

**Program Review Maryland State Correctional Facility:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Lead:** \_\_\_\_\_

	Compliance	Deficiency	Exceeds Standards	Recommendation	Not Applicable
<b>A. General Case Management</b>					
<b>1</b> A directive is in place which ensures that when classifying inmates that case data, participation, and public safety is considered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Initial classification occurred within 15 days of the inmate's arrival. (intake facility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Subsequent classification reviews are done at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Inmates appear at their classification hearing, unless waived by the inmate (in writing) or precluded for security or other reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Inmates are given 48 hours notice prior to the classification hearing. <b>ACA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Criminal history verification is conducted routinely and according to policy and procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Individual program screening is done routinely, accurately, and according to policy and procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Orientation occurred within 7 days of the inmate's arrival to the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Initial assignment occurred within 30 days of arrival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Routine assessment of security and program needs are completed and documented according to policy and procedure. (ICP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 11 Risk assessment scores are present.
- 12 Notification is sent to inmate regarding results of case management actions.
- 13 Relevant entries entered in Confidential Notes.
- 14 OCMS primary assignment history coincides with case management actions and policy.
- 15 Base files are stamped **CONFIDENTIAL**, maintained in a secure area, and filing order is correct.
- 16 Alerts such as, but not limited to DNA, enemies, SOR, PREA, and escape are appropriately placed and processed.
- 17 If applicable, waiver of extradition for current security level is present.

Compliance  
 Deficiency  
 Exceeds Standards  
 Recommendation  
 Not Applicable

## B. Segregation and Protective Custody

- 18 The inmate signed and was provided a copy of the Notice of Assignment to Administrative Segregation.
- 19 A completed Administrative Segregation investigative report and supporting documentation was available at the time of the review.
- 20 The inmate was reviewed by a team within 5 working days of placement on Administrative Segregation.
- 21 The Warden/designee reviewed the team's recommendation within 5 working days.
- 22 If applicable, an enemy alert form is completed and the information entered in OCMS.
- 23 The primary assignment matches the inmate's current status.

- |           |   |                          |                          |                          |                          |                          |
|-----------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>24</b> | Verification exists that Segregation reviews are being conducted monthly.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>25</b> | Verification exists that Protective Custody reviews are being conducted annually.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>26</b> | Inmates on Administrative Segregation or Protective Custody are reviewed every 7 days for the first 2 months of placement and at least every 30 days thereafter. <b>ACA</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>27</b> | If applicable, the inmate had an annual Administrative Segregation review signed by the Commissioner/designee.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>28</b> | Verification exists that the inmate is notified after each review of the Warden/designee's or Commissioner/designee's decision.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>29</b> | If applicable, the reclassification instrument has been completed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>30</b> | The Record of Confinement Housing Forms are completed and maintained in the base file.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Not Applicable**  
 **Recommendation**  
 **Exceeds Standards**  
 **Deficiency**  
 **Compliance**

**C. Applicable to Parole Violators**

- |           |  |                          |                          |                          |                          |                          |
|-----------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>31</b> | The revocation hearing has been conducted and documented properly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>32</b> | If applicable, the case management action has been completed.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## D. Release Procedures

	Compliance	Deficiency	Exceeds Standards	Recommendation	Not Applicable
<b>33</b> The facility maintains written policy and procedure governing the release of inmates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>34</b> Appropriate background checks were completed and within timeframes of policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>35</b> The inmate was released with the proper Release Documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b> Proper notifications were made to affected agencies as required by law or regulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>37</b> A release case plan was developed in appropriate cases as a closure of this period of incarceration or the DOC's official handoff to DPP for supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>38</b> If appropriate, the release envelope was completed in accordance with OPS.230.0005 and includes all required signatures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>39</b> For release plans, the proper release requirements have been addressed (e.g., DNA, SOR, Statewide Transfer Alert, restitution).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>40</b> Releases conducted in accordance with OPS.230.0005 contained a complete Release Directive Checklist signed by a supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>