CONSULTANT MANUAL

206 North Washington, Suite 200
Alexandria, Virginia  22314
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Auditor Code of Ethics

On relationships with clients, colleagues, other professions and the public:

- Auditors will respect and protect the civil and legal rights of all clients
- Auditors will serve each case with appropriate concern for the client’s welfare and with no purpose of personal gain
- Relationships with colleagues will be of such character as to promote mutual respect within the profession and improvement of its quality of service
- Statements critical of colleagues or their agencies will be made only as these are verifiable and constructive in purpose
- Auditors will respect the importance of all elements of the criminal justice system and cultivate a professional cooperation with each segment
- Subject to the client’s rights of privacy, auditors will respect the public’s right to know

On professional conduct and practices:

- No auditor will use the position to secure personal privileges or advantages
- No auditor will act in an official capacity in any matter in which personal interest could impair objectivity
- No auditor will use the position to promote any partisan political purposes
- No auditor will accept any gift or favor of a nature to imply an obligation that is inconsistent with the free and objective exercise of professional responsibilities
- In any public statement, auditors will clearly distinguish between those that are personal views and those that are statements and positions on behalf of an agency
- Each auditor will be diligent in the responsibility to record and make available for review any and all information which could contribute to sound decisions affecting a client or the public safety
- Each auditor will report without reservation any corrupt or unethical behavior which could affect either a client or the integrity of the Association or the Commission
- Auditors will not discriminate against any client, employee or prospective employee on the basis of race, sex, creed, or national origin
Each auditor will maintain the integrity of private information; auditors will neither seek personal data beyond that needed to perform official responsibilities, nor reveal information to anyone not having proper professional use for such information.
ACA Standards and Accreditation Department - Staff Directory

**Kathy Black-Dennis**, Director  
E-mail: [KathyD@aca.org](mailto:KathyD@aca.org)  
Phone: 703-224-0070

**Ben Shelor**, Deputy Director  
E-mail: [BenS@aca.org](mailto:BenS@aca.org)  
Phone: 703-224-0077  
Areas of Responsibility: Florida, Georgia, Tennessee, Texas

**Bridget Bayliss-Curren**, Accreditation Specialist  
E-mail: [BridgetB@aca.org](mailto:BridgetB@aca.org)  
Phone: 703-224-0169  
Areas of Responsibility: Federal Bureau of Prisons, G4S Youth Services, Military, Alaska, Arizona, Hawaii, Iowa, Maine, Maryland, Michigan, Montana, New York, Ohio, Puerto Rico, Vermont, Wisconsin

**Terry Carter**, Accreditation Specialist  
E-mail: [TerryC@aca.org](mailto:TerryC@aca.org)  
Phone: 703-224-0081  

**Kenya Golden**, Accreditation Specialist  
E-mail: [KenyaG@aca.org](mailto:KenyaG@aca.org)  
Phone: 703-224-0073  

**Christina Randolph**, Office Manager  
E-Mail: [ChristinaR@aca.org](mailto:ChristinaR@aca.org)  
Phone: 703-224-0080

**Nadine Lee**, Administrative Assistant  
E-Mail: [NadineL@aca.org](mailto:NadineL@aca.org)  
Phone: 703-224-0082

**Irawaty Bakker**, Administrative Assistant  
E-Mail: [IrawatyB@aca.org](mailto:IrawatyB@aca.org)  
Phone: 703-224-0084

**Brian Nielsen**, Administrative Assistant  
E-Mail: [BrianN@aca.org](mailto:BrianN@aca.org)  
Phone: 703-224-0173
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.

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 facilitate the daily operation of the accreditation program. Agencies in the process have contact primarily with the accreditation specialist responsible for their state or agency.
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 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)
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-four manuals of standards are now used in the accreditation process:

- Standards for the Administration of Correctional Agencies
- Standards for Adult Parole Authorities
- Standards for Adult Probation and Parole Field Services
- Standards 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
- Core Jail Standards
- Standards for Food Service Programs
- Standard for Adult Correctional Institutions (in Spanish)
- International Core Standards

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 biennial 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 others interested 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. The Standards Committee meets before each ACA Conference to review proposed standards.

