

Agency Manual of Accreditation Policy and Procedure



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American Correctional Association
Standards and Accreditation Department

Staff Directory

Mark A. Flowers
Director
markf@aca.org
703-224-0070

Jeffrey D. Crawford, Accreditation Specialist
E-mail: jeffreyc@aca.org Phone: 703-224-0075

Areas of Responsibility: Arizona, Arkansas, Connecticut, Kentucky, Massachusetts, New York, Canada, Cornell Corrections, Corrections Corporation of America, Department of Homeland Security, Federal Bureau of Prisons, The GEO Group, Inc., U.S. Military facilities

Cecil Patmon, Accreditation Specialist
E-mail: cecilp@aca.org Phone: 703-224-0072

Areas of Responsibility: Alabama, California, Delaware, District of Columbia, Florida, Hawaii, Indiana, Kansas, Minnesota, Missouri, New Hampshire, New Jersey, Oklahoma, Oregon, Virginia, Washington, Wisconsin, Wyoming, West Virginia

Nicole Spann, Accreditation Specialist
E-mail: nicoles@aca.org Phone: 703-224-0074

Areas of Responsibility: Alaska, Colorado, Georgia, Idaho, Illinois, Iowa, Louisiana, Maryland, Maine, Michigan, Montana, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont

Leslee Hunsicker, Healthcare Administrator
E-mail: lesleeh@aca.org Phone: 703-224-0076

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Overview of the American Correctional Association

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

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

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

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

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

Organizational Purposes of the American Correctional Association

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

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

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

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

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

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

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

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

Standards and Accreditation

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

Overview of the Commission on Accreditation for Corrections

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

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

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

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

Association staff

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

Auditors

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

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

Standards Development

Development of the ACA standards began in 1974 with an extensive program of drafting, field testing, revising, and approving standards for application to all areas of corrections. Since then, approximately 1,500 correctional facilities and programs have adopted the standards for implementation through accreditation, and many others have applied the standards informally themselves.

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

Standards for the Administration of Correctional Agencies

Standards for Adult Parole Authorities

Standard for Adult Probation and Parole Field Services

Standard for Adult Correctional Institutions

Standards for Adult Local Detention Facilities

Standards for Small Jail Facilities

Standards for Electronic Monitoring Programs

Standards for Adult Community Residential Services

Standards for Adult Correctional Boot Camps

Standards for Correctional Industries

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

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

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

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

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

Most standards contain one or more of the following elements:

- a requirement for policy and procedure
- a required condition
- a specific number; i.e. space, time, ratio
- a requirement that a process be in place

The discussion or comment that follows most of the standards is designed to clarify the standard, provide guidance as to the intent of the standard, and offer information that might be used in implementing the standard. The agency is *not* held accountable for meeting conditions or suggestions contained in the comment section of a standard. Likewise, in Performance-Based Standards manuals, there are protocols and process indicators for each standard. These are examples of what may be used to document compliance and should not be considered all encompassing.

Each standard has a weight of mandatory and non-mandatory, which is used in determining compliance levels. Mandatory standards address conditions or situations that affect the life, health, and safety of offenders, staff, and/or the public. One hundred percent of the applicable mandatory standards must be met for an agency to become accredited. Agencies must also meet ninety percent of applicable non-mandatory standards, as well as any other criteria stipulated in the policies and procedures of the Standards and Accreditation Department, including the submission of plans of action for non-compliant standards.

For every standard in the manual, the agency must reach a conclusion about applicability and compliance. The agency must meet every element of the standard in order to comply. Most standards require evidence of written policy and procedure and documentation demonstrating implementation of the standard consistent with the policy and procedure.

The Accreditation Process

The process of accreditation normally takes twelve to eighteen months to complete. Accreditation is granted for a period of three years. Maintaining continuous accreditation and integrating the standards into the day-to-day operations of the facility is an ongoing task. Regardless of the type of program or facility involved, the process remains constant. The basic timelines, requirements, and outcomes of the process are the same for a state correctional institution, local detention facility, private halfway house, juvenile facility, probation and parole field services agency, or paroling authority. All programs and facilities sign a contract, pay fees, prepare a self-evaluation report, and are audited by independent corrections professionals who are trained auditors.

There are four major steps in the accreditation process: Applicant Status, Correspondent Status, Candidate Status, and Accredited Status. Each entails the completion of specific tasks by the agency and the Standards and Accreditation Department within designated timelines.

The accreditation process is time-consuming and requires both effort and commitment from agency staff. The benefits to an agency are proportionate to the agency's commitment to incorporate the process into its daily management and operation. It is not just achieving accreditation, but also maintaining accreditation that attests to the agency's genuine application of the standards throughout its operation. Some of the benefits include:

- safeguarding the life, health, and safety of the staff and offenders
- aiding in the defense of potential lawsuits
- providing a systematic evaluation of all areas of agency administration and operation
- improving management through the creation or refinement of written policies and procedures for all areas of agency operation
- providing management and line staff the opportunity to work together to assess needs and develop solutions
- giving recognition for achievement, improving staff morale, and demonstrating accountability to the public

Accountability

All agencies are required to provide information about pending litigation, court orders, consent decrees and class action lawsuits concerning the facility or agency. The Standards and Accreditation Department also requires that agencies provide news articles, special reports, and/or other information that might impact upon accreditation. Further, the Standards and Accreditation Department also requires that agencies post public notices of the approaching standards compliance audit, inviting submission of written comments and information about the program from staff, offenders and the public. The Standards and Accreditation Department provides posters to the agency for this purpose (Appendix B).

When the Standards and Accreditation Department receives information and correspondence relative to a specific agency in the process, copies of any relevant correspondence and responses are placed in the agency's file. Additionally, copies of the relevant correspondence or other information (news

articles, court orders) may be provided to audit team members for review before the visit to the agency. The auditors may meet with these individuals and, when a facility is under court order, with the judge.

Efforts to promote openness can be enhanced by the agency. When an agency is aware of media interest, or coverage of a program in the process, Standards and Accreditation Department staff must be contacted and kept informed of events. If an agency has invited media representatives or other parties to an audit or hearing, Standards and Accreditation Department staff, audit team members, and agency personnel should discuss protocol for such events in advance. In most cases, media representatives and other participants will serve only as observers.

Confidentiality

While working to increase openness and accountability for the process, the Association maintains strict requirements for protecting the confidentiality of agencies in the process. In speaking with media representatives, the Association provides information only about the process and standards application for a particular program or institution. This might include an explanation of the requirements of the self-evaluation process, audit policies and procedures, dates and activities of the audit, the reporting process following the conclusion of the audit, the role of the audit team, and the hearing process.

The Association does not disclose to external parties specific information contained in the agency's self-evaluation report, visiting committee report, or information discussed in the hearing. The Association encourages all participating agencies to provide information to the media about their accreditation activities, including disclosure of the self-evaluation and visiting committee reports.

Eligibility Criteria

The following conditions must be satisfied prior to an agency's acceptance into the accreditation process:

- the agency is part of a governmental entity or conforms to the applicable federal, state, and local laws and regulations regarding corporate existence
- the agency holds under confinement pre-trial or pre-sentenced adults or juveniles who are being held pending a hearing for unlawful activity
- the agency holds under confinement convicted adult offenders or juveniles adjudicated delinquent
- the agency supervises, in the community, sentenced adult or adjudicated juvenile offenders, including children placed in residential settings
- the agency has a single administrative officer responsible for agency operations
- adults and juveniles are not confined together in residential and institutional programs

Status offenders should not be confined in juvenile detention facilities or secure correctional facilities. There will be situations where juvenile detention facilities and juvenile correctional facilities that hold status offenders will be accepted into the process, although correctional facilities containing status offenders may be required to remove them from the facility before, or as a condition of, accreditation. In either case, status offenders must be separated by sight and sound from delinquent offenders. Facility staff should demonstrate attempts to develop opportunities for status offenders in the least restrictive environment possible to include alternatives outside a secure setting. Special programs must be developed for status offenders.

Application Process

The process usually begins with an agency contacting ACA with inquiries about the standards and accreditation process. This initial contact involves an exchange of information and materials during which the agency is placed in Applicant Status.

During the application phase of the process, the accreditation specialist at ACA and the agency review the conditions of the process and work jointly to:

- confirm agency satisfaction of eligibility criteria
- identify the appropriate manual of standards (or combination of manuals) for application in the process
- determine fees, based on the type and size of the agency
- review the contract and confirm jointly the terms of the agreements, including services provided and the start-up date

In order to complete these tasks, application materials provided to the agency include:

- informational material about the standards and the process, including this policy and procedure manual, the appropriate manual of standards for the agency, and the most recent standards supplement manual
- a contract, which sets out tasks and responsibilities of the agency and the Association, time frames, and fee schedules
- an Organization Summary to obtain descriptive information about the agency, which is completed by the agency and returned to the Standards and Accreditation Department with the signed contract (Appendix C)

The process formally begins when the agency returns both the completed Organization Summary and the signed contract. The Standards and Accreditation Department notifies the agency in writing of its acceptance into the process within 30 days of receipt of the necessary application materials. Once notified, the agency is placed in Correspondent Status, and an accreditation specialist is assigned as a liaison to the agency. The accreditation specialist is responsible for maintaining contact with the agency, providing assistance, and monitoring the agency's progress. The agency may request assistance through the accreditation specialist at any time, and is encouraged to do so, in order to clarify standards and requirements. The agency may also request on-site technical assistance which can be arranged by the accreditation specialist. The on-site technical assistance

visit is not covered in the accreditation fee, and is charged at a rate of cost plus 25%.

Selecting the Appropriate Manual of Standards

As noted earlier, the Standards and Accreditation Department has developed and published manuals of standards that address different types of correctional agencies. Some correctional agencies present unique situations of standards application and cannot be accredited using the standards from one manual alone. These are often referred to as “special purpose” facilities and might include facilities that house both short-term detention offenders and offenders serving longer periods of incarceration, reception-classification centers, or restitution centers. In some cases, certain standards may be ruled non-applicable and/or standards may be extracted from other manuals to bring the facility into conformance to good practice. The decision to use a combined set of standards is based on an examination of the offender population, the mission of the program or facility, and approval by the Director of Standards.

Fees

Fees are determined during the application period and are included in the contract signed by the agency and the Association. As delineated in the contract, the fees cover all services normally provided to an agency by Standards and Accreditation Department staff, auditors, and the Commission. The costs of orientation training, field consultation visits, and monitoring visits if required, are in addition to the basic fees, at a rate of cost plus 25%. The balance of the contract must be paid in full in order to receive a certificate of accreditation after the accreditation hearings.

Agency Withdrawal

An agency that no longer wishes to pursue accreditation may formally withdraw from the process through formal notification in writing to Standards and Accreditation Department staff. The agency may wish to withdraw because of turnover in administration or staff, inadequate funds to bring the program into compliance with the standards, or a change in agency mission. Fees already paid to the Association are not refundable.

