12/28/79		X	
3017	6/8/79	6/15/79	6/22/79	6/29/79	7/6/79	7/27/79	8/3/79	9/3/79	9/7/79	9/28/79					assigned P. Lawrence 1/25
3019 6/27	9/14/79	9/21/79	9/28/79	10/1/79	10/20/79 eliminate	11/2/79	11/5/79 eliminate	11/9/79	11/16/79					X	
3020 7/25	6/15/79 7/15/79	7/22/79 8/2/79	7/29/79 8/25/79	7/27/79 8/12/79	8/7/79 8/17/79	8/14/79 8/15/79	8/28/79 9/28/79	9/3/79 10/3/79	9/14/79 10/17/79	9/21/79 10/2/79					assigned R. Knapp; continuing 7/2/79
3030 6/27 7/25	6/6/79 10/17/79	6/13/79 11/7/79	6/20/79 11/9/79	6/27/79 eliminate	6/29/79 eliminate	7/2/79 eliminate	7/27/79 eliminate	8/3/79 11/30/79	9/3/79 12/3/79	9/21/79 12/7/79	9/28/79				assigned A. Korman continuing 7/12/79
3031 6/27 7/25	6/6/79 11/6/79	6/13/79 7/3/79	6/20/79 7/21/79	6/29/79 eliminate	6/29/79	7/2/79	1/2/80								assigned P. Sena continuing 7/13/79

Form 1
June 27, 1979

Plans of Action - Start and Completion Dates

Standard #	Start Date	Completion Date	Order of Completion	Standard #	Start Date	Completion Date	Order of Completion
3011	a. 4-19	h. 6-5	1	(M) 3087	a. 9-6	m. 3-28-80	39
3016	a. 9-3	l. 12-28	31	(M) 3088	a. 8-1	h. 9-28	15
3017	a. 6-8	j. 9-28	12	(I) 3092	a. 7-16	k. 10-19	23
3019	a. 9-14	i. 11-16	27	(M) 3093	a. 6-29	e. 8-27	9
3020	a. 6-15	j. 9-21	11	(M) 3096	a. 10-1	j. 7-1-82	47
3030	a. 6-6	k. 9-28	13	(I) 3110	a. 7-27	d. 9-28	16
3031	a. 6-6	g. 1-31-80	33	(I) 3118	a. 8-1	h. 9-28	19
3033	a. 6-11	j. 10-8	22	(M) 3120	a. 8-1	h. 9-28	17
3034	a. 6-8	g. 8-17	7	(M) 3121	a. 8-1	h. 9-28	18
3036	a. 6-1	h. 7-27	5	(M) 3130	a. 6-29	c. 8-31	10
3037	a. 6-8	g. 8-24	8	(M) 3132	a. 9-30	f. 7-1-81	45
3038	a. 4-20	h. 6-29	2	(M) 3133	a. 9-30	g. 1-31-80	34
3040	a. 4-6	j. 7-13	3	(I) 3143	a. 6-29	j. 10-26	25
3043	a. 7-31	e. 3-31-80	40	(M) 3149	a. 7-15	g. 3-27-80	35
3044	a. 7-31	e. 3-31-80	41	(M) 3150	a. 9-7	j. 11-23	28
3051	a. 6-6	i. 10-31	26	(M) 3152	a. 10-31	h. 10-1-82	48
3052	a. 6-8	h. 7-20	4	(M) 3159	a. 7-27	h. 12-10	30
3061	a. 6-29	m. 7-1-80	43	(I) 3161	a. 6-15	e. 7-27	6
3062	a. 6-29	m. 7-1-80	44	(I) 3169	a. 8-1	g. 9-28	20
3063	a. 6-8	i. 1-21-80	32	(I) 3177	a. 6-29	g. 10-24	24
3066	a. 9-3	l. 12-28		(M) 3197	a. 8-1	h. 9-28	21
	a. 8-31	d. 5-31-80	42	(M) 3198	a. 4-6	j. 6-29	29
3079	a. 6-6	k. 9-28	14		a. 7-27	k. 11-30	
3082	a. 9-6	m. 3-28-80	36	(M) 3199	a. 10-31	e. 7-1-81	46
3085	a. 9-6	m. 3-28-80	37	(I) 3201	a. 6-30	h. 6-30-83	49
3086	a. 9-6	m. 3-28-80	38				

Form 1
June 27, 1979

Plans of Action - Completion Dates in Chronological Order

Essential Standards		Important Standards	
Standard #	Completion Date	Standard #	Completion Date
38	6-29	3011	6-5
34	8-17	3040	7-13
37	8-24	3052	7-20
23	8-27	3036	7-27
30	8-31	3161	7-27
20	9-21	3169	9-28
17	9-28	3110	9-28
30	9-28	3118	9-28
19	9-28	3092	10-19
18	9-28	3177	10-24
20	9-28	3143	10-26
21	9-28	3051	10-31
17	9-28	3085	3-28-80
33	10-8	3043	3-31-80
19	11-16	3062	7-1-80
30	11-23	3201	6-30-83
18	11-30		
19	12-10		
16	12-28		
33	1-21-80		
31	1-31-80		
33	1-31-80		
19	3-27-80		
32	3-28-80		
36	3-28-80		
37	3-28-80		
14	3-31-80		
36	5-31-80		
	7-1-80		
32	7-1-81		
19	7-1-81		
16	10-1-82		

Accreditation Monitoring

May, 1980

Standard #	Decision/Status
3011	Completed
3016	Completed
3017	Completed
3019	Completed
3020	Behind schedule - Task g. completed
3030	Behind schedule - Task i. completed
3031	On schedule - Task f. completed
3033	Completed
3034	Behind schedule - Task f. completed
3036	Behind schedule - Task g. completed
3037	Behind schedule - Task f. completed
3038	Behind schedule - Task e. completed
3040	Behind schedule - Task g. completed
3043	On schedule - Task d. completed
3044	On schedule - Task d. completed
3051	Completed
3052	Behind schedule - Task f. completed
3061	Behind schedule - Task a. not completed
3062	Behind schedule - Task a. not completed
3063	Completed
3066	On schedule - Task c. completed
3079	Completed
3082	Behind schedule - Task j. completed
3085	Behind schedule - Task j. completed
3086	Behind schedule - Task j. completed