Most standards contain one or more of the following elements:

- Requirement for policy and procedure
- Required condition
- Specific number; i.e. space, time, ratio
- 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 responses 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 protocols (policy and procedure) and process indicators (practice) documentation demonstrating implementation of the standard consistent with the protocols.
Auditors

Over 500 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 five 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. In some cases, agencies require additional requirements the auditor candidates must also meet. In these cases they have notified ACA and have a specific agency administrator who makes the recommendation to ACA.

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, confidential offender information (e.g. medical), 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.

Involvement in Accreditation

A auditor's participation in accreditation may occur during the 12 to 18 months it takes an agency to complete the process by performing the following tasks:

- **Field Consultation Visit** – Auditors may be requested to assist agencies considering participation by evaluating their strengths and weaknesses, measuring readiness for application and identifying steps required to achieve accreditation.
• **Mock Audit** – Auditors may be requested to conduct a mock audit (at the agency’s request) to assess the agency’s readiness for an actual accreditation audit. This is structured more toward assessing agency compliance with standards rather than training agency staff in compliance preparation.

• **Technical Assistance** - Auditors may be requested to assist agencies working to complete their Self-Evaluation Reports and/or preparing for their standards compliance audits.

• **Standards Compliance Audit** - Auditors conduct a fact-finding visit to determine an agency's compliance with standards in order to qualify for accreditation.

• **Re-audit** - An auditor may visit an agency that has not met the required compliance levels for accreditation or has significant quality of life issues. During the Re-audit, the consultant, who may be a member of the original visiting committee, evaluates compliance levels and any other identified issues.

• **Central Office Review** - Auditors may be asked to audit system-wide policies and procedures issued by the parent agency for implementation in local facilities/programs.

• **Monitoring Visit** – An auditor visits the agency during the three-year award period to verify continued standards compliance or at the request of the Commission on Accreditation for Corrections. At this time, the consultant may examine issues that were of concern to either the visiting committee or the panel, such as quality of life and standards compliance levels.

• **Attendance at Panel Hearings** - The visiting committee chairperson may, in special circumstances, be asked by the staff to attend an agency's panel hearing or be available for telephone contact to provide firsthand information. Such requests are infrequent.

Written reports from the audit team are required for mock audits, standards compliance audits, re-audits, central office reviews and monitoring visits.
Audit Assignment

As agency audits are scheduled, the ACA Standards and Accreditation Department electronically sends the schedule to auditors listed in the ACA auditor database. The schedule identifies the dates of the audits, but not the location. Auditors available for those dates are asked to reply to the electronic request for auditors. Auditors will be assigned to an audit commensurate to their area of experience (e.g. adult, juvenile, residential facilities) and in order of their response. The auditor will be notified of the assignment by email or direct contact from the responsible ACA Standards Specialist. If an auditor has committed to an audit and an emergency arises preventing their participation, it is imperative the auditor notify the Standards and Accreditation Department immediately. Many factors are considered when choosing auditors including specialty, demographics and location.

Preparations Prior to Agency Visits

By accepting an assignment for the Association, an auditor agrees to abide by the Association's policies and procedures regarding conduct, time commitments, written reports, deadlines, and expense reimbursements. Prior to each visit, the auditor receives an assignment letter detailing the purpose of the visit, confirmed dates, name(s) and contact information of auditor(s) sharing the assignment (when applicable), and the name, email and telephone number of the agency accreditation manager. The letter is accompanied by additional forms and materials relevant to the audit.