Correspondent Status

When the process has formally begun, and the Standards and Accreditation Department is in receipt of a signed contract and completed organization summary, the agency is placed in Correspondent Status. While in Correspondent Status, agency activities include:

- *Agency Organization:* In order to ensure that the necessary time and resources are committed to prepare for involvement in the process, the agency is highly encouraged to assign an accreditation manager, provide training for staff, and develop and implement a process work plan.
- *Assessing Compliance:* Self-evaluation activities entail reviewing standards, agency operations, and policies and procedures to assess compliance levels, identifying activities necessary to meet the requirements of the process, and completing the self-evaluation report.
- *Working Toward Compliance:* Preparation for an audit involves developing and implementing policies and procedures to ensure operations are consistent with standards requirements, conducting staff training, making physical plant improvements, completing satisfactory inspections by independent safety and sanitation authorities, and preparing documentation and materials to demonstrate compliance to auditors.

Agency Organization and Activities

Agencies that have achieved Accredited Status have identified several key activities that are critical to the process:

- The agency administrator is vocal in his/her commitment to the agency's participation in the process and support of the accreditation manager.
- All agency staff have attended an orientation to the process, even if they are not actively involved in the self-evaluation phase. The orientation for staff can be a brief overview, while the training for those working directly with the process is comprehensive and specific.
- The accreditation manager cannot complete the self-evaluation report without assistance from other staff due to the specificity of the information required. Involvement of staff at all levels distributes the workload more evenly and promotes timely completion of tasks.
- An accreditation work plan is developed that includes a schedule of work compatible with normal operations. It is essential to establish a schedule that allows adequate time for both regular and accreditation-related duties.

The Accreditation Manager

It is essential that the agency commits the necessary time and resources to the process. This includes assignment of an accreditation manager who has the full cooperation and support of the agency administrator. The accreditation manager develops a realistic plan of activities and staff assignments leading to the completion of the self-evaluation report and other related tasks. The accreditation manager also organizes agency resources and activities and serves as the agency's primary contact with the Standards and Accreditation Department. The accreditation manager is responsible for ensuring that agency staff receive an orientation to the process. This training may be conducted by either Standards and Accreditation Department staff or the accreditation manager. The accreditation manager is typically responsible for the following:

- maintaining an internal information exchange to ensure that agency staff are provided with timely responses to inquiries about the standards and the process
- arranging and coordinating visits to the agency by auditors for technical assistance, standards compliance audits, re-audits, and monitoring visits
- preparing and submitting correspondence and reports to the Standards and Accreditation Department within designated time frames, including final organization and preparation of the self-evaluation report, relevant sections of the visiting committee report, annual certification reports, and other documents requested
- representing the agency at the hearing
- providing input in the development and revision of accreditation policies and procedures and the standards, when requested by the Standards and Accreditation Department

Agencies that have several facilities/programs in the process may also have an accreditation manager in the central office who acts as the liaison between the programs in the department/system and the ACA accreditation specialist.

The accreditation manager prepares and supervises the implementation of a work plan for accomplishing tasks required to achieve and maintain accreditation. This plan identifies agency staff that will be responsible for performing specific tasks and the dates for completing those tasks.

Orientation for Agency Personnel

Each agency should have an orientation process for its staff. The introductory orientation session includes an explanation of the purpose, goals, and organization of the Association; the process, the agency's reasons for electing to pursue accreditation, and the benefits of the process for the agency. Time should be provided for the staff to ask questions of the agency administrator and the accreditation manager.

The training program for those who will directly participate in the accreditation activities should focus on the specific requirements of the agency for successfully completing the self-evaluation phase. The curriculum should address the following subjects in detail:

- background and organization of the Association
- standards development and revision process
- introduction to the process, including the requirements of Correspondent, Candidate, and Accredited Status
- benefits of the process
- agency self-evaluation activities, including the organization of resources and staff assignments to the accreditation team and review committee
- procedures and requirements of preparing the self-evaluation report
- documentation requirements and procedures
- audit procedures
- compliance maintenance procedures

The Work Plan

The agency's activities during the self-evaluation process focus on rating their performance against the standards and accumulating documentation to demonstrate compliance. An initial step in the process is the development of a work plan that provides a structure for accomplishing these activities. The plan, developed by the accreditation manager and endorsed by the agency administrator, should include the following elements:

- identification of agency needs and specific tasks and resources required to conduct the self-evaluation and bring the agency into compliance with the standards
- staff training, including orientation and periodic sessions to communicate Association policies, standards interpretations, and different phases of the process
- plans for communicating accreditation activities
- a schedule for task completion
- a compliance maintenance system for staff to incorporate into the process, including methods for updating documentation and the development of policies, procedures, and regulations
- plans for conducting internal reviews and a mock audit
- a method for collecting data relevant to the significant incident summary and outcome measures when required

Agencies should establish an accreditation office and arrange logistical support for the program. This may include assigning clerical help, setting up and ensuring security of the files, obtaining necessary materials, etc. The accreditation manager may assemble an accreditation team composed of staff members who will be responsible for determining compliance with specific chapters of the standards manual, compiling documentation, developing policies and procedures, overseeing implementation of the standards, record keeping, and preparing plans of action. This is important to ensure the accuracy of findings of compliance and to provide sufficient knowledge to prepare plans

of action. At a minimum, this team should consist of the following individuals: the fire/safety officer, food service manager, medical and security staff members. The staff selected for the accreditation team should have the ability to make decisions for their respective departments. In addition to these individuals, there should be an internal review committee composed of agency staff. The purpose of the committee is to assess the adequacy of the documentation prepared by the team. Generally, a full scale mock audit will assist in preparation for the visit by ACA auditors.

The accreditation manager develops and maintains a regular meeting and review schedule for staff involved in the process. Meetings are held for staff to report on their progress, review problem areas, and indicate when outside assistance is needed to clarify standards or accreditation policy and procedure. In addition, the agency may call on outside specialists, such as the fire marshal, fiscal auditors, medical staff, and staff attorneys, to assist in preparing standards compliance documentation. The accreditation manager must ensure there is open communication on a regular basis from the agency administrator to line staff, stressing support and expectations for the process.

Outcome Measures

Outcome measures are quantifiable (measurable) events, occurrences, conditions, behaviors, or attitudes that demonstrate the extent to which the condition described in the corresponding performance standard has been achieved. Outcome measures describe the consequences of the organization's activities, rather than describing the activities themselves. If an agency is being audited utilizing performance based standards, the Outcome Measures Worksheet (Appendix F) must be completed. The performance-based standards and expected practices are the result of a major initiative undertaken by the Association to improve the delivery of care to offenders within the correctional environment. Outcome measures will enable administrators and practitioners to not only monitor activities but also to measure over time the outcomes of their effort. Outcome measure data is continuously collected and calculated every 12 months for each year of the audit cycle. Agencies undergoing an initial accreditation will have up to 12 months worth of the required information entered and calculated on the worksheet. Agencies being considered for re-accreditation submit a completed Outcome Measure Worksheet to the Standards and Accreditation Department with the required annual report for the first two years of the reaccreditation cycle. The completed third year worksheet will be reviewed by the audit team during the facility audit. In any case the outcome measure worksheet will be included as an attachment to the final audit report.

Significant Incident Summary

Enclosed with the audit materials is a form entitled "Significant Incident Summary." (Appendix G) The form requires information regarding assaults, deaths, escapes, disturbances and other significant events. The information must be provided for the 12 months preceding the audit. Agencies being considered for re-accreditation submit a completed Significant Incident Summary to the Standards and Accreditation Department with the required annual report for the first two years of the reaccreditation cycle. The Significant Incident Summary is also included as an attachment to the final audit report and is summarized in the audit narrative.

Developing Documentation

In order to substantiate a finding of compliance with a standard, the agency must be able to demonstrate to the visiting committee that it is in compliance with all parts of a standard at all times. This is accomplished through presentation of written documentation, interviews with staff and offenders, and observations which clearly demonstrate that the agency is meeting the requirements of the standard. It is perhaps the most time consuming and demanding aspect of the process for the agency.

Agencies preparing for initial accreditation are held accountable for documenting standards compliance for a minimum of 12 months prior to the audit. Once policy and procedure for a standard has been developed, the agency must have documentation to demonstrate continuous compliance from that point in time to the present.

Documentation should directly relate to the standard. It is the standard, not the discussion or comment of the standard, upon which the agency is audited and a compliance decision is made.

There are several methods of documenting compliance with the standards:

- written documentation, which includes, but is not limited to, policies, procedures, records, forms, logs, etc
- interviews with staff and offenders
- observation or sight confirmation

The members of the visiting committee depend on all of these when they visit the agency to conduct the audit. Verbal reports alone are never sufficient to support compliance.

The Standards and Accreditation Department distinguishes between two categories of documentation:

- *Protocols* is the written guideline specifying what will be done and how it will be accomplished. This is generally provided in agency policies and procedures. Expected Practices indicate that the agency requires something, but does not prove that something is being done.
- *Process Indicators* are the backup material that demonstrates written policies and procedures have been implemented. In order to show compliance with a standard, there must be evidence that what is required is actually being accomplished. This type of documentation is generally drawn from agency logs, records, photographs, and routine reports and may be supplemented by sight confirmation and verbal reports, for example.

Questions related to applicable process indicators supporting compliance should be directed to the Standards and Accreditation Department.

Setting Up Files

In preparing for a standards compliance audit, documentation is compiled for each standard. The documentation materials contained in the files are organized in a logical sequence. Most documentation files contain:

- standards compliance checklist(s)
- face sheet of relevant policy/statute and/or procedure (expected practice)
- relevant page(s) from the policy/statute and/or procedure
- implementation documents or relevant materials (process indicators i.e., sanitation inspection record sheets, fire drill record sheets, service contract for pest control, etc.)
- certification documents (e.g., licenses, copy of college degree, credentials of fire inspector, etc.)
- copies of handbooks (e.g., offender handbook, training handbook, etc.)
- justification and documentation for non-applicable standards

Standards Compliance Checklists

For each standard in the applicable manual of standards, there is a standards compliance checklist page that must be included in the front of every standards folder. (Appendix D). Information recorded by the agency on the checklist includes:

- determination of compliance, non-compliance, or non-applicability, and when appropriate, a waiver request
- list of documentation to support compliance, justification for findings of non-applicability, or justification for waiver requests
- signature of the individual(s) responsible for determining compliance and compiling documentation

The agency completes the left side of the checklist for every standard ensuring that all of the required information is provided. Guidelines for conducting the standards assessment, preparing documentation, or submitting waiver requests are contained in later sections of this manual. During the standards compliance audit, visiting committee team members will complete the right side of the checklists and forward the checklists for non-compliant and non-applicable standards to the Standards and Accreditation Department staff for inclusion in the visiting committee report.