August
Monthly Task Completion Summary

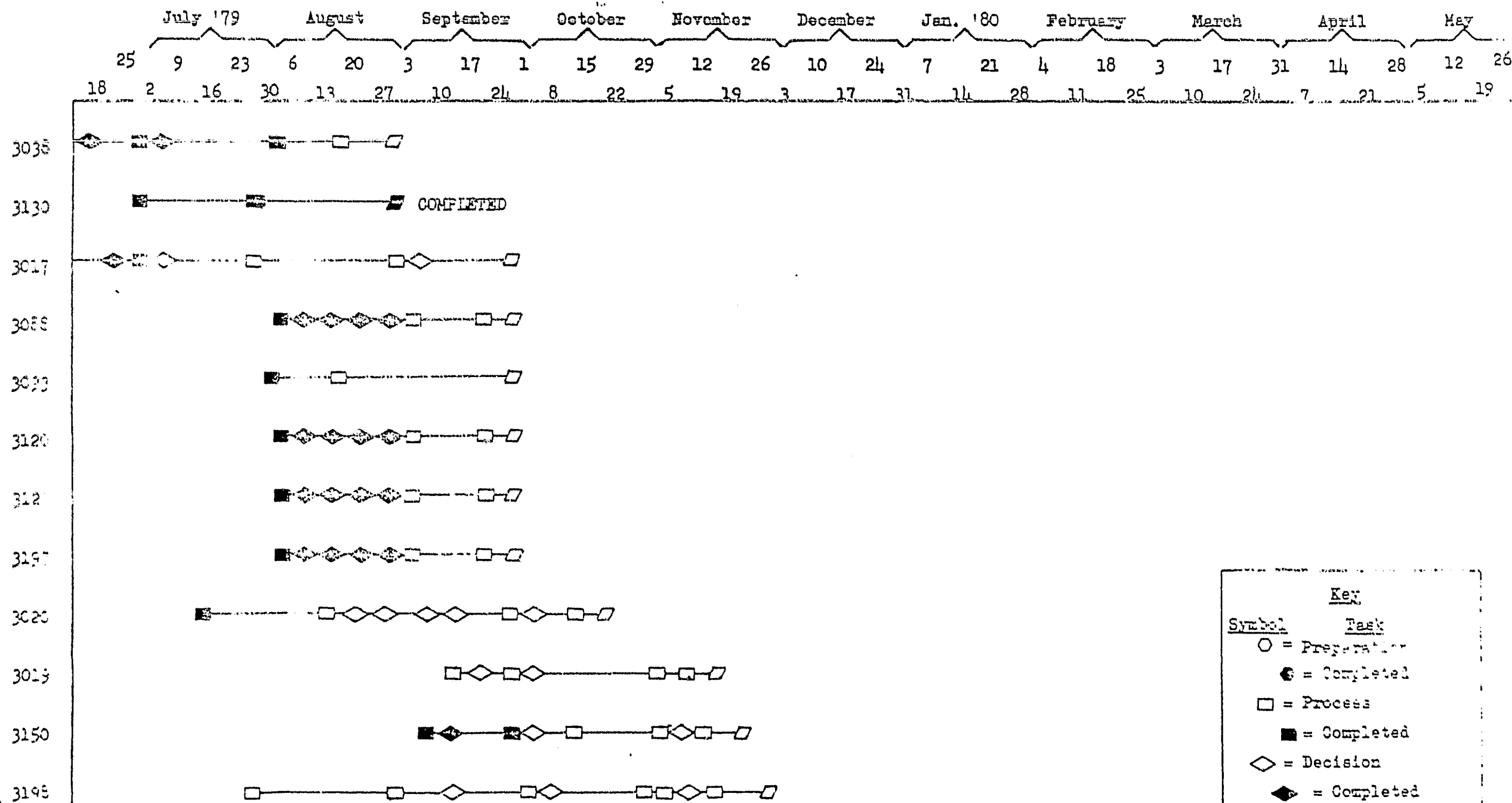
Standard	Tasks/Current Month	Completed/Current Month	Tasks Uncompleted in Previous Month(s)	Completed During Current Month
3017	1	--	2	--
3020	3	--		
3033	1	--		
3038	3	--		
3040	1	1		
3043	1	1		
3049	1		1	
3051	4			
3052	1	1	3	3
3061	2		1	
3063	2			
3079	1	1		
3088	5	5		
3092	2	--	1	--
3093	1	--		
3110	1	1		
3130	1	1		
3143	3			
3159	1	1		
3161	2	2		
3177	2		2	
3198	1		1	

Monthly Accreditation
Task Analysis

Form 11

Month	Tasks	Tasks Completed	%	Tasks Not Completed	%
July	24	13	54	11	46
August	39	18	46	21	54
September	62	21	34	41	66
October	42				
November	42				
December	19				
January	13				
February	4				
March	4				
April	2				
May	4				

Plans of Action - Essential Standards
Progress Chart



- 86 -

Key	
Symbol	Task
○	Preparation
●	Completed
□	Process
■	Completed
◇	Decision
◆	Completed
▧	Out Put

