

Maryland Division of Correction Policy Management Audit Form

Title & DCD #: _____ Institution/Facility: _____ Date: _____ Auditor: _____			Mark (C) for Compliance	Mark (D) for Deficient	Non-Compliance Corrective Action Plan Attached	Date to Re-audit Compliance	Date to Re-audit Non-Compliance
Line Item Number	DCD Reference Number (s)	Line Item Standard					
1.	Section VI.B.1-4	1. Are all ARPs properly dismissed for procedural reasons when they concern one of the following issues: case management recommendations and/or procedures, MPC or adjustment procedures or decisions, or decisions to withhold mail?					
2.	Section VI. D	2. Are ARP forms readily available in all housing units?					
3.	Section VI. G-H	3. Did all inmates file ARPs using their committed name and inmate identification number? Were inmates restricted from filing class action complaints or filing on behalf of others?					
4.	Section VI.K.1-4	4. Did the Warden provide a reason with each recommendation to limit the amount of ARPs an inmate can file? Were ARPs that exceed the limit by the Commissioner dismissed?					
5.	Section VII.4-5	5. Were all ARPs that included ongoing or Commitment issues accepted past the 30 day time frame?					
6.	Section VII.7	6. Are Inmates allowed to submit a reasonable number of closely related issues in one complaint?					
7.	Section VII.9b	7. When inmates are asked to resubmit ARPs, are they given the later of 15 days or the remainder of the 30 day time frame to do so.					
8.	Section VII.10	8. ARPs are first submitted to an officer, who then submits the ARP to an area designated by the Warden by the end of that officer's shift.					
9.	Section VII.12a-b	9. The Warden has responded to all ARPs accepted for investigation within 30 days or 45 days if an extension was required. If an extension was required, the inmate was informed via Appendix 4 to DCD 185-002 within the original 30 day time frame.					
10.	Section VII. 15	10. Staff has referred any issue that could result in serious harm for follow up outside of the ARP process.					

Distribution: Institutional Audit Coordinator
 Director, Office of Policy Development, Analysis and Management
 DOC Form 1-2aR (7/08)

**Maryland Division of Correction
Policy Management Compliance Plan**

Title & DCD #: _____ Institution/Facility: _____ Date: _____ Name/Title of Person Completing Form: _____			Employee/Person (s) Responsible	Compliance Due Date	Action Taken	Date of Compliance
Line Item Number	DCD Reference Section	Corrective Action				

Distribution: Institutional Audit Coordinator
 Director, Office of Policy Development, Analysis and Management