Agency staff may contact the auditor(s) in advance of the visit to discuss the basic details of the assignment, location, transportation arrangements, hotel accommodations, etc. If the auditor has additional questions or concerns prior to or during an assignment, the ACA specialist should be contacted. Generally, transportation schedules are coordinated by the auditor and the agency's accreditation manager. The agency accreditation manager makes hotel reservations for each member of the visiting committee, contacts them for their arrival time, and informs them of the hotel accommodations and transportation arrangements. Auditors will make their travel arrangements through the contract services provided by ACA. Any flight over $500 requires approval from the appropriate ACA accreditation specialist prior to booking the flight. Auditors should send the chairperson and the appropriate ACA Accreditation Specialist a copy of the flight arrangements. If an auditor wishes to take an alternate form of transportation to the audit site, he must first coordinate with the appropriate ACA Accreditation Specialist. Hotel accommodations are reserved by the facility and paid for by the auditor (and later reimbursed by ACA).

The agency provides ground transportation for consultants between the airport, hotel, and the agency site. The practice of offering an auditor the use of an agency vehicle for the duration of the visit is discouraged. The Association accepts no liability from either the auditor(s) or agency and provides no liability, medical, or collision insurance for such a situation. Use of a rental car can only be authorized by the Director of Standards & Accreditation.

Each auditor should provide the chairperson and agency their flight information, email address
and cell phone number.

Confirmed arrangements and schedules made by an agency can be changed only through the Standards Specialist with the concurrence of the agency. If the auditor must cancel his/her participation on an assignment, the Specialist must be notified immediately.

**Apparel**

It is imperative that an auditor’s attire represent professionalism. Professional business attire is appropriate. An auditor must respect the agency’s dress code which could include some of the following clothing restrictions: no low cut or otherwise provocative clothing, no sleeveless tops, or no camouflage attire. Business suits with ties are preferred for men. Business suits with professional blouses and slacks or appropriate length skirts are preferred for women. Shirts and blouses should not be too revealing or see through for either men or women. Appropriate but comfortable shoes should be available as tours may involve a significant amount of walking.

**Visiting Committee Roles and Responsibilities**

The visiting committee chairperson is responsible for ensuring that the Association's policies and procedures for standards compliance audits are followed.

*Responsibilities of the visiting committee chairperson include:*

- Contact team members prior to the audit to get acquainted with the audit team members, flight information, contact numbers, and auditor background to determine division of standards.

- Contact agency/facility POC prior to the audit to provide flight information, introduce self, and put agency at ease. Discuss expectations or request information that will be needed during the audit (see Chairperson recommended lists). Do not request information prior to the audit, ACA provides the agency a list of required items to be sent to ACA prior to the audit, who forwards them to the chairperson.

- Organizing preliminary discussions with team members (usually the evening before the audit) to establish the audit schedule; make preliminary audit assignments, and share and discuss other appropriate information. Audit assignments include the following: chapters of standards, where multiple locations are to be audited, and individual audits of specific locations.

- Ensuring a consistent and accurate application of Association policies, procedures, and standards interpretations.

- Maintaining the audit schedule. Any significant deviations from the schedule, and rational, shall be reported to the ACA Specialist.

- Conducting the entrance interview and exit interviews (record exit interview).
• Advising the Standards and Accreditation specialist of questions or problems that occur during the audit. Issues concerning mandatory standards must be brought to the attention of the ACA Specialist by the end of the first day and addressed with the Director of Standards and Accreditations.

• Keeping the agency administrator informed during the audit of its progress, including findings of compliance and non-compliance, quality of life issues, etc.; alert the accreditation manager immediately upon identifying any concerns with an accreditation file to allow for prompt redress.

• Reviewing all mandatory, non-mandatory, non-compliant, and not applicable standards. Review Serious Incident Summary and Outcome Measures, requesting additional information if needed, and resolve any discrepancies.

• Collecting all non-compliant, not applicable checklists, Serious Incident Summary and Outcome Measures sheets from the accreditation manager for use in preparing the visiting committee report. Provide a copy of the tally sheet, all non-compliant and not applicable checklists to the agency accreditation manager prior to departing the agency.