Staff as of 4/5/79

Professional	25	524	549	37%
Clerical	29	188	217	38%
Total	54	712	766	100%

Hot Local Total
25 524 549 37%
29 188 217 38%
54 712 766 100%

Division of Parole and Probation
Plan of Action Cost Assessment

May 10, 1979

Page 1 of 2

Totals

Standard #	None Cost Manhours	Cost Manhours #	Cost Manhours (\$5.00 per hr)	Additional Staff #	Office Supplies	Mail	Printing	Additional Equipment	Office Space	Travel	Contractual Service (DATA FEES)	Training	Consultant T/A	Totals
3011	27224	2459	12295	0	100	400	0	0	0	0	0	0	0	16030
3016	1350	55 hrs	275	0	50	0	0	0	0	0	0	0	0	1675
3017	2110	82 hrs	410	0	100	50	0	0	0	0	0	0	0	2670
3019	80	0	0	0	500	100	100	0	0	0	0	0	0	780
3020	10350	403 hrs	2015	0	450	180	100	0	0	3629	0	0	0	16724
3030	240	0	0	0	1000	300	500	0	0	0	0	0	0	1870
3031	1350	53 hrs	265	0	100	50	0	500	5000	0	500	0	3000	7765
3033	1090	0	0	0	0	0	0	0	0	0	0	0	0	1090
3034	70	0	0	0	0	0	0	0	0	0	0	0	0	70
3036	500	0	0	0	0	0	0	0	0	0	0	0	0	500
3037	80	0	0	0	0	0	0	0	0	0	0	0	0	80
3038	4390	171 hrs	855	0	0	0	0	0	0	0	0	0	0	5045
3040	840	2 hrs	10	0	0	0	0	0	0	0	0	0	0	850
3043	110	2 hrs	10	0	0	0	0	0	0	0	0	0	0	120
3044	230	0	0	0	0	0	0	0	0	0	0	0	0	230
3051	1200	47 hrs	235	0	0	0	0	0	0	0	0	0	0	1435
3052	150	2 hrs	10	0	0	0	0	0	0	0	0	0	0	160
3061	60	0	0	0	0	0	0	0	0	0	0	0	0	60
3062	50	0	0	0	0	0	0	0	0	0	0	0	0	50
3063	40	0	0	0	0	0	0	0	0	0	0	0	0	40
3066	249670	9710 hrs	48550	0	5000	1000	1500	0	0	0	0	2000	0	307720
3079	3220	2 hrs	10	0	0	0	0	500	0	1000	5000	0	3000	12730
3082	3400	132 hrs	660	0	500	100	100	0	0	500	1000	2500	3000	11760
3085	45360	1764 hrs	8820	0	500	0	0	1000	1000	0	250	500	1000	58430
3086	4020	0	0	2	5000	0	0	500	250	0	500	500	1000	12270
3087	9190	358 hrs	1790	0	0	0	500	0	0	0	0	0	500	11980
3088	6510	38 hrs	190	0	1000	200	0	0	0	500	0	100	0	8500
3092	160	0	0	0	0	0	0	0	0	100	0	0	1500	1760
3093	3600	14 hrs	700	0	0	0	200	500	0	0	5000	1000	3000	14000
3096	120	0	0	0	0	0	0	0	0	0	0	0	2000	2120
3110	70	0	0	0	0	0	0	0	0	0	0	0	0	70
3118	50	0	0	0	0	100	50	0	0	100	0	100	0	400
3120	20083	0	0	0	0	0	0	0	0	5000	0	1000	3000	29330
														532084

Plans of Action Fiscal Impact

Form 29

<u>Standard #</u>	<u>Definition of Standard</u>	<u>Agency Statement of Deficiencies</u>	<u>Comment</u>
3061	Salary levels for all agency personnel are competitive with those of other parts of the jurisdiction's criminal justice system as well as with comparable occupational groups in the private sector (Essential)	Not all salary levels for agency personnel are competitive with those of other parts of the jurisdiction's criminal justice system as well as with comparable occupational groups in the private sector (partial non-compliance)	The Governor's Commission on Compensation and Personnel Policies has been requested to determine if the salary levels of agency personnel are competitive with those of other parts of the criminal system as well as with comparable occupational groups in the private sector. Any request for additional funding must await the findings of the Commission.
3062	Provisions for vacation, sick leave, disability, retirement pension and other employee benefits are commensurate with those provided by other criminal justice agencies. (Important)	Not all provisions for vacation, sick leave, disability, retirement pension and other employee benefits are commensurate with those provided by other criminal justice agencies. (partial non-compliance)	The Governor's Commission on Compensation and Personnel Policies has been requested to determine if the provisions for vacation, sick leave, disability, retirement pension and other employee benefits are commensurate with those provided by other criminal justice agencies. Any request for additional funding must await the findings of the Commission.
3062	The agency has written policies and procedures concerning case record management (Essential)	Existing policy and procedure covers utilization of case records but doesn't specify: (1) how case records are established (2) by whom (3) when (4) under what circumstances (partial non-compliance)	Estimated costs are based in part upon only minimal changes being made to the format and contents of case records. Should the Records Management Specialist currently surveying this Division's case records management system recommend that major changes be made, additional

①

Handland #	Sept 4	Oct 2	Nov 5	Dec 3
Handland #				
211 COMPLETED				
216			'g	'j
217	'h ✓			
219 NONE				
3020		'h.		
3030				'i
3031		'f	'h	
3033		'e	'h	
3034				'e
3036		'd	'g	
3037				'e
3038				
3040		'd	'g	
3043				
3044				
3051				
3052				

Form B:

ACCREDITATION COMPLIANCE ANALYSIS

4-18-80

<u>Standard</u>	<u>Problem</u>	<u>Remedial Action</u>	<u>Staff Responsible</u>	<u>Expected Completion Date</u>
#3005	Original Decision N.A. should have been Compliance	We need documentation of authority/responsibility to operate pre-trial services	OSC	5-15-80
#3013	Original Decision N.A. should have been compliance	We need documentation that sufficient staff/spaces/equipment are provided to service the pre-trial release programs	OSC	5-15-80
#3016	Completion of Staff training covering agency goals/objectives	Training currently underway	Regional Administrators	4-30-80
#3020	Completion of agency clerical manual	Promulgation and Implementation of clerical manual	R. Knapp	7-1-80
#3025	Need for written job description for agency Director	Obtain job description for agency Director	S. Minnick	5-1-80
#3027	Need documentation of agency good faith effort	Gather necessary documentata-tion	OSC/ A. Hopkins	5-15-80
#3030	Completion of agency Annual Report	Publication of agency Annual Report	M. Coplin	7-1-80
#3031	Need for field office to be established in Laurel, Md.	Efforts currently underway to locate office in Laurel	P. Simman/ L. Jones	Unknown
#3032	Need for documentation of agency space management program	Refinement of current space management program	P. Simman/ OSC	5-15-80

Management Council Inclusions

November 1979

Standard #	Scheduled Completion Date	Task Activity and/or Recommendation	Person Hours
e) 3016	Task a. 11-5-79	Identify goals and objectives which are appropriate to employees work activities. Mr. Basil Day has revised original draft based upon review of October Management Council. <u>Recommend placement on the November agenda.</u>	4
e) 3017	Task h. 9-4-79	Review Participatory Management Policy draft revised by Mr. William DeVance based upon review of October Management Council. <u>Recommend placement on the November agenda.</u>	1
e) 3033	Task h. 11-5-79	Review draft prepared by Mr. William Thuss regarding equipment needs revised based upon review of October Management Council. <u>Recommend placement on the November agenda.</u>	1
e) 3036/ f) 3040	Task g. 11-5-79	Review the revised draft of the Guide Program prepared by Mr. Andrij Chornodolsky. <u>Recommend placement on the November agenda.</u>	1
e) 3038	Task d. 7-2-79	Although Mr. Donald Atkinson has prepared policy and procedure on dissemination of information on cases to the public a response has not been received from the Attorney General. <u>Recommend postponement.</u>	1
f) 3051	Task f. 9-4-79	Review revised Personnel Administrative Guideline on recruitment practices related to ex-offenders prepared by Mr. Roland Knapp. <u>Recommend placement on November agenda.</u>	1
e) 3063	Task f. 9-4-79	Review change in Warrant Officer Job Specifications prepared by Mr. Roland Knapp. <u>Recommend placement on November agenda.</u>	1
e) 3079	Task i. 11-5-79	Review draft prepared by Mr. William Thuss regarding the collection of funds from offenders revised based upon review of October Management Council. <u>Recommend placement on the November agenda.</u>	2
e) 3082 f) 3085 g) 3086 h) 3087	Task e. 10-2-79	Review findings and recommendations of the Records Management Specialist. This Plan is behind schedule - the Task Force and Records Management Specialist have not begun their task activities. <u>Recommend postponement.</u>	4

Plans of Action - Completion Overview
Essential Standards .