Expected Practices

It is not necessary to place an entire document or policy in a file. Copies of operational manuals, classification manuals, personnel manuals, or other similar types of manuals do not need to be copied in entirety to support compliance with each and every standard in a particular chapter. Relevant pages of the manual that relate to a specific standard(s) should be placed in the file folder, or these manuals may be referenced and made available for an auditor's inspection. All pertinent paragraphs/sections of a document or policy that are placed in the file should be highlighted for easy

reference.

Process Indicators

Standards compliance folders should include one or two good examples of supporting documentation for each year being audited (initial audits require one year; re-accreditation audits require three years). Additional documentation should be readily available for the audit team review upon their request.

Only materials that demonstrate compliance with the standard are included or referenced in the file. Irrelevant or extraneous material that, while related to the standard, does not prove compliance, should not be included.

The documentation files must be kept current. A system for continuous updating should be established and those staff members responsible for compiling files should be responsible for updating them. Documentation is not based on calendar years or fiscal years but rather from audit to audit. For example, a facility undergoing an initial audit in March 2008 must have supporting documentation dating back to March 2007 in most cases. When this same facility pursues reaccreditation and has an audit in March 2011 their supporting documentation should cover the following timeframes:

- Year #1: April 2008 – March 2009
- Year #2: April 2009 – March 2010
- Year #3: April 2010 – March 2011

Application of Revised Standards

The Standards and Accreditation Department bi-annually publishes the *Standards Supplement*, which contains revisions of standards for all standards manuals. An agency is responsible for the revisions made, and published, in the *Standards Supplement* that was in effect at the time their **contract was signed**. For reaccreditations the principle remains the same.

Non-applicable Standards

Unless noted in the manual, or expressly agreed upon by the agency and the Standards and Accreditation Department in advance, the agency applies all sections of the applicable manual. In signing a contract with the Association, the agency accepts the standards for application in the process and may not omit sections of the manual, individual standards or portions of standards, because it does not wish to establish a required program or procedure. There are sections of the manuals, however, that may not apply, depending on the circumstances at the agency. These may include:

- physical plant standards for facilities that apply to newly constructed plants, additions to a facility, or areas renovated after a specified date
- standards for community programs that pertain to out-sourced client services, i.e.

- laundry
- standards that address only privately or publicly administered programs
- standards that specify a requirement conditional on statute
- standards that specifically address one gender or another

In the above cases, the sections of the manual indicate when the standards in the manual may not apply to the agency. For example, if a standard applies to “co-ed” facilities and the agency being audited is for women only, the standard is non-applicable. For these standards, a statement explaining why the standard does not apply must be provided, and when appropriate, documentation supporting the reason for the finding should be available for review by the visiting committee during the standards compliance audit.

Agency compliance percentages are calculated based on the number of applicable standards. The number of non-applicable standards is subtracted from the total number of standards that the agency is required to meet. The number of standards found in non-compliance is subtracted from the number of standards that are applicable. The number of standards in compliance is divided by the number of standards that are applicable and that equals the percentage of standards in compliance.

Technical Assistance

While preparing for the audit, the agency may require clarification of policy and procedure, assistance in determining the applicability of particular standards to their program, or standards interpretations to clarify the meaning and intent of individual standards. When technical assistance or guidance is needed, the accreditation manager contacts the agency's assigned accreditation specialist at the ACA to discuss the issue(s). Confusion or uncertainty about policies and procedures often can be alleviated by a telephone conversation. Written confirmation of agreements or decisions made by Standards and Accreditation Department staff and the agency is appropriate.

In addition to assistance available from staff through an exchange of correspondence, information, and telephone contacts, the Standards and Accreditation Department is able to provide on-site assistance to agencies. This is at the request of the agency and involves charges to the agency in addition to basic fees. The field consultation entails a visit by a staff member or auditor to an individual facility or program. The purpose of the visit is to provide assistance to the agency in conducting its self-evaluation and preparing standards compliance documentation. Field consultation visits are encouraged for agencies seeking initial accreditation.

At an agency's request, the Standards and Accreditation Department arranges for a auditor to provide on-site assistance in one or more of the following areas:

- explanation of policy and procedure, including audit preparations
- interpretation of the applicability of standards to specific areas of concern
- evaluation of the appropriateness and thoroughness of documents to support standards compliance

A field consultation visit typically entails a review of selected standards and documentation prepared by the agency. During the review, the auditor looks for the appropriate application of standards to the agency and addresses organization and completeness of documentation files to ensure that the necessary types of documentation are provided. For residential programs, the field auditor tours the facility, checking agency practices for regular physical plant maintenance, facility sanitation and cleanliness, and to determine if the necessary provisions are in place for fire safety as required by the standards. For example the auditor may look for the proper storage and control of flammable, toxic, and caustic substances, upkeep on major appliances and machinery, and the currency of inspection reports by the appropriate authorities. Finally, the field auditor reviews policy and procedure and advises the agency of what to expect during the standards compliance audit.

The determination of need for an onsite consultation visit is generally made toward the end of Correspondent Status, after the agency has started its self-evaluation. Standards and Accreditation Department staff assist the agency in assessing the need for a visit. If a visit is agreed upon, the activities and schedule are set. The accreditation specialist assigned to the agency coordinates the visit. A contract containing information concerning the purpose of the consultation is prepared by the Standards and Accreditation Department and sent to the agency. Transportation and lodging arrangements are handled in the same fashion as for other Association visits. The cost of the field consultation is in addition to the basic fee and is established at a rate of cost plus 25 percent. Every

effort is made by staff to keep the costs of the visit at a minimum.

Although there is an additional charge for a technical assistance visit, the use of an auditor may prove to be cost effective when long-range benefits are considered. If an agency requests an audit and does not achieve the necessary minimum compliance levels, the cost of a re-audit can be substantial.

In maintaining the integrity of the process, the individual conducting the field consultation is never assigned to the visiting committee performing the standards compliance audit.

Details of the auditor's findings are included in a written report submitted to the Standards and Accreditation Department at the conclusion of the visit. The contents of the report vary according to the agency's specific needs; however, the report usually covers the following:

- names and positions of participants
- general and/or specific physical plant problems related to the standards
- problems with the organization regarding standards interpretations and/or policy and procedure
- unique aspects of the agency or facility that could affect the outcome of a standards compliance audit

If individual standards are reviewed for compliance, the report reflects these findings. Likewise, the auditor notes any weaknesses with particular aspects of documentation. These items alert Standards and Accreditation Department staff and the agency to potential problem areas prior to scheduling a standards compliance audit. Upon receipt of the report from the auditor, Standards and Accreditation Department staff review the report and forward copies to the agency.

Mock Audits

At the agency's request, the Standards and Accreditation Department can arrange for a full audit team to conduct a *mock audit* to assess the agency's readiness for the actual accreditation audit. This onsite visit is geared less toward training agency staff and more toward assessing compliance with the standards. Transportation and lodging arrangements will be handled in the same manner as other Association visits. In order to assess agency readiness, the team will:

- tour the facility
- conduct an examination of the physical plant
- review records, files, and completed standards compliance folders
- interview offenders, staff, and others as appropriate
- prepare a report for the agency (see above) of the findings that may include recommendations to facilitate standards compliance

Fees for the mock audit will be calculated at a rate of cost plus 25 percent and will require a contract. The Standards and Accreditation Department will make every attempt to keep the cost to the agency at a minimum.

The Self-Evaluation Report

The self-evaluation report documents the agency's progress through the self-assessment phase of the process. It is prepared by the agency's accreditation team and compiled by the accreditation manager. The report requires a comparison of agency policies and operations with each standard in the manual. Through its preparation, the agency identifies specific deficiencies with respect to the standards and develops plans for correcting them. Upon completion of the report, the agency has attempted to answer the following questions for every standard:

- Does the standard apply to the agency?
- Does the agency comply with the standard?
- How can compliance be demonstrated?
- In instances of non-compliance, what does the agency need to do to comply with the standard?

Compliance Tally

On the self-evaluation report there is a compliance tally used to indicate the percentage of mandatory and non-mandatory standards in compliance by category. Compliance percentages are calculated by dividing the number of standards in each category with which the agency complies by the total number of standards in that category that are applicable. Information contained in the self-evaluation should include the percentage of compliance with mandatory and non-mandatory standards, a list of non-applicable standards and reasons for such, and a list of non-compliant standards and their deficiencies. Upon completion of the self-evaluation, agencies can determine if they meet the minimum threshold for achieving accreditation, compliance with 100% of the mandatory standards and 90% of the non-mandatory standards. Agencies that have not met the minimum threshold are not eligible to request a standards compliance audit.

Submission of the Self-Evaluation Report

The Standards and Accreditation Department requires that a self-evaluation report be completed by each applicant for accreditation. Agencies pursuing reaccreditation have the option of completing the self-evaluation and submitting it to the Standards and Accreditation Department. The self-evaluation report is due to ACA at least six weeks prior the audit.

Candidate Status

When the agency's self-evaluation report indicates levels of standards compliance are sufficient for accreditation, the agency requests an audit and enters into Candidate Status. Candidate status continues until the agency has been audited by a visiting committee, and has been awarded or denied accreditation by the Commission.

The agency's activities during candidate status focus on preparing for the standards compliance audit, which is an on-site review by a visiting committee composed of a team of trained auditors.

Audit Request and Arrangements

The agency's request for an audit is made at least eight weeks in advance. The initial request may be a telephone contact between the accreditation manager and the accreditation specialist assigned to the agency. The audit is typically scheduled, at the latest, six weeks prior to the next meeting of the Commission. These dates are established to allow sufficient administrative time for the processing of the visiting committee report and preparation for the panel hearing. Commission panel hearings are scheduled three times a year: January, April/May, and August.

In the eight weeks prior to the audit, Standards and Accreditation Department staff establish with the agency the dates of the audit, selects and confirms audit team members, clarifies audit activities and standards to be reviewed, and ensures that the necessary information and materials are provided to the agency and visiting committee members. Coordination of audit plans and activities is done through telephone contacts, e-mail, and exchange of correspondence and materials between the accreditation manager and the accreditation specialist.

The accreditation manager and Standards and Accreditation Department staff work together to schedule and make arrangements for the audit. If a postponement to the audit is required it must be requested, in writing, at least two weeks prior to the scheduled audit. The request must state the reasons for the request, for example, pending approval of funds needed to make changes required to meet the standards, completion of physical plant renovations, or receipt of satisfactory inspection reports from the appropriate safety and health authorities.

Once plans have been confirmed, the agency should contact the audit team members and the accreditation specialist at ACA to coordinate travel schedules, local transportation, and lodging. All expenses are paid by the individual auditors, who are in turn reimbursed by the Association. Standards and Accreditation Department staff are to be notified *immediately* of cancellations, postponements, or other changes in plans affecting the audit.