• Preparing the visiting committee report (MUST be submitted in Microsoft Word format).

• Supervising and mentoring visiting committee members.

• Complete evaluations on visiting committee members.

Responsibilities of all visiting committee members include:

• Alerting the visiting committee chairperson of auditing expertise for appropriate standards assignments.

• Knowing the standards, including an understanding of interpretations.

• Thoroughly examining all documentation provided by the agency and ACA.

• Reviewing all mandatory standards first.

• Interviewing staff and offenders to support conclusions of compliance with standards.

• Maintaining accurate and thorough notes to document conclusions of non-compliance, non-applicability, and special considerations and providing relevant documentation to the audit chairperson.

• Auditing the standards only; the comments accompanying the standards are intended to clarify the bold print standards and should not be used to measure compliance.
• Presenting overall comments of areas responsible for during the audit at the exit interview and provide information of those areas to the chairperson at the conclusion of the audit to be used in the report. Exit interview discussions should be brief, to the point and always end on a positive note. The chairperson will identify what areas of the auditor process each auditor should briefly note.

• Maintaining audit time lines to complete assignments on time.

• Maintaining confidentiality regarding all agency-specific information once the audit is completed.

• Alerting the chairperson throughout the audit of its progress and of questions and/or problems encountered by the team.

• Healthcare team members are expected to contribute to and assist the chair in writing the healthcare section of the report.
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 and submit a written report to the Commission for their review and consideration for initial accreditation or reaccreditation of a facility or program. **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 (**visiting all scheduled shifts at some point during the audit**) and conducts an examination of the physical plant.

- Reviews records, files, and written documentation prepared by the agency of policies, procedures, and practices related to the operations of the agency.

- Interviews staff, offenders, and others as appropriate. Consume at least one meal at the facility and observe offender program activities.

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.

**Visiting Committee Team Meeting**

Auditors should plan to arrive at the hotel by 6:00 p.m. the evening prior to the audit to participate in the organizational meeting that is conducted by the chairperson. The meeting is held to determine auditing assignments and to develop a preliminary schedule of activities. In assigning standards chapters, the visiting committee chairperson takes into account the strengths of the team members. For new auditors, it is wise to audit those standards that are established areas of expertise. After participating on two or three audits, auditors can expand to other areas. Auditors should recognize that the audit almost always exceeds the normal eight-hour workday with scheduled evening team meetings and night visits.

During this meeting, the team should review the status of litigation that involves the facility or the staff. The amount of litigation varies widely and sometimes may be generated by one especially litigious person or group. The agency will supply the basic information concerning litigation for the team's review and appropriate staff and offender interviews.

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 team will also have the opportunity to meet privately at the discretion of the chairperson.
An organized approach by the audit team (under the leadership of the chairperson) toward the process including communication of concerns among the team, to the agency administration, and as determined by the chairperson to the Standards and Accreditation Department (Director or assigned Accreditation Specialist) can facilitate efficiency. While visiting committee activities vary depending on the type of agency being audited, the standards compliance audit includes, at a minimum, the following basic elements:

- Entrance interview
- Agency tour
- Review of standards compliance documentation
- Interviews with agency staff, offenders, and others
- Exit interview

**Dinner with the Facility**

Some agencies/facilities plan a dinner the night before the audit as an ice breaker between the agency/facility staff and the visiting committee. The audit team should not request a dinner, but if offered graciously accept. The audit team should spread out amongst the staff during the dinner and not sit together as a group. Put the staff at ease by sharing experiences, ask them about their experiences, and current events. Though it will be a casual event, remain professional and do NOT drink excessively. The cost of the auditor dinner is borne by the auditor, not the agency.

**Entrance Meeting**

Auditors must be sensitive to their role in the agency or facility. Accreditation and reaccreditation is a voluntary process. Agency staff has worked very hard preparing for the process. Any anxiety they may have can be reduced or mitigated by auditor acknowledgement of the staff and administration preparation efforts and their pride in the operation of each department and program.