Standard #	Completion Date	Current Status	Explanation	Projected Completion

Comprehensive Compliance Analysis

STANDARD	DIVISION DECISION	PROBABLE AUDIT TEAM DECISION	PROBLEM/COMMENT	RECOMMENDED ACTION
(E) 3001	Compliance	Compliance	-	-
(E) 3002	Compliance	Compliance	-	-
(E) 3003	Compliance	Compliance	A uniform Parole and Probation statute should address with more specificity the role of field supervision services.	Draft a uniform Parole and Probation statute;
(E) 3004	Compliance	Compliance	A uniform Parole and Probation statute should address responsibilities and functions of the agency with much greater specificity than does the present Code.	Same as 3003
(E) 3005	Not Applicable	Not Applicable	-	-
(E) 3006	Compliance	Compliance	A uniform Parole and Probation statute should address authority, responsibility and function of agency administrator with much greater specificity than does the present Code.	Same as 3003
(E) 3007	Compliance	Compliance	-	-

CRITICAL TASKS - ASSIGNMENT AND COMPLETION SCHEDULE

2-4-80

STANDARD	NECESSARY ACTION	STAFF RESPONSIBLE	COMPLETION DATE	O.S.C. ACTIVITY
3016 (E)	Implement training and instruction in agency goals and objectives.	D. Hopkins	4-1-80	1. Follow up memo to D. Hopkins by 2-9-80. 2. Monitor progress and advise Director
3017 (E)	Promulgate necessary Division Personnel Administrative Guideline.	A. Hopkins	3-1-80	1. Retype and submit for final approval by 2-15-80.
3018 (E)	Formulate plan and meet with community interest groups and service agencies.	P. Simmen	4-1-80	1. Document that necessary action has been completed
3019 (E)	Formulate procedure to annually review all agency policies and procedures.	W. DeVance	3-1-80	1. Meet with P. DeVance by 2-8-80 2. Incorporate procedure into proper reference by 4-1-80
3020 (E)	Finalize and distribute Clerical Manual.	R. Knapp	4-1-80	1. Document that necessary action has been completed.
3030 (E)	Finalize and distribute Annual Report.	D. Atkinson	Published 4-1-80 Distributed 4-30-80	1. Document that necessary action has been completed
3032 (I)	Develop and implement space management program.	P. Simmen	3-1-80	1. Document that necessary action has been completed
3034 (E) 3037 (E)	Type Manual changes regarding agencies PIO program and cooperation with legislative and executive bodies.	O.S.C.	2-8-80	1. Print and distribute Manual change by 3-7-80.
3038 (E)	Promulgate necessary Division Personnel Administrative Guideline.	A. Hopkins	3-1-80	1. Rewrite Guideline by 2-14-80 2. Type and submit for final approval 2-15-80

Standard	Staff	Explanation
3017	W. DeLance	The Participatory Management Policy and Procedure Draft has been revised by Mr. DeLance. It does not appear on the agenda for the 9-4-79 meeting of the Management Council.
3020	R. Knapp	The Task Force developing the Clinical Manual is not finished this task.
3033	W. Thuss	A policy and procedure draft regarding the systematic review of equipment needs has not been completed.
3038	M. Atkinson	The policy and procedure draft concerning the accurate and timely dissemination of information has not been revised. <u>Note:</u> Due to the veto of proposed legislation, Mr. Hopkins has decided to amend the review draft using the "Guidelines and Resource Materials For Administration of Maryland Public Information Act" as a guide.

Comprehensive Compliance Analysis

	A. Total Standards	B. Not Applicable	C. Standard Base (A-B)	In Compliance	
				D. Number	E. % (D ÷ C)
Essential	156	6	150	117	78.0%
Projected Audit Results	156	7	149	142	95.0%
Important	52	5	47	31	65.9%
Projected Audit Results	52	9	43	37	86.0%
Total	208	11	197	148	75.1%
Projected Audit Results	208	16	192	179	93.0%

.7% / Essential Standard
 2.3% / Important Standard

STATE OF MARYLAND



Department of Public Safety and Correctional Services
Division of Parole and Probation

DOCUMENTATION REFERENCE GUIDE

FOR
THE MANUAL OF STANDARDS
FOR
ADULT PROBATION AND
PAROLE FIELD SERVICES

Prepared by
Office of Standards Compliance
Suite 702, One Investment Place
Towson, Maryland 21204

Albert J. Dardas
Manager

William V. Steiner
Compliance Analyst

Joy A. Kaifer
Office Secretary I

EFFECTIVE DATE: 1-31-80

3001

DOCUMENTATION REFERENCE GUIDE

STANDARD: (3001) Written policy states specifically that persons connected with the agency will not use their official positions to secure privileges or advantages for themselves. (Essential)

DECISION: Compliance

DOCUMENTATION/REFERENCES:

Division of Parole and Probation
Agent's Manual
Chapter I, Section B, Subsection 1
pages 1-13, 1-14

Article 40A, Sections 3-104, 3-105, 3-106, 3-107
Annotated Code of Maryland 1957 Edition
1978 Replacement Volume 4A
1979 Cumulative Supplement
pages 46, 47

ADDITIONAL INFORMATION:

None

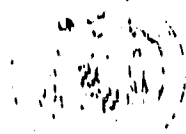
#	Code	#	Code	#	Code	#	Code
3001	2 ✓	30	36	91	2	106	2
3002	2 ✓	30	31	72	2	107	1, 2
3003	2 ✓	38	non-comp ✓	13	1, 2	108	2
3004	2	39	2	94	2, 4	109	1, 2
3005	Non-App.	40	non-comp ✓	95	1	110	non-comp
3006	2	41	2 ✓	76	2	111	nit-app.
3007	2 ✓	42	2 ✓	97	1, 2	112	2
3008	2 ✓	43	non-comp	98	1, 2	113	1, 2
3009	2 ✓	44	non-comp	99	1, 2, 4	114	1, 2, 4
3010	2 ✓	45	2	80	2	115	1, 2
3011	Non-Comp ✓	46	2	81	2	116	1, 2
3012	2 ✓	47	1	82	non-comp ✓	117	1, 2
3013	Non-App.	48	2	83	1, 2, 3	118	non-comp
3014	2 ✓	49	2	84	1	119	1, 2
3015	2 ✓	50	NOT-APP.	85	non-comp	120	non-comp
3016	Non-Comp ✓	51	non-comp ✓	86	non-comp ✓	121	non-comp
3017	Non-comp ✓	52	non-comp ✓	87	non-comp ✓	122	1
3018	1, 2	53	2	88	non-comp ✓	123	2
3019	Non-Comp ✓	54	2, 3	89	1, 2, 3	124	1
3020	Non-Comp ✓	55	2, 3	90	1, 2	125	NOT APP.
3021	2 ✓	56	1	91	1, 2	126	2
3022	1, 2 ✓	57	1	92	non-comp ✓	127	2
3023	2 ✓	58	1	93	non-comp ✓	128	2, 4
3024	1 ✓	59	1, 2, 3	94	2	129	2, 4
3025	1, 2 ✓	60	2, 3, 4	95	1, 2	130	non-comp
3026	1, 2, 4	61	non-comp ✓	96	non-comp ✓	131	1, 2
3027	2 ✓	62	non-comp ✓	97	2	132	non-comp
3028	2 ✓	63	non-comp ✓	98	2	133	non-comp
3029	1 ✓	64	2	99	2	134	1, 2
3030	Non-comp ✓	65	1	100	2	135	1
3031	Non-comp ✓	66	non-comp ✓	101	2	136	2
3032	1 ✓	67	2	102	1, 2	137	1, 2
3033	Non-comp	68	1, 2	103	NOT APP.	138	1, 2
3034	Non-comp ✓	69	2	104	2	139	1, 2
3035	2 ✓	70	2	105	2	140	2

Page 1 of 2

9-25-71

Administration Code

STATE OF MARYLAND



Department of Public Safety and Correctional Services
Division of Parole and Probation

REFERENCE GUIDE

TO

THE ANNOTATED CODE OF MARYLAND

Prepared by

Office of Standards Compliance
Suite 702, One Investment Place
Towson, Maryland 21204

Art. 27, § 16 ANNOTATED CODE OF MARYLAND

§ 16. "Prostitution," "lewdness" and "assignation" defined.

The term "prostitution" shall be construed to mean the offering or receiving of the body for sexual intercourse for hire. The term "lewdness" shall be construed to mean any unnatural sexual practice. The term "assignation" shall be construed to include the making of any appointment, or engagement for prostitution or lewdness or any act in furtherance of such appointment or engagement. (An. Code, 1951, § 18, 1939, § 17, 1924, § 21; 1920, ch. 737, § 19A.)

Quoted in *Speaks v. State*, 3 Md. App. 371, 249 A.2d 774 (1959); *Seidman v. State*, 240 Md. 305, 187 A.2d 109 (1962).
Cited in *Reynolds v. State*, 219 Md. 319, 149

§ 17. Penalty; parole or probation.

Any person convicted of violating any of the provisions of § 15 shall be subject to a fine of not more than \$500.00 or to confinement in or commitment to any penal or reformatory institution in this State for not more than one year, or to both such fine and imprisonment in the discretion of the court; provided, that the sentence or any part thereof may be suspended and provided that the defendant may be placed on parole or probation; provided further, that no girl or woman who shall be convicted under this subtitle shall be placed on parole or probation in the care or charge of any person, except a woman probation officer designated by law or by the court. (An. Code, 1951, § 19; 1939, § 18, 1924, § 22, 1920, ch. 737, § 19B.)

Stated in *Cherry v. State*, 18 Md. App. 252, 306 A.2d 634 (1974). Cited in *Seidman v. State*, 230 Md. 305, 187 A.2d 109 (1962).

BIGAMY

§ 18. Marrying when former husband or wife is living; exceptions; property rights on conviction.

Whoever being married and not having obtained an annulment or a divorce a vinculo matrimonii of said marriage, the first husband or wife (as the case may be) being alive, shall marry any person, shall undergo a confinement in the penitentiary for a period not less than eighteen months nor more than nine years; provided, that nothing herein contained shall extend to any person whose husband or wife shall be continuously remaining beyond the seas seven years together, or shall be absent himself or herself seven years together, in any part within the United States or elsewhere, the one of them not knowing the other to be living at that time, and if such offender be a man, his first wife shall, on his conviction, be forthwith entitled to and endowed with the same share of his net estate, and in the same manner as if such husband had died intestate, and he had survived him, and if the said offender be a man, he shall, on conviction, forfeit all his claim or title to any estate, real, personal, or mixed, which he may

Reference Guide To The
Annotated Code of Maryland

<u>Volume</u>	<u>Article</u>	<u>Section(s)</u>	<u>Subject</u>	<u>Relevant ACA Standard</u>	<u>Tab</u>
3A (1976 Replacement)	27	17	Solicitation probationers supervised only by female agents	3004-	1
3A (1976 Replacement and 1979 Cumulative Supplement)	27	35A	Agents required to report suspected child abuse	3004	2
3A (1976 Replacement and 1979 Cumulative Supplement)	27	36	Carrying a concealed weapon	--	3
3A (1976 Replacement)	27	102	Non-support probation	--	4
3A (1976 Replacement and 1979 Cumulative Supplement)	27	292, 293	Expungement of criminal arrest record of persons not convicted. Probation and discharge of first offenders granted probation without judgment for drug related offenses	3004	5
3A (1976 Replacement and 1979 Cumulative Supplement)	27	616A through 616R	Interstate Agreement on detainees	3004 3155	6

F. 41
Monitoring Accreditation Activity - Check

Draft - Responsible	Task	Mr. Hopkins To Receive By	✓	Mr. Hopkins To Complete Review By
M. Coplin	Agency Annual Report	5-19		5-23
OSC	Personnel Administrative Guideline on Public Information	5-9		5-16
OSC	Personnel Administrative Guideline on Personnel Records	5-9		5-16
OSC	Manual insertion concerning lateral entry	5-16		5-23
OSC	Personnel Administrative Guideline on data information system	5-9		5-16
W. DeVance	Memorandum of understand regarding recidivism	5-16		5-23
P. Simmen	Revise existing policy/procedure on arrest and use of firearms	5-16		5-23
L. Allman	Personnel Administrative Guideline on Offender Grievance procedure	5-16		5-23
A. Donaldson	Revise existing policy/procedure regarding duties of institutional parole agents	5-16		5-23
DeVance R. Knapp	Manual insertion regarding use of volunteers - GUIDE program, clerical manual	5-14		5-16
Simmen	Manual insertion regarding case record management	5-21		5-23