Final Agency Preparation

To confirm audit arrangements, the Standards and Accreditation Department sends the agency a letter and materials detailing the audit dates and location(s); names, addresses and telephone numbers of visiting committee members.

The Standards and Accreditation Department also provides posters to the agency announcing the purpose and dates of the visit by the audit team. As part of the Association's policy on public information and openness, the Standards and Accreditation Department requires that all agencies post this public notice of the approaching standards compliance audit in conspicuous locations throughout the facility, inviting comments from staff, residents and their families, lawyers, and others interested in the agency. Any relevant comments received by the Standards and Accreditation Department are reviewed by the visiting committee during the course of the standards compliance audit.

The Visiting Committee

The audit team, also referred to as the visiting committee, is composed of one or more auditors who have been assigned by the Standards and Accreditation Department to conduct the audit. The size and composition of the visiting committee is determined by Standards and Accreditation Department staff and depends on the type and size of the agency, number and location of units to be audited, special programs, etc. In selecting visiting committee members, there is always an effort to select auditors with experience and special knowledge about the type of facility or program to be audited. In order to avoid a potential conflict of interest or its appearance, the visiting committee will not include any auditors who are, or previously have been, employed by the agency being audited or who work in the same state. Auditors who served as pre-audit auditors for the agency are not assigned to the audit team.

A visiting committee chairperson is designated to organize and supervise the audit activities. The chairperson is the senior representative of the visiting committee and, as such, is responsible for carrying out the Association's policies and procedures pertaining to standards compliance audits. The chairperson's responsibilities include:

- conduct of the audit and supervision of the other members of the visiting committee to ensure consistent and accurate application of policy, procedure, standards interpretation, and professionalism in the overall conduct of the audit
- division of standards among team members based on an individuals' areas of expertise
- preparation of the visiting committee report consistent with an established format and guidelines
- submission of the report and any required attachments to the Standards and Accreditation Department for dissemination to the agency and other members of the visiting committee

The agency/facility is responsible for arranging hotel accommodations and local transportation for the visiting committee. Hotels that offer special government rates should be given priority considerations. The accreditation manager also plans for, or provides, transportation for audit team members to and from the airport, hotel, and facility. Each visiting committee member is contacted for his/her arrival time and informed of the hotel accommodations and transportation arrangements.

The accreditation manager ensures that a descriptive narrative of the agency/facility, the Significant

Incident Summary, and the Outcome Measures Worksheet is distributed to the visiting committee members. Information on class action lawsuits (case number and cause of action), consent decrees and judgments against the agency/facility must be provided to the chairperson. The chairperson of the audit team will incorporate this information into the visiting committee report for presentation to the Commission. Information regarding individual inmate lawsuits is not required if it does not involve a judgment or consent decree.

Conduct of the Standards Compliance Audit

The purpose of the standards compliance audit is to have the visiting committee examine the agency's policies, procedures, and operations in order to evaluate compliance with the standards based on the documentation provided by the agency. *Accreditation is not determined or awarded by the visiting committee; it is determined by the Commission on Accreditation for Corrections at the conclusion of the panel hearing.* In order to verify standards compliance the visiting committee:

- tours the facility
- conducts an examination of the physical plant
- reviews records, files, and written documentation of policies, procedures, and operations prepared by the agency
- interviews the staff, offenders, and others as appropriate

The amount of time required to complete the audit depends on agency size, number of applicable standards, different sites or facilities to be visited, etc.

All members of the visiting committee usually arrive the evening prior to the first day of the audit. On the evening of arrival, the visiting committee chairperson convenes an organizational meeting during which team members establish a preliminary audit schedule and determine audit assignments. This involves dividing sections of the manual of standards among team members. The Standards and Accreditation Department recommends that the accreditation manager join the organizational meeting as an introduction to what the agency can expect. During the meeting, the accreditation manager briefs the team on the agency's expectations, reviews any recent events that may affect the outcome of the audit, and answers questions regarding the materials received.

The audit day almost always exceeds an eight-hour workday for visiting committee members, whose work can be greatly facilitated by a well-organized presentation of documentation by the agency. While visiting committee activities vary slightly depending on the type of agency being audited, the standards compliance audit includes several basic elements:

- an entrance interview
- an agency tour
- a review of standards compliance documentation
- interviews with agency staff, offenders, and others
- an exit interview.

Entrance Interview

An entrance interview is usually held the first morning of the audit. In addition to the visiting committee, those present include the agency administrator, accreditation manager, and other staff determined by the agency administrator. During the entrance interview, team members introduce themselves and provide the agency with a brief summary of their backgrounds and credentials. The chairperson of the visiting committee discusses the purpose of the audit, presents a tentative schedule of the team's activities, and responds to any questions that may arise concerning the

conduct of the audit. During the entrance interview, the agency administrator designates a primary liaison to the visiting committee and introduces all key staff members to the auditors. The designated staff member should be available to the visiting committee at all times during the audit to answer questions, provide additional materials, and serve as liaison between the agency staff and the visiting committee.

Agency Tour

Following the entrance interview, the visiting committee tours the agency. Tours work in conjunction with an in-depth evaluation of written documentation to assist the audit team in assessing compliance for individual standards through their observations of the facility during the tour.

The length of the tour depends on the size and type of agency being audited. When large residential facilities are audited, the team may split up to cover separate areas of the institution, satellite camps, or support service areas. The tour includes all areas of the agency, serving mainly to familiarize the visiting committee with the layout of the facility, such as the location of particular units, offices, and program areas. In addition, the tour allows audit team members to meet department heads, supervisors, and program staff. As they review standards compliance documentation, team members return to different areas of the facility to conduct more thorough inspections of the physical plant, observe agency operations, and interview staff and offenders. Auditors also conduct an evening visit in order to acquire a better understanding of the overall operation and programming of the agency and to verify through observation documentation reviewed during the day. Agency personnel are notified when visiting committee members intend to return to the facility during evening hours.

For residential facilities, the visiting committee visits, at a minimum, all living and sleeping areas and other institutional areas related to the health and safety of staff and offenders. In cases where agencies receive support services, such as food and medical services from a nearby or adjoining satellite facility that is administered by the same parent agency, a member of the visiting committee visits the satellite facility to ensure compliance with standards in these areas. This is arranged prior to the audit with the accreditation manager. The auditors are required to visit each shift and eat at least one meal at the facility.

Standards Compliance Review

Visiting committee members spend much of their time during the audit reviewing the standards and documentation prepared by the agency to demonstrate compliance. The visiting committee reviews selected case files, standards folders, personnel records, the significant incident summary, and the outcome measures. In addition, interviews with individual staff and clients are conducted as necessary to supplement written evidence of compliance. The agency ensures that all appropriate personnel are available to the visiting committee during the audit.

A room is provided where the visiting committee can work throughout the audit. This room should contain chairs and at least one large table, and should afford privacy and an atmosphere conducive to work. The location of the room should allow ready access to the facility, personnel, and offenders.

Files, documentation, and reports that the visiting committee will need to review should be available in the room.

Each team member reviews designated sections of the manual and is authorized to independently determine compliance with all standards, except the mandatory standards. The visiting committee, as a whole, reviews mandatory standards, non-compliance, and non-applicable findings. When there is an issue regarding the compliance of a mandatory standard, the Director of the Standards and Accreditation department must be contacted. Issues, questions, or standards requiring special consideration are also discussed by all team members and, if necessary, referred to Standards and Accreditation Department staff.

It is the agency's responsibility to provide the documentation necessary to demonstrate compliance with each standard. In addition, the following principles and guidelines apply for review of documentation by the visiting committee:

- Process indicators created once the audit has started will not be accepted. It is permissible to provide additional documentation should the visiting committee request it, but such documentation must already have been in existence when the audit began. Once the audit is concluded, an agency cannot bring itself into compliance with a standard for the purpose of changing the compliance tally, unless a re-audit is conducted. Compliance achieved subsequent to an audit is reflected in the agency's annual certification, during monitoring visits, and during reaccreditation.
- Auditors review a random selection of personnel and offender files to ensure that forms are completed properly and records are up-to-date. Approximately 10 percent of the personnel files and case records (in agencies serving 200 offenders or more) are reviewed during the audit. In small community residential programs of approximately 25 beds, all of the case records are reviewed. Personnel and/or client records are never removed from the audit site.
- Documentation for agencies going through the process for the first time must demonstrate:
 - continuous implementation of policies and procedures that were already in place when the agency formally entered into the process and that meet the standard
 - implementation of policies and procedures that were initiated during Correspondent and Candidate Status from the point of their development (Normally 12 months is required, however when limited time is available to generate supporting documentation for newly-implemented policies and procedures, exceptions may be granted by the Director of Standards.)
 - implementation of new policies and procedures (Normally 12 months is required, however when limited time is available to generate supporting documentation for newly-implemented policies and procedures, exceptions

- may be granted by the Director of Standards.)
- staff and client records that reflect newly-implemented policies, procedures, and forms

Where local policy and procedure have been developed to meet the standard, the auditors verify the authority of the facility/program to do so. Local policy is usually developed to adapt parent agency policy to local needs. Non-compliance is concluded if the local policy or its implementation conflicts with the parent agency's policy. Agencies should not assume that decisions rendered for other facilities/programs within the same agency are necessarily applicable agency-wide, unless the Association has issued a statement to that effect.

The visiting committee's findings for each standard are recorded on the same standards compliance checklists used by the agency in preparing its self-evaluation report. Where collective decisions are required (on mandatory, non-compliance, and non-applicable standards), the concurrence of all visiting committee members is indicated by signatures on the checklists.

If compliance with a standard is problematic or questionable, the agency may use photographs to assist the Commission panel in reaching a decision at the time of the hearing. Offenders should not be identifiable in photographs. If it is necessary for photographs to be included in the visiting committee report, the chairperson should request that they are taken by the agency and forwarded following the audit.

Auditors are trained to interpret standards strictly. If compliance is questionable or a standard is not documented fully, the auditor concludes non-compliance. The agency may appeal such findings by the audit team in its response to the visiting committee report and to the Commission at the time of the hearing. The Commission on Accreditation for Corrections renders the final compliance decision.

Interviews

Visiting committee members conduct both formal and informal interviews with all levels of agency staff and offenders during the audit. The audit team selects the individuals to interview and the issues to discuss in order to obtain verbal confirmation of standards compliance or clarify problems that may surface during reviews of documentation. In addition to the voluntary interviews that occur at random, the following guidelines apply in conducting interviews during the audit:

- in auditing large institutions and training schools, all department heads may be interviewed
- offenders who have sent correspondence to the Standards and Accreditation Department may be interviewed
- in cases where the facility is under court order, a court master, judge, or appropriate individuals connected with the case may be interviewed
- other individuals who respond to the invitation for comments contained in the posted announcement of the audit also may be interviewed, including an institutional ombudsman, members of offenders' families, representatives of public interest

groups, etc

Exit Interview

At the conclusion of the audit, the visiting committee meets with the agency administrator, accreditation manager, and appropriate staff to discuss the results of the audit. As with the entrance interview, the agency administrator determines the staff and guests who will be present. It is the agency's responsibility to ensure the exit interview is audio recorded and the recording is submitted to the chairperson at the conclusion of the exit interview. The visiting committee reports all findings of non-compliant and non-applicable standards, stating the reasons for each decision. Findings reported by the audit team are preliminary with the formal results to be presented in writing in the visiting committee report.