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. A list of the names and title of those present should be provided to the chairperson for inclusion in the report. 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 goals of accreditation, 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. The chairperson should also stress the Commission for Accreditation makes the final decision on accreditation, and the visiting committee is the eyes and ears of the commission. 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. The facility administrator may also request an additional private meeting (before or following the formal entrance) with 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. Auditors may want to prepare a checklist of items to observe (related to their assigned section of standards) 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, and allows visiting committee members to familiarize themselves with the layout of the facility and to meet department heads, supervisors, and program staff. In addition, the visiting committee should be observing compliance with standards through checking inventories (tools, sharps, HAZMAT), questioning staff on procedures, interviewing offenders, and observing activities (recreation, medical, education, etc.) during the tour. It is recommended after the tour, the visiting committee take a few minutes to discuss first impressions, observations, and areas of concern from the tour. As they review standards compliance documentation, team members may return to different areas of the facility to conduct more thorough inspections of the physical plant, observe agency operations, and interview staff, contract staff and offenders. Auditors return to the site to visit each shift 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.

For residential facilities, the visiting committee visits, at a minimum, all living and sleeping areas and other institutional areas related to the health, safety and security 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. Auditors are required to visit each shift and eat at least one meal at the facility. The food is expected to be the same meal and quantity as served to the offenders.

Observations made and interactions that occur during this portion of the process are an important part of assessing standards compliance, quality of life, and conditions of confinement.

It is important to document the areas visited, the facility staff present on the tour, the names and titles of staff interviewed, and the number of offenders and an overview of their comments made to the team during the course of the tour and audit. The chairperson may request the facility
provide a staff person to take notes for the team during the tour.

**Standards Compliance Review**

Visiting committee members spend much of their time during the audit reviewing the standards and documentation folders prepared by the agency to demonstrate compliance.

The agency will provide a room for the auditors to review standards folders that provides adequate seating and a table in an environment that affords privacy and an atmosphere conducive to working. The room should contain the standards folders and supporting manuals. The visiting committee reviews selected case files, standards folders, personnel records, the significant incident summary, and the outcome measures. It may be necessary for the visiting committee to travel to alternate locations to review personnel files, medical records, etc in order to comply with privacy laws, HIPAA regulations, or institutional policies and procedures.

*It is recommended that the agency be reminded by the chairperson that materials provided to supplement existing documentation in the folders may not be created once the audit has commenced.*

In addition, interviews with individual staff and offenders are conducted as necessary to supplement written evidence of compliance. The visiting committee will inquire whether any staff or offenders have requested to visit with the visiting committee and will make every effort to respond to those requests. The visiting committee will also talk to offenders who have written to ACA if provided such documents. The agency ensures that all appropriate personnel are available to the visiting committee during the audit.

**Interpretation of Standards**

The auditor must be familiar with and understand the intent of the standard. Standards interpretation must not be adapted or adjusted to meet the individual characteristics of an agency or local regulations. Standards identify what is to be achieved not how to achieve it. The method an auditor’s agency utilizes to achieve compliance is not necessary the only way to reach the same goal. The comments and protocols portion of the standards are to provide clarification of the standard expectation and examples of possible sources for supporting documentation or process indicators. These sections are not part of the standard and are not to be incorporated into compliance expectations. Standards’ manuals contain a glossary which should be utilized to create common understanding of the terms and phrases found in the standards. If the visiting committee is unsure of an interpretation of a standard the Accreditation Specialist is to be contacted.

**Determining Compliance**

- Implementation of existing policy procedure
- Implementation of new policy
Compliance with physical plant requirements

Verbal confirmation alone is insufficient to establish compliance. Appropriate written documentation and/or observation must support verbal reports.

Auditors are restricted to evaluating compliance with the standard not the comment. The comment that accompanies some standards is included only to clarify the intent of the standard and may provide examples of documentation sources to support compliance. Items addressed in the comment that go beyond the standard are not binding on the agency and should not be audited.