To Review	✓	Revisions - Staff Responsible	Date Due To Mr. Hopkins For Promulgation	✓	Date Promulgation Distribution To Be Completed	
		M. Coplin	None		None	} Essential Easy
		OSC	5-23		5-30	
		OSC	5-23		5-30	
		OSC	5-23		5-30	
		OSC	5-23		5-30	
		W. DeVance	5-30		6-6	
		P. Simmen	5-30		6-6	
		L. Allman	5-30		6-6	
		A. Donaldson	5-30		6-6	
		W. DeVance W. R. Knapp	None		None	
		P. Simmen	None		None	} Essential Medium

STANDARDS NUMBER	FUNCTIONAL AREA(S)	NOT APPLICABLE			NON-COMPLIANCE			COMPLIANCE			PERCENT OF COMPLIANCE		
		E	I	D	E	I	D	E	I	D	E	I	D
101-4027(27)	Administration, Organization & Mt.	0	0	0	10	2	0	13/23	0/2	2/2	56		100
102-4024(17)	Fiscal Management	0	0	0	1	1	0	24/25	1/2	0	96	50	N/A
105-4037(13)	Personnel	0	1	0	4	4	0	21/25	3/7	0	84	42	N/A
108-4104(17)	Training & Staff Development	0	0	0	11	1	0	4/15	1/2	0	26	50	N/A
109-4112(8)	Planning and Coordination	0	0	0	0	1	0	6/6	1/2	0	100	50	N/A
113-4122(10)	Management Info. System	0	0	0	2	1	0	6/8	1/2	0	75	50	N/A
123-4129(7)	Research and Evaluation	0	0	0	1	1	0	0/1	5/6	0	0	83	N/A
130-4139(10)	Records	0	0	0	4	0	0	5/9	1/1	0	55	100	N/A
140-4149(10)	Physical Plant	3	1	0	3	0	0	2/5	1/1	0	40	100	0
150-4192(43)	Security and Control	0	0	0	16	1	0	26/42	0/1	0	61	0	N/A
193-4199(7)	Supervision of Inmates	0	0	0	5	0	0	2/7	0	0	28	N/A	N/A
200-4222(23)	Special Management - Inmates	0	0	0	8	1	0	14/22	0/1	0	63	0	N/A
223-4236(14)	Food Services	1	0	0	8	0	0	5/13	0	0	38	N/A	N/A
237-4252(16)	Sanitation, Safety and Hygiene	0	0	0	7	0	1	7/14	1/1	0/1	50	100	0
253-4279(27)	Medical and Health Care Services	2	0	0	11	0	0	13/24	1/1	0	54	100	N/A
		6	2	0	91	13	1	148/239	16/29	2/3			

DATE: 5 /79

STANDARD NUMBER	FUNCTIONAL AREA(S)	NOT APPLICABLE			NON-COMPLIANCE			COMPLIANCE			PERCENT OF COMPLIANCE		
		E	I	D	E	I	D	E	I	D	E	I	E
4288-4309(30)	Inmate Rights	2	0	0	14	1	0	12/26	1/2	0	46	50	N/A
4310-4330(30)	Inmate Rules & Discipline	0	0	0	8	0	0	21/29	1/1	0	72	100	N/A
4340-4355(16)	Mail and Visiting	1	0	0	5	2	1	7/12	0/2	0/1	58	0	C
4356-4364(9)	Reception and Orientation	1	0	0	5	0	0	3/8	0	0	37	N/A	N/A
4365-4371(7)	Inmate Money & Property Control	1	0	0	2	1	0	3/5	0/1	0	60	0	N/A
4372-4385(14)	Classification	0	0	0	5	2	0	6/11	1/3	0	55	33	N/A
4386-4392(7)	Inmate Work Programs	0	0	0	1	0	0	2/3	4/4	0	66	100	N/A
4393-4408(10)	Educational & Vocational Training	0	0	0	3	0	0	12/15	1/1	0	80	100	N/A
4409-4418(10)	Library Services	0	0	0	1	0	0	8/9	1/1	0	88	100	N/A
4419-4429(11)	Recreation & Inmate Activities	0	0	0	5	1	0	4/9	1/2	0	44	50	N/A
4430-4436(7)	Religious Services	0	0	0	0	0	0	7/7	0	0	100	N/A	N/A
4437-4444(8)	Social Services & Counseling	0	0	0	2	1	0	2/4	3/4	0	50	75	N/A
4445-4455(11)	Release Preparation & Temp. Release	0	0	0	3	1	0	4/7	2/3	1/1	57	66	100
4456-4465(10)	Citizen Involvement & Volunteers	0	0	0	9	1	0	0/9	0/1	0	0	0	N/A
		5	0	0	63	10	1	91/154	15/25	1/2			
-121- TOTALS		11	2	0	154	23	2	239/393	31/54	3/5	60	57	60

RATINGS
ACCREDITATION PLANS OF ACTION
STATUS REPORT

Chart b

Month Year

Total # of Plans # of Plans # of Plans # of Plans
Plans of Action in Progress Plans Complete Not Yet Started Behind Schedule