The exit interview is not a forum for debate on the merits of the standards or the audit team's assessment of agency documentation. The process for resolving disagreements between the agency and the visiting committee occurs through the agency's response to the visiting committee report and at the time of the hearing. All final decisions regarding accreditation rest with the Commission on Accreditation for Corrections.

Audits of Probation and/or Parole Agencies

For both adult and juvenile field services agencies, the Association visits the agency's central office and/or regional office and a sampling of field offices within the system. Association policy requires that no less than 20 percent of the individual field offices are visited during the standards compliance audit. Individual field offices to be audited are selected by the staff in consultation with the accreditation manager at the time the standards compliance audit is requested. Field offices are selected on the basis of their geographic location, number of staff, and caseloads. Efforts are made to audit a representative sample of field service offices. Transportation to and from the field offices is the responsibility of the agency.

Documentation requirements for field service agencies are the same for individual agencies; however, audit activities vary slightly. During standards compliance audits of field service agencies, visiting committee members convene at the agency's central office on the first day of the audit and review all of the applicable standards. During the remainder of the audit, the visiting committee members separate to visit individual field offices.

Standards compliance reviews at each field office include only selected standards that require audits at both the central office and field office levels. Emphasis in field offices is placed on review of standards that reflect implementation of agency policies and procedures, including those standards that address case record maintenance, field supervision, caseload management, etc. Staff interviews also are conducted to support documentation review. *Since the accreditation of a field service agency is system-wide, a non-compliance finding at one office applies to the entire system.* Following the audits of individual field offices, visiting committee members return to the central office for the exit interview.

Central Office Review of System-Wide Policies and Procedures

Agencies or departments of corrections with a number of programs involved in the process may choose to have the Association visit the central office before scheduling audits of individual programs or facilities. The central office review provides a review of system-wide policies and procedures issued by the parent agency for implementation in local facilities and programs. The central office review is intended to:

- assist the central office in identifying non-compliant areas as a result of system-wide policies
- reduce documentation requirements for subordinate facilities and programs that are being audited under the same manual of standards
- enable visiting committees at each facility to spend less time with paperwork and more time addressing agency operations, touring the agency, and interviewing staff, offenders, and others

Standards and Accreditation Department staff work with the agency administrator in determining the need for such a visit and in identifying standards for review by the visiting committee. Arrangements for the review are made through Standards and Accreditation Department staff and involve an exchange of correspondence confirming the audit dates, auditors, applicable standards, and other necessary information.

The central office review is conducted in the same manner as other standards compliance audits, focusing specifically on a review of central office policies and procedures to determine compliance with standards that correspond to the type of facilities/programs administered by the agency. Compliance review techniques remain the same as for standards compliance audit with an emphasis on reviewing expected practices. Interviews with agency staff are held primarily to clarify policies and standards documentation. No tour is required.

The central office review results in identification of specific standards, referred to as generic standards, for which the finding of compliance, non-compliance, or non-applicable is the same for the agency and all of its programs. Also included in this category are those standards that the agency may be able to demonstrate system-wide compliance through presentation of expected practices and process indicators. These standards then require review only at the central office and findings automatically apply for all subordinate facilities or programs.

A second category of standards also may be identified for which policy and procedure are in order, however, each facility or program to be audited will need to present relevant local policy and process indicators to demonstrate implementation. Individual programs are relieved of preparing expected practices (policy and procedure) for the audit. However, they are required to have a folder with a standards compliance checklist and a copy of the letter from the Director of Standards and Accreditation that grants compliance as a result of the central office review.

A report is prepared following the central office visit. The report identifies generic standards with which the agency and its programs/facilities are found in compliance, non-compliance, or are non-

applicable, based solely on system-wide policy and procedure or jurisdictional requirements. The report also specifies problems or deficiencies that result in non-compliance. These standards do not require further review, and the individual facilities or programs should be instructed not to prepare documentation for them. Finally the report identifies standards that are satisfied by parent agency policy and procedure statements, but need further documentation to verify implementation at the local program. The report is distributed by Standards and Accreditation Department staff to the agency and to members of the audit teams visiting facilities or programs within that system.

Re-audit

In the event that an agency is found to be in non-compliance with one or more mandatory standards or lacks sufficient compliance levels at the time of the original audit, a re-audit may be required. The re-audit is a visit to the agency that entails a re-evaluation of compliance with mandatory and/or other standards necessary to meet accreditation requirements. The cost of the re-audit is assumed by the agency and is determined on a cost plus twenty-five percent basis. The chairperson or another member of the original visiting committee may return to the agency to audit the appropriate standards.

When a re-audit is required, the agency is responsible for notifying the Standards and Accreditation Department when the deficiencies have been corrected. Arrangements for the re-audit, including scheduling, transportation, and accommodations are handled in the same manner as for the standards compliance audit. The agency may also request a re-audit of any standards found in non-compliance during the initial audit. The number of standards reviewed and the length of the visit are determined in advance by Standards and Accreditation Department staff.

Re-audit activities follow a format similar to those involved in the standards compliance audit. Generally, the visiting committee member meets briefly with agency staff and takes a short tour of the facility (residential and institutional programs) before beginning a re-examination of documentation. All basic auditing principles are applicable on a re-audit, i.e., review of documentation, communication with agency personnel, and interviews. Upon finishing the review of standards compliance documentation, the auditor meets with the agency administrator and designated staff to report the new findings. The exit interview is conducted in the same manner as that of the standards compliance audit, entailing review and explanation of audit findings.

Following the visit, a written report of audit activities is submitted to the Standards and Accreditation Department. The re-audit report briefly addresses the conduct of the visit, observations made on the tour, the result of interviews, and any changes in compliance findings since the original audit. This report is combined with the original visiting committee report for use by the Commission when considering the agency's accreditation application.

The Visiting Committee Report

The results of the standards compliance audit are contained in the visiting committee report. The finished report consists of a number of sections, which are compiled through an exchange of information between the visiting committee, the agency, and Standards and Accreditation Department staff. All sections of the report are sent to staff for review and distribution to the agency administrator and visiting committee members. The completed visiting committee report is submitted to the Commission for consideration at the next regularly scheduled panel hearing.

Report Elements

The visiting committee report is prepared according to the following outline:

Audit Narrative - This section is prepared by the visiting committee chairperson and includes a description of program services, physical plant and number of offenders served on the date of the audit. It also details audit activities and findings, including issues or concerns that may affect the quality of life and services in an agency or facility, as well as information and impressions obtained during interviews with staff and offenders. The quality of life issues include the level of staff training, adequacy of medical services, sanitation, use of segregation and detention, reported and/or documented incidents of violence, and crowding in institutions, including effects on housing (double-celling), offender activity levels, programs, and provision of basic services.

Compliance Tally - The tally is completed by the audit chairperson using a standard form prepared by the Standards and Accreditation Department. Compliance percentages are calculated based on audit findings.

Audit Findings - Each standard found non-compliant or non-applicable is outlined, as well as the reasons for the findings.

The following sections are added to the visiting committee report subsequent to the report being submitted to the agency that was audited for their comments.

Agency Response - This section contains the agency's response to each non-compliance finding (i.e. plans of action, waivers, or appeals.)

Auditor's Response - This section contains the visiting committee's final response to all comments received from the agency and Standards and Accreditation Department staff, including:

- comments on agency appeals of the visiting committee's findings stating whether or not the committee agrees with the appeal
- comments regarding the acceptance or rejection of waiver requests
- comments on the acceptability of plans of action

Non-compliant Standards

Compliance with all applicable standards designated as *mandatory* is a prerequisite to accreditation. Following their receipt of the audit report and prior to the accreditation hearing, the agency is required to respond to each standard found in non-compliance. Response is achieved with a plan of action, discretionary compliance request, waiver request, or an appeal.

Plans of Action

The Commission's policy is to encourage agencies to take all reasonable and necessary measures to come into compliance with any non-mandatory standard that the visiting committee finds the agency in non-compliance at the time of the audit. When the non-compliance decision is sustained by the Commission a plan of action must be developed to correct the deficiencies. The plan of action specifies:

- the statement of deficiencies
- description or summary of actions necessary to achieve compliance
- tasks to be completed
- the responsible agency and personnel from that agency for completing the tasks
- timetables to be met

For programs and facilities operating under a parent agency, the plan of action requires both the individual program being audited, as well as the parent agency, to list activities that will be required to achieve compliance with a particular standard. Parent agencies must sign off on plans of action as evidence of their support for the approach. Thus, both the program or facility and the parent agency are held accountable for activities to achieve compliance with certain standards.

In judging the acceptability of plans of action, the feasibility of plans to achieve compliance will be reviewed by the visiting committee and the Commission, including specific tasks, time frames, and resource availability (staff and funding) for implementing the proposed remedies. In addition, the Commission will look at whether the proposed plan of action is of a repetitive nature, i.e., either it repeats a plan of action previously submitted to the Commission, albeit with new dates inserted, or it reframes the plan, carrying essentially the same steps for one, two, or three more years. The Commission does recognize that not all agencies will be able to comply with all non-mandatory standards. As a means to avoid the concerns raised by repetitive plans of action, options such as waivers and designations of standards as discretionary are available to agencies.

Given the options available, and absent evidence of good faith efforts and some progress towards compliance pursuant to a plan of action, the Commission's policy is to view such repetitive plans of action as an attempt on the part of the agency to delay or avoid compliance with a standard. This may be grounds for the panel taking certain actions such as ordering interim/ongoing compliance reports, monitoring visits, placing the agency on probation or even denying reaccreditation in extreme cases.

Waivers

Compliance with all standards designated as mandatory is a prerequisite to accreditation. The Commission views 100 percent compliance with non-mandatory standards as a goal. It recognizes that when an agency participates in the accreditation process, it may not always be possible for the agency to comply immediately, or at all, with all of the applicable standards. While still encouraging progress toward 100 percent compliance with the standards over time, the Commission recognizes circumstances under which a Plan of Action may not be required for a non-mandatory standard non-compliance.