The mandatory standards folders review begins following the tour and should be completed by the close of the first day of the audit to allow the agency, the visiting committee, and the Standards and Accreditation staff adequate time to address questions regarding mandatory standards that may arise prior to the end of the audit.

Each team member reviews designated sections of the manual and is authorized to independently determine compliance with all standards. The visiting committee’s findings for each standard are recorded on the same standards compliance checklist used by the agency in preparing its self-evaluation report. Where collective decisions are required (non-compliance, and non-applicable standards), the concurrence of all visiting committee members is indicated by their signatures on the checklist. If not all members agree on a finding of non-compliance or non-applicable, the minority auditor may write a dissenting opinion for that standard. The chairperson will attach the dissenting opinion in the report if not prepared on the checklists. The dissenting opinion should also be emailed to the ACA Accreditation Specialist overseeing the audit.

Noncompliance should be found only after the agency has been given the opportunity to present additional documentation (or photographs, architectural rendering, reports) that existed prior to the start of the audit and within the audit cycle dates. When non-compliance is determined by the team, the designated agency liaison must be notified. If a mandatory standard is believed to be non-compliant, the ACA Director of Standards and Accreditation must be contacted by the committee chairperson. Issues, questions, or standards requiring special consideration are 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 the reaccreditation.
Auditors review a random selection of personnel and offenders files to ensure that forms are completed properly and 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 offender 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 support documentation for newly-implemented policies and procedures, exceptions may be granted by the Director of Standards and Accreditation).

- Staff and offender records that reflect newly-implemented policies, procedures, practices 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. 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.

Remember: it is the agency’s responsibility to provide the documentation supporting compliance; it is the auditor’s responsibility to request additional information as needed.

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 must interpret standards objectively and strictly. The auditor’s experience is an essential part of the accreditation process but there are many paths to achieving compliance. Auditors must avoid applying their method of reaching a goal as the only road to compliance. If compliance is questionable or a standard is not fully documented, 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.

Each auditor is responsible for ensuring their review of each standard folder assigned to them. It is important that the auditor be able to quickly identify which standard folders they have completed (and signed the checklist) as compliant, which standards have been determined to be
non-applicable, which standard folders have been submitted to the agency liaison for further information or clarification, and which standard folders have been identified as non-compliant. At the end of each day, the visiting committee should close out internally to identify which folders are non-compliant, non-applicable, and returned to the agency/facility for additional documentation. Prior to the calculation of the score and the exit interview, every standard folder and compliance determination must be accounted for and each checklist identified with the required signatures as compliant, non-compliant, or non-applicable.

If during the audit it is determined that a mandatory is non-compliant or there is more than ten percent of the applicable non-mandatory standards non-compliant, the Director of Standards and Accreditation Department will be notified. The Director and Chairperson will discuss the next steps. Generally during an initial accreditation, the audit is turned into a technical assistance visit; while during a reaccreditation audit, the audit would continue. This decision will be made in consultation between the agency/facility, visiting committee and Director of Standards and Accreditation Department. If the audit is turned into a technical assistance visit, the committee will teach and mentor the agency/facility on how to make the non-compliant standards compliant. At no time will auditors promote private consulting.

**Interviews**

- Visiting committee members conduct both formal and informal interviews with all levels of agency staff and offenders during the audit. Interviews provide insight into quality of life and staff morale. The visiting committee selects the individuals to interview and the issues to discuss in order to obtain verbal confirmation of standards compliance and clarify problems that may surface during reviews of documentation. **Offender interviews are voluntary** as requested or agreed to by the offender. 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 should be interviewed. Offenders who have sent correspondence to the Standards and Accreditations Department may be interviewed. The Accreditation Specialist may notify the chair of such requests prior to the audit.
  - In cases where the facility is under court order, the court master, judge, or appropriate individuals connected with the case may be interviewed. Independent, qualified sources including the fire marshal, health inspector, and consulting medical personnel may be interviewed or contacted when it is necessary to verify standards compliance
  - Other individuals who respond to the invitation or comments contained in the posted announcement of the audit may be interviewed, including an institutional ombudsman, members of offenders’ families, representatives of public interest groups, etc…
  - During the initial tour and any revisit to areas, offenders and staff should be interviewed.
  - Auditors concluding their file review prior to the scheduled exit interview should spend
that additional time conducting further interviews of staff and offenders

- Interviews are a tool to reinforce tour observations; documentation reviewed in the folders, and to assess conditions of confinement.