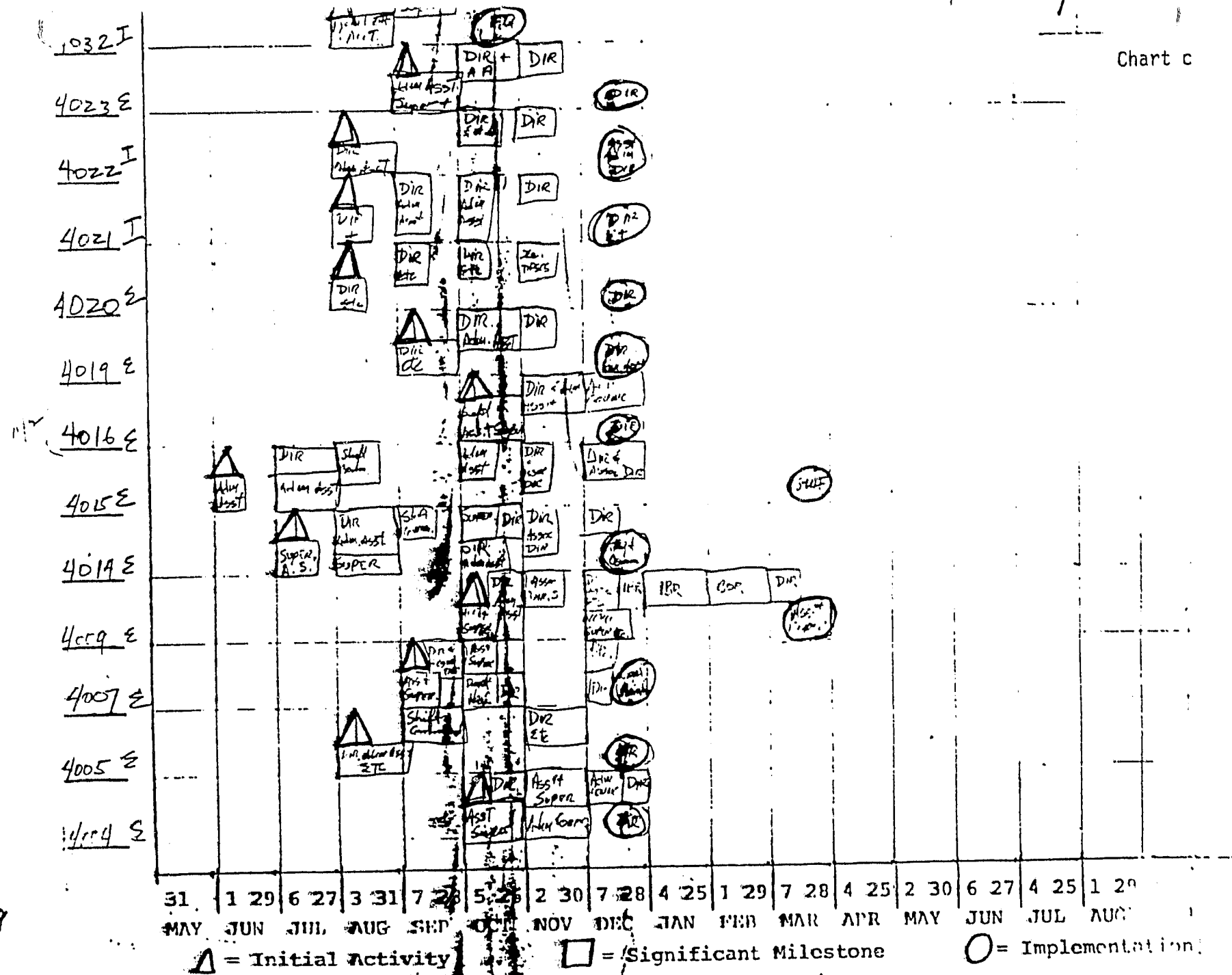
Total # of Plans of Action	# of Plans in Progress	# of Plans Complete	# of Plans Not Yet Started	# of Plans Behind Schedule

Comments: (Please attach any documents.)

Behind Schedule:

Comments:

Submitted By: _____



10/4/79
178

ACCREDITATION MEMORANDUM

PATIENT INSTITUTION

Chart #

TO
FROM
RE
COMMENTS

Control No.
Standard No.
Date Issued:

- For your information
- As requested
- Approve and return
- Note and return
- See me to discuss
- Please handle this
- For additional information
- For comment recommendation
- Give me the facts so I can answer
- Retain in your files

Please attach this memo
if information requested

DUE DATE:

If this date cannot be met,
please notify in writing.

ACCREDITATION MEMORANDUM

PATIENT INSTITUTION

Chart #

TO
FROM
RE
COMMENTS

Control No.
Standard No.
Date Issued:

- For your information
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- Approve and return
- Note and return
- See me to discuss
- Please handle this
- For additional information
- For comment recommendation
- Give me the facts so I can answer
- Retain in your files

Please attach this memo
if information requested.

DUE DATE:

If this date cannot be met,
please notify in writing.

*Please look at the file
before getting into this matter
It appears there is a deliquit*

*Spoke to Thomas
Will see him on Mon 1/24/80*

ACCREDITATION

"No Cost Audit" Control Sheets Chart e
3/13

STANDARD	CONTROL	DATE SENT	DUE DATE	WHO HAS IT	ACTION/STATUS
4004	J-1	2/11	2/11	Murray/Burke	This has been put on back burner & will be one of last ones adopted.
4005	J-2	3/13	3/19	NG	Requesting final update of the results of the 2/25 mtg.
4016	J-3	3/13	3/19	NG	Requesting update, with support to be presented to Adm. Council
4019	J-4	3/13	3/19	NG	" " " " "
4021	J-5	3/13	3/19	Capt B	B. Johnson did not reply, ask Sullivan for update.
4022	J-6	3/13	3/19	Mame	Sullivan did not answer - memo of 3/6 - asked Mame to take up w/ her.
4023	J-7	2/21	2/27	NG	Mame memo to NG. Tichler
4071	J-8	2/11	2/11	Kant	letter in Kamba's office being drafted in response.
4078	J-9	3/13	3/19	NG	Requesting update as to what happened at Adm. Council 2/25
Adm. Coun. Meetings	J-10				
4127	J-11			Murray	██████████
4128	J-12	3/4	3/3	Mame	Tichler requesting update
4129	J-13			Murray	██████████

Chart f

JPD
(JUNE PRELIMINARY DOCUMENTATION REVIEW)
June 3, 1980

- 2001 E - 1. 31B, Sec 2B
The HWH is part of a legal entity w/has the power to establish programs for Tmt & Rehabilitation
See Grant Report of 1971
Positions
HWH: Half way house
- 2. REH-23-E-ST5-1
- 2002 E - Minutes of the Adm. Council Meetings, Correspondence w/Legislature, and other State agencies, such as renovation plans
- 2003 E - Look at Thomas King - Suspension
State Policy on Suspension (06.46)
Placement and Removal of those in HWH
Example - Policy establishing Medical care, as a right, not a privilege, then PIR 295-
- would have to show inmate making use of the right
Policy, SOP, Inmate Folder
- 2004 E - Organization Chart, 31B (establishing Director) and Job descriptions
Copy of Grant REH 23-E-ST5-1 (Position Justifications)
PIB 5-79
Must establish who is the SINGLE administrative Officer
- 2005 E - Annual Report (Defines purpose - not very specific)
APERS
Grant REH 23-E-ST5-1
Material submitted to 1980 Legislative 17 year Report (p. 20)
The 295 PIR Series - MANUAL
Prior Annual Reports (1976) +
- 2006 E - PIM - Policy Manual Review (Presently awaiting final approval of Director)
#295 -
PIR 1-5
1-2
1-1
- 2007 E - Not yet prepared - Material available but not organized
- 2008 E - Only System is APERS
Budget Printouts
Daily Reports
Monthly Movement Sheet
Monthly Population Report
Quarterly Reports