In some cases the non-compliance is due to the agency being *unable* to achieve compliance because:

- a state statute specifically *prohibits* compliance
- an existing physical plant cannot be modified without substantial expenditures
- repeated unsuccessful attempts have been made (and can be documented) to obtain funding to achieve compliance

In these instances, if the agency can provide documentation to show that it has taken measures to mitigate the specific negative impact of non-compliance with the intent of the standard, it may apply for a waiver of the requirements for developing a plan of action. The waiver request must satisfy four requirements:

- one of the three eligible circumstances stated above
- documentation regarding mitigation
- no adverse affect on the life, health, and safety of staff or inmates/residents/offenders/clients
- no adverse affect on the constitutional operation of the facility or program

The burden of proving that a waiver is warranted rests with the applicant agency. The granting of a waiver does not change the conclusion of non-compliance or alter the standards compliance tally. The Commission renders the final decision relative to the waiver request during the accreditation hearing.

In response to a waiver request, the Commission may:

- grant a waiver for the non-compliant standard
- waive part of the standard and specify that the agency submit plans to meet the remaining requirements of the standard (this may occur with standards that contain several different requirements)
- deny the request for the waiver and require a plan of action from the agency to meet the standard
- deny the request and grant discretionary compliance

Appeals

Every standard in the manual applied to the applicant program/facility is found compliant, non-compliant or non-applicable. The agency has the opportunity at the accreditation hearing to appeal any findings of the visiting committee in an attempt to change the finding of the standard. Auditors are trained and required to render the strictest possible interpretations of standards during the audits. Only the Commission has the authority and discretion to consider appeals by an agency and render interpretations relative to that program.

During the hearing, agency representatives may present the agency's position relative to the visiting committee findings with which it does not concur.

The agency's opinion relative to the merit of a standard is not grounds for an appeal.

The agency may not present documentation which did not exist at the time of the audit. The agency may provide additional documentation to the Commission which the visiting committee did not review, understanding that the burden of proof that the documentation existed at the time of the audit is on the agency. The result of a successful appeal is a change in the status of the standard (compliance or applicability) and recalculation of the agency's compliance tally. If the Commission denies the appeal, the agency must submit a plan of action for the standard to the Standards and Accreditation Department. During the next accreditation audit, the agency is responsible for meeting the terms of the submitted plan of action.

Discretionary Compliance

Waiver requests are made in conjunction with an agency's inability to comply, or where the agency is complying with the intent of the standard but in a different manner than that proscribed. There are circumstances in which agencies choose not to comply with a particular standard for a variety of reasons. These reasons include:

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

When the agency chooses not to comply with a non-mandatory standard/expected practice, it should notify the Standards and Accreditation Department staff on the response to non-compliance form, that it has elected to select the particular standard/expected practice(s) as a "discretionary compliance." In such instances, the burden is on the agency to:

- provide the rationale for identifying the standard/expected practice as discretionary (i.e., one of five reasons identified above)
- describe the condition generating the request and how non-compliance will not adversely affect the life, health, and safety of staff or inmates, residents, offenders, clients, or the constitutional operation of the facility or program

The election of discretionary compliance use may be exercised at the facility's discretion. However, the following conditions are applicable whenever the discretion is applied:

- A facility may designate up to two percent of the applicable, non-mandatory, non-compliant, standards as discretionary. However, the percentile of applicable, compliant, non-mandatory standards *must be* at or above 95 percent.
- If the amount of applicable, compliant, non-mandatory, standards is at or below 94.99 percent, the facility may designate only one percent of the applicable, non-mandatory, non-compliant, standards as discretionary.

The Commission still has the latitude to deny a discretionary compliance request and require a plan of action if they feel the request involves a life, health, or safety issue. At the panel hearings, after the acceptance of the discretionary compliance request, a dialogue may occur between agency representatives and the Commission relative to encouraging the agency to consider a plan of action in the future. The Commission may also offer suggestions as how to achieve compliance should the agency decide to reconsider the discretionary designation at the panel hearing or at some point in the future.

Agencies may designate a standard as discretionary to Standards and Accreditation Department staff and the auditors, and that designation may change to a plan of action after discussion with the Commission. Once an agency designates a standard as discretionary during one accreditation cycle, it may elect to change to a plan of action or, of course, comply with the standard/expected practice in the course of a subsequent cycle.

Accreditation Hearings

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

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

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

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

Conduct of Hearings

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

- applicant agency representatives are requested by Standards and Accreditation Department staff to be on-call to allow for scheduling flexibility
- a designated waiting area is usually provided for this purpose
- when the panel is ready to review the agency, the Standards and Accreditation Department staff representative notifies agency representative(s)
- the hearing opens with an introduction by the panel chairperson
- the agency representative is asked to give a brief description of the program
- if a visiting committee member is present at the hearing, the panel chairperson may request that the auditor present an account of the visit, focusing on matters particularly pertinent to the decision or specific panel actions. In some cases,

however, the panel may wish to call on the visiting committee member only to request additional information at different points during the hearing

- the panel chairperson leads a standard by standard review of non-compliance issues. The agency representative presents information relative to their requests for waivers, plans of action, appeals, and discretionary compliance requests. The agency may also present additional materials, including photographs or documentation, for review by the panel.
- following the agency presentation, the chairperson has the option of calling the panel into executive session to consider the information provided, determine findings, and make an accreditation decision. Whether or not panel deliberations occur in the presence of agency personnel or in executive session varies from panel to panel, considering the preference of panel members and the sensitivity of issues to be discussed regarding the application.

In final deliberations, the Commission panel:

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

At this time, the panel also:

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

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

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

Correspondent Status and procedures for appeal.

Accreditation Decisions

The decisions available to the Commission panel relating to the accreditation of an agency are:

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

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

Appeal Process

The accreditation process includes an appeal procedure to ensure the equity, fairness, and reliability

of its decisions, particularly those that constitute either denial or withdrawal of Accredited Status. Therefore, an agency may submit an appeal of any denial or withdrawal of accreditation.

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

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

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

- The agency submits a written request for reconsideration to the Director of Standards within 30 days of the adverse decision stating the basis for the request.
- The Executive Committee of the Commission, composed of the officers of the Commission, reviews the request and decides whether or not the agency's request presents sufficient evidence to warrant a reconsideration hearing before the Commission. The agency is notified in writing of the Executive Committee's decision.
- If the decision is made to conduct a hearing, the hearing is scheduled for the next full Commission meeting and the agency is notified of the date.
- The agency, at its option and expense, has the right of representation, including counsel.
- Following the hearing held before the Commission, the decision, reflecting a majority opinion, is made known to the agency immediately.
- Pending completion of the reconsideration process, the agency maintains its prior status. Until a final decision has been reached, all public statements concerning the agency's accredited status are withheld.
- Following completion of the reconsideration process, any change in the status of an agency is reflected in the next regularly published list of accredited agencies.

Accredited Status

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

Annual Report

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

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

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

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

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

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

In addition to submission of the annual report, the agency is responsible for notifying Standards and Accreditation Department staff of any major incident, event, or circumstance that might affect standards compliance. This notice must be provided to the Standards and Accreditation Department immediately following the event. For example, an agency must notify the Standards and Accreditation Department if it is the subject of a court order, has a major disturbance, escape, physical/sexual abuse (to include allegations), employee work stoppage, death from unnatural causes, or experiences a major fire or other disaster. It is the responsibility of the accredited agency

to inform Standards and Accreditation Department staff or provide them with copies of news articles, special reports, or results of investigations that address conditions that affect standards compliance.

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

Monitoring Visits

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

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

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

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

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

When a monitoring visit to the agency reveals deficiencies in maintaining compliance levels that existed at the time of accreditation, or less than 100 percent compliance with mandatory standards, the agency prepares a response providing explanation of the problems indicated in the report. When the agency has failed to maintain compliance with all mandatory standards, the monitoring visit report and the agency response are submitted to the Commission on Accreditation for Corrections for review during a regular hearing. Agency representatives are advised of the date, time, and

location of the review, and are invited to attend. At the discretion of the Commission, the agency may be placed in probationary status and a revisit conducted to determine if deficiencies have been corrected.

Revocation of Accreditation

If the Commission panel believes that an agency's failure to maintain continuous compliance with certain standards is detrimental to life, health, and safety of residents and staff, the Commission may place an agency on probation. Probationary Status lasts for a specific period of time designated by the Commission to allow for correction of deficiencies. At the end of the probationary status, another monitoring visit will be conducted to ensure that the deficiencies have been corrected. The cost of this visit is borne by the agency. Following the visit, a report is prepared for review by the Commission at its next regularly scheduled meeting. The Commission again reviews the program and considers removing the probationary status or revoking accreditation. When the agency corrects the deficiencies within the probationary status period and the corrections have been verified and accepted, the agency resumes its status as an accredited agency. An agency that does not satisfactorily correct the deficiencies may be withdrawn from accreditation.

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

Accreditation is revoked for the following reasons:

- failure on the part of the agency to adhere to the provisions on the contract
- failure on the part of the agency to maintain continuous compliance with the standards at levels sufficient for accreditation
- intentional misrepresentation of facts, lack of good faith, or lack of deliberate speed or a concerted effort to progress in the accreditation process, including the implementation of plans of action
- failure to notify ACA of significant incidents in the annual report to the Commission
- adverse conditions of confinement that affect the life health, and/or safety of staff and offenders
- failure to comply with the conditions of probation or suspension

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

Expiration of Accredited Status

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

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

Reaccreditation

Eligibility

Agencies seeking reaccreditation must satisfy the criteria noted previously in this manual. In addition, the agency must be in Accredited Status at the time application is made for reaccreditation. The timing of the agency's application should allow for completion of the process in order to maintain the agency's continuous Accredited Status. It is advised that the application be submitted nine months prior to the expiration of the agency's current status. If the agency has allowed the preceding accreditation to expire, it again applies the process required of agencies seeking initial accreditation.

Agencies seeking reaccreditation should be able to demonstrate efforts to improve upon compliance levels achieved during initial accreditation, including progress in completing plans of action.

Activities

As with the initial process, the applicant phase involves an exchange of information and materials between the agency and Standards and Accreditation Department staff. Upon receipt of the signed contract and a completed Organization Summary from the agency, the Standards and Accreditation Department notifies the agency of its acceptance as a candidate for reaccreditation.

Tasks and responsibilities for agencies seeking continuous reaccreditation involve an optional agency self-evaluation of compliance with standards, organization of standards compliance documentation, completion of a standards compliance audit, and review of the agency's application during an accreditation hearing.

For agencies seeking a continuation of their three-year Accredited Status, documentation must indicate continuous compliance with the standards from the previous audit. Auditors sample records, files, and logs dating back to the previous audit in order to determine if continuous compliance has been maintained.

Standards Compliance Reaccreditation Audit

The agency's request and arrangements for a reaccreditation audit are the same as for agencies proceeding through accreditation for the first time.

The audit format and activities remain basically the same; however, the subsequent audit focuses not only on compliance at the time of the audit, but also on compliance levels throughout the three-year period. During the subsequent audit, visiting committee members seek confirmation that the agency has maintained continuous compliance and looks for agency progress in correcting earlier deficiencies in standards compliance.