- Offenders may be posed with the following suggested questions: Were you aware the audit team would be here? Do offenders know how to access health care? Do they understand how to file a grievance? Do they feel safe? Are they involved in any programs and what do they think about the program? Do they have an opportunity to practice ones faith? What is the best program/activity the facility provides that will help them not to recidivate?

- Staff may be posed with the following suggested questions: Does staff understand how to protect themselves from infectious diseases? Have they had a performance evaluation in the past twelve months? When is the last time they read and signed their post orders? Do they know their post orders? Do they know how to respond to a crisis situation? Do they feel safe? When was the last fire drill they participated in? What are the procedures if a fire alarm sounded? How is the communication between their sections, and with the executive staff?

- Auditors should discuss significant concerns derived from the interview process with the other members of the visiting committee.

**Outcome Measures**

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 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 must be completed by the agency and reviewed by the visiting committee.

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 visiting committee during the facility audit. The outcome measure worksheet will be included as an attachment to the final audit report or as a separate Word document.

The auditors review the data for the following criteria:
• Consistency, e.g. is the documented average daily population for the designated period of time consistent throughout the document?

• Complete? Do all the measures have data entries including 0 when applicable?

• Are the numerator, denominator, and calculated outcome measure entered on the worksheet?

• Correct math?

• Does the data match similar data on the significant incident summary (i.e. number of deaths, grievances, etc)?

It is recommended that auditors check the math on a sampling of the outcome measures and on calculated outcome measures that appear exceptionally high, e.g. a large percentage and/or number of active tuberculosis or a high percentage and/or number of inmate on staff assaults. Data that seems exceptional and/or is inconsistent must be brought to the attention of agency for explanation for correction.

The chairperson with assistance from other visiting committee members (specifically the medical auditor for health outcome measures) will provide a summary of the outcome measures, highlighting strong and weak outcome measures, and whether the numbers reflected are consistent with observations, interviews, and the facility/agency mission and population.

**Significant Incident Summary**

The Significant Incident Summary requires agency 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 visiting committee is required to review the summary and discuss exceptional and/or inconsistent entries with the agency. The Significant Incident Summary is included as an attachment to the final audit report and is summarized in the audit narrative by the chairperson. The audit narrative should include areas that are outstanding and those that raise a concern, and whether the data reflected are consistent with observations, interviews, and the facility/agency overall mission and security level. If the Significant Incident Summary and Outcome Measures are not for the same time period, the report should annotate as such.

**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. Prior to the official exit interview, the visiting committee may meet with the agency
administrator to discuss the audit and specifics of the findings. 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. It is recommended that the chairperson remind the agency accreditation manager of the need to audio record the exit interview in advance to allow adequate time to insure a functional recording device is available prior to the exit. The visiting committee reports all findings of non-compliant standards, stating the reasons for each decision. Findings reported by the audit team during the exit interview are preliminary; and the formal results will be presented in writing in the visiting committee report (VCR). The following will be discussed by the audit team members in planning the discussion items during the exit interview:

- What to address during the exit interview. It is important that the remarks be brief, to the point, and also end on a positive note.
- The chairperson will identify what areas of the audit process each auditor should briefly note.
- The agency staffs have invested a lot of time and effort in this process and it is important that their efforts be acknowledged.

The exit interview is not to be conducted before noon unless you have prior permission from the assigned Accreditation Specialist.