PATUXLNI INSTITUTION (PREP HOUSE)
ACCREDITATION PREPARATION AUDIT

Chart g

June 26, 1980

*JPD-Documentation Listed In
June/80 Preliminary Docu-
mentation(JPD) Audit
performed by Mr. Nuthle

*Ray Montgomery, Accreditation
Manager, Md. Correctional
Pre-Release System
*Bruce Atkinson(Fiscal comment

Standard #	E or I	Clear Compliance	Substantial Compliance	Not Applicable	Non Compliance	Documentation Sources	Comments/Actions Necessary To Improve Status
2001	E	X				JPD	
2002	E		X			Minutes Dir.C.S. with H.H. Dir. & Staff monthly Mintes of Admin. Council	Documentation not present At least 6 months of minutes for both Unit mtgs. & Admin. Get HH topics in Admin Council mtgs.(Highlight approp areas) Dr. Gluckstern should attend (HH mtgs. annually (Definitely before Audit) to discuss goals objective, budget & programs
2003	E		X			Intake Food Service Volunteer	Make sure you have personnel file,review autho for cases you plan to cite Unsigned by Director (PIR) Intake Show chaining in at least 4 cases
2004	E		X			Patuxent T.O. Chart clearly showing a single Administrator 1972 Schleker Letter estab. positions	Unit T.O. must be signed off by Director Show solid line on Unit T.O. indicating Direct sup. of cook & Housekeeping by Director
2005	E				X	Some PIRs completed	Complete PIR manual See my comments & constructive criticisms for 22 PIRs provided <i>Given W.C. 6/30</i>
2006	E		X shaky			PIM 295 requires annual review	PIM 295-needs sign off No review process thus far (All PIRs are new) Review PIRs with my notes-Show update results(reviews) shows intent

115100

Chart h

STANDARD	COMPLIANCE										COMMENT
	NOT YET STARTED	BEGUN	DRAFTING	DIRECTOR	ADMIN. COUNCIL	ATTORNEY GENERAL	J. B. HARDY	DIRECTOR	IMPLEMENTATION	DOCUMENTATION	
4001 E								X	X	X	
4002 E								X	X	X	
4003 E								X	X	X	
4004 E					X				X		Needs finished PIR & more documentation.
4005 E				X					X		Needs PIR & Administrative Manual
4006 E								X	X	X	
4007 E					X				X		Needs PIR & implementation.
4008 E								X	X	X	
4009 E					X				X		Needs PIR & Operations Manuals.
4010 E								X	X	X	
4011 E								X	X	X	
4012 E								X	X	X	
4013 E								X	X	X	
4014 E					X						Need documentation.
4015 E						X			X		Need PIR & more documentation.
4016 E							X	X	X		PIR & more documentation.
4017 E					X				X		PIR & more documentation.
4018 E								X	X		PIR & more documentation.
4019 E								X	X		PIR
4020 E								X	X		PIR
4021 I								X	X		PIR
4022 I								X	X		PIR
4023 E								X	X		PIR & more documentation.
4024 E								X	X		PIR & more documentation.
4025 E									X	X	
4026 D									X	X	Need written policy statement & documentation.
4027 E									X	X	
4028 E									X	X	Need SPEC sheet for Accounting Head
4029 E									X	X	
4030 I									X	X	Need documentation.
4031 E									X	X	
4032 I						X					PIR & documentation.
4033 E									X	X	
4034 E									X	X	Needs more documentation.
4035 E									X	X	
4036 E									X	X	
4037 E									X	X	
4038 E							X		X	X	PIR
4039 E									X	X	Documentation - dates Director at budget hear
4040 E									X	X	
4041 E									X	X	
4042 E									X	X	Need more documentation/annual review
4043 E							X		X	X	PIR
4044 E									X	X	More documentation
4045 E									X	X	
4046 E									X	X	Need written policy/in acctg
4047 E									X	X	PIR
4048 E							X				PIR & documentation.
4049 E								X	X	X	Need more documentation.
4050 E							X		X	X	PIR & more documentation.
4051 E									X	X	
4052 E									X	X	
4053 E									X	X	Need documentation.
4054 E									X	X	In compliance but need figures & copies from
4055 E									X	X	
4056 E							X		X	X	PIR & more documentation.

TABLE - 1

Monit.	Stand.	Instit.	Fiscal Year 1980													
			July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Abr	May	Jun		
DAVIS	4004	RDCC	Complete 5/79													
SCHUPPE	4005	ALL x MCIW	a		b c d e											
✓ SCHUPPE	4006	ALL x RDCC MCIW		a	b&c b&c											
✓ SCHUPPE	4007	MCTC MCIH RDCC		a	b&c b&c b&c											
✓ SCHUPPE	4008	ALL x MCIW		a	b&c											
DAVIS	4009	RDCC MP MCTC MHC MCI BBCU			a a a&b a	a&b b c b	c c c			a	b	c				
DAVIS	4010	RDCC MP MHC MCTC MCI BBCU	Complete 6/79													
					a a a&b a	b&c b c b										
SCHUPPE	4012	ALL x MCIW & RDCC			a&b	c	d	e								
SCHUPPE	4014	ALL		a&c	a	b&c										
DAVIS	4015	RDCC MP MHC BBCU	Complete 5/79													
					a&b a a	b b b&c										

DOU I

DOC - II

DIVISION OF CORRECTION
PLANS OF ACTION
STATUS SHEET

STANDARD #	INSTITUTION	Tasks	Due Date	Designated Staff Notified	Follow-Up Notification	Date Completed	Documentation Avail/Attached
------------	-------------	-------	----------	---------------------------	------------------------	----------------	------------------------------

A							
B							
C							
D							
E							
F							
G							
H							

Comments: _____

INSTITUTION - MC IWC

DOC
III

STANDARD	NOT STARTED	ON SCHEDULE	BEHIND SCHEDULE	COMPLETE
4014			✓	
4018				
4019		✓		
4020				✓
4022				✓
4056			x	
4061			x	
4063			x	
4071		✓		
4072		✓		
4078				✓
4080		✓		
4082		✓		
4088		✓		
4090		✓		
4091		✓		
4092		✓		
4093		✓		
4094		x		
4095		x		
4096		✓		
4097		✓		
4098		✓		
4100		✓		
4101		✓		
4103		✓		
4108				✓
4111		x		