Visiting Committee Report

The format and time frames for completing the visiting committee report remain the same as those described earlier in this manual. For audits of agencies seeking reaccreditation, the following information may also be included in the visiting committee report:

- comments concerning standards remaining in non-compliance since the prior audit, including progress on plans of action
- an indication of major changes in agency operation or programs affecting standards applicability or compliance
- discussion of special issues noted in the previous audit or accreditation period

Accreditation Hearing

For agencies seeking reaccreditation, the same conditions required for initial accreditation apply. In addition, the Commission reviews the agency's progress in achieving compliance with standards found in non-compliance at the time of the previous accreditation period. The agency must be able to demonstrate a good faith effort and/or progress in improving standards compliance levels and addressing concerns that may have arisen during an earlier accreditation period.

Appendix A

PROPOSAL FOR STANDARD REVISION

This form is to be used for proposals for new additions, deletions, or revisions to all ACA standards manuals. Following completion of the proposal form, it will be presented to the Standards Committee at the next meeting. Each section must be filled out in its entirety. Proposals not correctly submitted will be rejected.

Manual: Please identify the manual that contains the standard you are proposing a revision to.

Edition: Insert the edition number(s) of the manual.

Standard Number(s): Insert all standard numbers that apply to your proposal.

Agency/Facility:

- **Size of Facility:** State the size of the facility you operate and/or work in (if applicable)
- **Size of Agency:** State the total size of your agency (if applicable)
- **Accreditation:** Is your facility accredited?

Type of Proposal (circle one): New Standard Revision Deletion

Existing Standard: Insert the current version of the standard **exactly** as it has been published in the standards manual or standards supplement manual (existing standards only). Include all comments, protocols, and process indicators (if applicable)

Proposal: Insert the proposed new standard or revision **exactly** as you want it to be revised and published. A proposed standard should clearly communicate the overall purpose or intent of the condition, activity, and/or program that will be required and an overall goal to be achieved consistent with the overall purpose.

General Comments: Explain why you believe the action should be taken in your own words.

Submitted by: Insert your name and position title.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved

Denied

Tabled

Summary of Action:

Appendix B

Date Mailed:

Date Posted:



NOTICE THIS AGENCY IS AN APPLICANT FOR ACCREDITATION

- The Commission on Accreditation for Corrections and the American Correctional Association are private, non-profit organizations directing the accreditation of correctional programs in the United States and other countries.
- **The Example Correctional Facility** is voluntarily seeking accreditation by the Commission on Accreditation for Corrections by demonstrating its compliance with nationally established standards.
- The Commission on Accreditation for Corrections will conduct a standards compliance audit of this agency on **January 1-3, 2008**.
- Information relevant to this agency's compliance with standards should be submitted in writing to the American Correctional Association, Standards and Accreditation Department, at least 10 working days prior to the audit. Please send all materials or comments to:

American Correctional Association
Standards and Accreditation Department
206 North Washington Street, Suite 200
Alexandria, Virginia 22314
(703) 224-0000



Appendix C

Organization Summary

Please complete a separate summary for each agency or facility and return to the ACA.

1. Name of Agency/Facility: _____
Physical Address: _____
Mailing Address (if different from above): _____
Primary Facility Telephone Number: _____
2. Circle one: Warden Superintendent Director
 Administrator Other

Name: _____
Telephone Number: _____
E-mail Address: _____
3. Accreditation Manager: _____

Title: _____

Telephone Number: _____

E-mail Address: _____
4. State/Regional Accreditation Manger (if applicable): _____

Title: _____

Telephone Number: _____

E-mail Address: _____
5. Medical Director: _____

Title: _____

Telephone Number: _____

E-mail Address: _____
6. Health Services Administrator: _____

Title: _____

Telephone Number: _____

- E-mail Address: _____
7. Governing Authority or Parent Agency: _____
8. Standards manual that will be followed to obtain accreditation: _____
9. Accreditation Status: Initial Reaccreditation
10. Date of last accreditation (reaccreditation only): _____
11. Airport Preference (Please list one or two airports that you would like the audit team to fly in to or out of.)
- 1st Preference: _____
- Distance from the facility: _____ miles
- 2nd Preference: _____
- Distance from the facility: _____ miles
12. The agency or facility is: federal _____ state _____ county _____
municipal _____ private not for profit _____ private for profit _____
13. Date the agency or facility was constructed or established: _____
14. Date of the last renovation: _____
15. State the mission of the agency or facility (attach additional pages if necessary): _____

16. Designed Facility Capacity: _____ Current Population: _____
17. Average daily population for the last 12 months: _____
18. Age range of the Population:
Adults _____ Juveniles _____ Youthful Offenders _____
19. Age of criminal majority in your jurisdiction: _____
20. Number of offenders confined under that age: _____
21. Are they housed separately from the adult population? Yes No
22. Number of satellite facilities or district offices: _____

23. Are these facilities to be included in the accreditation? Yes No
24. Name of satellite agency or facility: _____
 Physical Address: _____
 Mailing Address (if different from above): _____
 Primary Facility Telephone Number: _____
 Distance from the main complex: _____
 Number of satellite staff: _____
 Number of satellite offenders: _____
25. Total number of full-time staff by category Security: _____
 Administrative support: _____ Program: _____ Other: _____
26. Average length of stay or time under supervision
 Years: _____ Months: _____ Days: _____
27. Security level of the facility: Maximum Medium Minimum
28. Security level of the satellite facility (if applicable): Maximum Medium Minimum
29. Number of offenders by custody:
 Maximum _____ Medium _____ Minimum _____
30. Physical Plant Statistics
 Number of Buildings _____ Number of single cells _____ Cell Square Footage _____
 Number of multiple occupancy cells _____ Cell Square Footage _____
 Dormitories _____ Dormitory square footage _____
31. Type of medical facilities: _____
32. Summary description of agency or facility _____

33. If this agency or facility accredited by any other organization?

If yes, please provide the name of the organization and the date of the last accreditation.

A. _____

B. _____

C. _____

34. Please attach a copy of the current organizational chart for the agency or facility.

35. Attach a copy of the authorizing statute or articles of incorporation.

36. If this agency is under court order or litigation, please attach a copy of appropriate documents.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Revised August 30, 2007

Appendix D

Example Standards Compliance Checklist

4-ALDF-1A-01 (MANDATORY)

The facility complies with all applicable laws and regulations of the governing jurisdiction, and there is documentation by an independent, outside source that any past deficiencies noted in annual inspections have been corrected. The following inspections are implemented:

- weekly sanitation inspections of all facility areas by a qualified departmental staff member
- comprehensive and thorough monthly inspections by a safety/sanitation specialist
- at least annual inspections by federal, state, and/or local sanitation and health officials or other qualified person(s)

SELF-EVALUATION Agency Personnel	STANDARDS COMPLIANCE AUDIT Visiting Committee
<p>Staff Signature(s)</p> <div style="display: flex; align-items: center; gap: 10px;"> <input type="checkbox"/> Compliance <input type="checkbox"/> Noncompliance <input type="checkbox"/> Not Applicable </div>	<p>Auditor Signature(s)</p> <div style="display: flex; align-items: center; gap: 10px;"> <input type="checkbox"/> Compliance <input type="checkbox"/> Noncompliance <input type="checkbox"/> Not Applicable </div>
<p>List documentation to support compliance or explain non-applicability of standard</p> 	<p>List reasons for noncompliance or non-applicability.</p> <p>Note: List all deficiencies if standard is in noncompliance. Include the square footage, ratios, footcandles, dBA=s, etc. Make your complete comments on this page with attachments, if necessary. BE VERY SPECIFIC!</p>
<p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Appendix E

Example Compliance Tally Sheet

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Correctional Institutions, 4th Edition
Supplement	2006 Supplement
Facility/Program	
Audit Dates	
Auditors	

	Mandatory	Non-mandatory
Number of Standards in the Manual	62	468
Number of Standards Not Applicable		
Number of Standards Applicable		
Number of Standards in Non-Compliance		
Number of Standards in Compliance		
Percentage (%) of Standards in Compliance		

- The number of standards in the manual *minus* the number of not-applicable standards equals the number of standards that are applicable.
- The number of applicable standards *minus* the number of standards in non-compliance equals the number of standards in compliance.
- The number of standards in compliance divided by the number of standards that are applicable equals the percentage of standards in compliance.

Appendix F

Response to Non-compliance Form

Standard # _____

RESPONSE TO NON-COMPLIANCE

Submit one of the following for the non-compliant standard referenced above.

1. **Plan of Action**

Please explain completely the corrective action that will be taken to comply with the standard.

In the order of anticipated completion dates, list the tasks necessary to achieve compliance, the responsible agency (including parent agency), and assigned staff member.

Task

- a.
- b.
- c.

Responsible Agency

- a.
- b.
- c.

Assigned Staff

- a.
- b.
- c.

Anticipated Completion Date

- a.
- b.
- c.

2. Waiver Request

Indicate why the requirement for compliance should be waived.

3. Appeal of the Visiting Committee Finding

Indicate your reason for disagreeing with the visiting committee's finding of non-compliance.

4. Discretionary Compliance Request

Please check the following reasons that apply for requesting a discretionary compliance.

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

Describe the condition generating the request and how non-compliance will not adversely affect, in a significant manner, the life, health, and safety of staff or inmates/residents/offenders/clients or, to any degree, the constitutional operation of the facility or program.

Agency Representative:

Date:

Appendix G

Significant Incident Summary Form

This summary is required to be provided to the chair of your audit team upon their arrival. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. It should contain data for the last 12 months; indicate those months in the boxes provided. Please type the data. If you have questions on how to complete the form, please contact your regional manager.

Facility: _____ Year: _____

<i>Incidents</i>		<i>Months</i>											
Assault: Offenders/ Offenders*	Indicate types (sexual**, physical, etc.)												
	# With Weapon												
	# Without Weapon												
Assault: Offender/ Staff	Indicate types (sexual**, physical, etc.)												
	# With Weapon												
	# Without Weapon												
Number of Forced Moves Used***	(Cell extraction or other forced relocation of offenders)												
Disturbances****													
Number of Times Chemical Agents Used													
Number of Times Special Reaction Team Used													
Four/Five Point Restraints	Number												
	Indicate type (chair, bed, board, etc.)												
Offender Medical Referrals as a Result of Injuries Sustained	#s should reflect incidents on this form, not rec or other source												
Escapes	# Attempted												
	# Actual												
Substantiated Grievances (resolved in favor of offender)	Reason (medical, food, religious, etc.)												
	Number												
Deaths	Reason (violent, illness, suicide, natural)												
	Number												

*Any physical contact that involves two or more offenders
 ***Routine transportation of offenders is not considered "forced"

**Oral, anal or vaginal copulation involving at least two parties
 ****Any incident that involves four or more offenders. Includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents

Glossary

Accreditation Hearing or Panel Hearing - A hearing during which the Commission on Accreditation for Corrections reviews an agency's application for accreditation and votes either to award or deny accreditation. Representatives of the agency seeking accreditation may appear before the panel to present its position relating to its application for accreditation.

Accreditation Manager - An agency employee designated by the agency administrator to supervise the planning and implementation of accreditation activities in the agency. He/She should have a comprehensive knowledge of the agency and sufficient authority within the agency to design and administer a successful accreditation strategy.

Accreditation Panel - The sub-unit of the Commission on Accreditation for Corrections empowered to review applications and make final decisions on agency accreditation.

Accreditation Review Committee - The agency employees or others familiar with the Commission, Association or auditing procedures who have been assigned the responsibility of reviewing and assessing the adequacy of the documentation compiled to support compliance with the standards. They function as internal agency "auditors."

Accreditation Team - The agency employees who have been assigned the responsibility for specific standards, including determining compliance, compiling documentation, preparing plans of action, and developing policies and procedures.

Accredited Status - The three year period of time during which the agency is required to maintain the necessary levels of compliance with the standards that it had achieved at the time of accreditation. During this time, the agency submits an annual certification statement to verify its continued compliance, reports on progress in implementing plans of action, and reports on any significant events that may have occurred during the preceding year. Monitoring visits to verify continued compliance with the standards may be conducted during the accreditation period. It also is during this time that the agency applies for reaccreditation.

Agency - The organization, facility, or program that is seeking accreditation. Since most applicants are part of a correctional system or have a parent agency, it is recognized that some activities or functions required by the standards, Commission, or Association policy may be completed on their behalf by the parent agency.

American Correctional Association (ACA) - The term used collectively to refer to the Association, staff, and auditors of the Association. When a distinction is necessary, the specific reference is used.

Annual Certification Statement - The agency's certification of continued compliance with the standards that is submitted in writing to the Standards and Accreditation Department staff during the anniversary month of accreditation. The statement also contains a report on progress made in implementing plans of action and any significant events that may have occurred during the preceding year.

Appeal - An attempt by the agency to change the visiting committee's conclusion on a standard. The agency presents its position relative to the visiting committee findings with which it does not concur to the panel during the hearing. The result of a successful appeal is a change in the status of the standard (compliance or applicability) and recalculation of the compliance tally.

Applicant Agency - An agency involved in an exchange of materials, information, and correspondence with the Standards and Accreditation Department while preparing to participate in the accreditation process.

Association (ACA) - The term used collectively to refer to the American Correctional Association, staff, and auditors of the Association. When a distinction is necessary, the specific reference is used.

Audit - The process by which an agency's compliance with standards is measured by a visiting committee during an on-site visit.

Auditor - An individual selected, trained, and appointed by the Standards and Accreditation Department to serve on a visiting committee for the purpose of conducting an audit to measure agency compliance with the standards. Auditors also are used for field consultation, re-audits, and monitoring visits to accredited or certified programs.

Candidate Status - The designated 12-month period after an agency seeking its initial accreditation has completed its self-evaluation report and has it accepted by the Standards and Accreditation Department. Candidate Status continues until standards compliance is verified and the accreditation decision is made.

Central Office Review of System-wide Policy and Procedure - A review of system-wide policies and procedures issued by a parent agency for implementation in local facilities and programs. The visit is conducted by auditors at the request of the agency and is in addition to basic accreditation activities. The purpose of the review is to assist the central office in identifying non-compliant areas as a result of system-wide policies and relieve the individual programs from having to assemble the same written policy documentation repeatedly.

Certification Manager - An agency employee designated by the agency administrator to supervise the planning and implementation of certification activities in the agency. He/she should have a comprehensive knowledge of the agency and sufficient authority within the agency to design and administer a successful certification strategy.

Certification Team - The agency employees who have been assigned the responsibility for specific standards, including determining compliance, compiling documentation, preparing plans of action, and developing policies and procedures.

Certified Status - The three year period of time during which the agency is required to maintain the necessary levels of compliance with the standards that it had achieved at the time of the certification. During this time, the agency submits an annual certification statement to verify its

continued compliance, reports on progress in implementing plans of action, and reports on any significant events that may have occurred during the preceding year. Monitoring visits to verify continued compliance with the standards may be conducted during the certification period. It also is during this time that the agency applies for a recertification.

Commission - The term used collectively to refer to the Commission on Accreditation for Corrections who is the body that has the sole responsibility for rendering all accreditation decisions.

Compliance - The term that stipulates that an agency meets all requirements of a standard at all times and has the documentation to prove that such is the case.

Compliance Levels - To be eligible for a standards compliance audit and for accreditation or certification, an agency must comply with 100 percent of all applicable mandatory standards and 90 percent of all non-mandatory standards.

Compliance Tally - The percentage calculations of compliance by standard weight (i.e. mandatory, non-mandatory).

Contract - The written, signed agreement between the Association and the agency specifying mutually agreed upon responsibilities, activities, and financial obligations.

Correspondent Status - The designated six-month period (after an agency has applied for its initial accreditation or certification, and completed the required entrance activities) when the agency evaluates its compliance with the standards and completes a self-evaluation report.

Documentation - The material organized and available at the time of the standards compliance audit that demonstrates that the agency complies with the standards.

Extension - An administrative extension of Accredited Status or the process timelines granted by the Director of Standards & Accreditation to an agency at its request and for sufficient cause.

Field Auditor - A auditor who, at an agency administrator's request, provides on-site assistance to the agency in completing the self-evaluation phase and/or preparing for an audit. The cost of the field consultation visit is in addition to the accreditation fee.

Mandatory Standards - Those standards that the Commission on Accreditation for Corrections and the American Correctional Association have determined directly effect the life, health, and safety of offenders and corrections personnel. To be eligible for accreditation, an agency must comply with 100% of all applicable mandatory standards.

Mock Audit - An audit conducted to assess the agency's readiness for a standards compliance audit.

Monitoring Visit - A visit made by an ACA auditor(s) to verify continued compliance with the standards during the three-year accreditation period. During the initial accreditation period,

monitoring visits are conducted at the discretion of the Commission and may be a result of the panel hearing.

Non-applicable Standards - Standards that are not relevant to the agency because of the structure of the organization or the nature of services it provides. Written justification must be provided to support the findings of non-applicability.

Non-compliance - The term that stipulates that an agency does not adhere to the requirement of the standard or does not have the documentation to support a conclusion of compliance with the standard.

Non-mandatory Standards - The standards that are not designated as mandatory standards. To be eligible for accreditation, an agency must comply with 90 percent of all applicable non-mandatory standards.

Organization Summary - A form completed by the agency applying for accreditation that provides the Standards and Accreditation Department with descriptive information about the program or facility.

Orientation - A basic training program that should be presented to the staff of agencies participating in accreditation. Standards and Accreditation Department staff members are available to conduct an orientation program, at an agency administrator's request, to assist staff in preparing for accreditation.

Plan of Action - A detailed statement of actions that will be taken by an agency to achieve compliance with a standard. The plan of action designates staff responsibilities and timetables for completing each task. A plan of action must be submitted following the audit for every standard with which an agency does not comply. Both the individual facility, as well as the parent agency, where appropriate, are held accountable for completing the plan of action.

Probationary Status - Probationary Status is set by the panel for a period of time and for specified deficiencies to be remedied by the agency. Upon verification that deficiencies have been corrected, the agency resumes its Accredited Status. Failure to remedy problems specified by the panel may result in withdrawal of accreditation.

Protocols – Written instructions that guide implementation of expected practices, such as policies/procedures, post orders, training curriculum, formats to be used such as logs and forms, offender handbooks, diagrams such as fire exit plans and internal inspection forms.

Process indicators – Documentation and other evidence that can be examined periodically and continuously to determine that practices are being implemented properly. These 'tracks' or 'footprints' allow supervisory and management staff to monitor ongoing operations.

Re-accreditation - The subsequent awarding of accreditation after the initial award.

Re-audit - A revisit to an agency when as a result of the initial audit, the agency lacks

compliance levels required for accreditation. The visit entails a reevaluation of compliance with mandatory and/or other standards required to meet accreditation criteria. The cost of the reaudit is paid for by the agency and is in addition to the contract fees.

Re-certification - The subsequent awarding of certification after the initial award.

Re-consideration - At the agency's request, the Commission on Accreditation for Corrections reviews any denial or withdrawal of accreditation to ensure the equity, fairness, and reliability of its decisions. The agency request, stating the basis for reconsideration, is submitted in writing to the Standards and Accreditation Department within 30 days of the adverse decision.

Revocation - Withdrawal of an agency's accreditation by the Commission on Accreditation for Corrections for failure on the part of the agency to adhere to the provisions of compliance with the standards at levels sufficient for accreditation, intentional misrepresentation of facts, lack of good faith, or lack of a concerted effort to progress in the process. An agency may apply to re-enter the process 180 days following revocation.

Self-Evaluation Report - The document completed by the agency prior to its standards compliance audit that includes basic descriptive information about the agency, the results of the agency's evaluation of its compliance with the standards, and a tally reflecting percentages of compliance with the standards. This report must also be completed prior to a reaccreditation audit.

Standards Compliance Checklist - Forms used to indicate agency compliance with a standard, the identity of both the agency staff and the auditor verifying compliance, type of documentation, and, if necessary, the rationale for non-applicability or justification for a request for a waiver.

Standards Supplement - The bi-annual publication of the American Correctional Association that contains standards revisions, additions, and deletions for all manuals of standards.

Visiting Committee - One or more auditors who conduct an on-site audit to verify an agency's compliance of standards; also referred to as the audit team.

Visiting Committee Report - The document prepared by the visiting committee team and Standards and Accreditation Department staff based on information submitted as a result of the audit. The report includes a description of the agency and the non-compliant and non-applicable standards and agency response to audit findings.

Waiver - In response to a request from the agency, the Commission may waive the requirement for submitting a plan of action for non-compliance standard. The waiver may be granted by the panel when non-compliance does not adversely affect the life, health, and safety of agency staff and offender, and conditions in the agency compensate for the lack of implementation. A waiver does not change the conclusion of non-compliance or alter the percentages the compliant tally.

Work Plan - The written plan prepared by the accreditation manager specifying the procedures,

steps, and staff responsibilities required to complete the self-evaluation phase.

Written Policy - A stated course of action that guides and determines present and future decisions and activities in the attainment of an objective. To comply with a standard that requires a policy for a certain area, there must be both a policy and evidence that it has been implemented in the agency.

Written Procedure - The detailed and sequential actions that must be executed to ensure that a policy is fully implemented. It is the method of performing an operation or a manner of proceeding on a course of action. It differs from a policy in that it directs action in a particular situation to perform a specific task within the guidelines of the policy. To comply with a standard that requires a procedure, there must be both a procedure and evidence that is being followed by the agency.