At a minimum the exit interview should include:

- Agency scores
- Non-compliant standards and reason
- Each visiting committee members’ assessment of areas reviewed (keep short and positive)
- Procedures following the audit
- The role of the visiting committee in assisting the Commission for Accreditation in making final determination for accreditation
- Thank agency/facility for assistance and hospitality

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.
Significant changes to the audit as scheduled (e.g. early departure requiring altering travel arrangements or extending the audit) must be approved by the assigned Accreditation Specialist.

**Visiting Committee Report**

Preparation of the visiting committee report is the responsibility of the chairperson. Other committee members are expected to submit relevant information to the chairperson on the areas they were responsible for, and any input on quality life, and offender and staff interviews. Healthcare auditors are required to submit a detailed healthcare summary to the chairperson. As the primary source of information regarding the audit and audit findings, the quality of the report is extremely important in the Commission’s decision-making process. The Standards and Accreditation Department has established specific time lines for preparation and submission of the report. Reports must be submitted in the format required by the Standards and Accreditation Department. A new VCR template is sent to the chairperson for each audit. Use the VCR template sent for that specific audit to ensure it is the most up to date template and it has not lost its integrity. Efforts to maintain the report schedule assist in the scheduling of and preparation for accreditation hearings.

Each visiting committee member is responsible for submitting legible and thorough comments on each non-applicable and non-compliant standard. Details of the deficiencies of noncompliance or reasons why the standard(s) is not applicable should be noted. If a deficiency is found in square footage, for example, the amount of square footage must be indicated. Findings should be written in complete sentences. As these comments are the basis for the report, each should provide clear explanations for findings on the standards. The chairperson will retain the original non-compliant and not applicable checklists. A copy of all the non-compliant and not applicable checklists will be provided to the agency/facility prior to leaving the audit site. The chairperson, in turn, is required to send these signed checklists to the Association during the reporting period. These checklists are necessary for the chairperson to write the report and they also have, on occasion, been requested for use in legal proceedings. The checklists of those standards found in compliance should be retained by the agency in its files.

The chairperson must obtain current information from the agency regarding its operations and programmatic description, offender population, and personnel statistics, organization charts, etc., for inclusion in the Agency Narrative section of the report. If multiple sites are visited for community residential or institutional audits, separate reports are required for each audit conducted. A complex or facility with a satellite camp can be done as one report if it was done as a single audit. If done as one report, all sites should be addressed in all areas of the report.

Reports for probation and/or parole field service agency audits follow a different procedure. The results of visits to all field offices audited are combined into one agency report. For purposes of accreditation, if one field office is found in noncompliance with any standard(s), the agency (regardless of the number of field offices) is found in noncompliance with the same standard(s).

Issues or concerns that may affect the quality of life (conditions of confinement) in a facility, as
well as information and impressions obtained during interviews with staff and offenders, are highlighted in the report. The quality of life statement includes consideration of staff training, cell size and time outside of cells, current population, adequacy of medical services, offender programs, recreation, food service, classification, sanitation, use of segregation, crowding, and reported and/or documented incidents of violence. The quality of life is evaluated by the Commission during the hearing and should be described in sufficient detail to give them a visual picture of the facility.

The Significant Incident Summary and Outcome Measures Form have been provided to the agency as applicable in pre-audit materials. The chairperson must ensure that these forms are completed by the agency and submitted to the chair on the first day of the audit to allow the audit team to review and follow up, as needed, on any concerns. The information contained on these forms is to be summarized in the narrative portion of the visiting committee report, and the forms are to be submitted as an attachment to the final report for review by the Commission during the panel hearing.

The litigation summary should be limited to the case number, cause of action and resolution of class action suits and consent decrees. When there is a decree of judgment, information should be detailed and include the scope and specific requirements. Individual actions need not be included.

For re-accreditation audits, the report must address the status of all plans of actions approved by the commission for the previous audit non-compliances. If the facility/agency is compliant, state the agency/facility is now compliant and no explanation is needed. For those remaining non-compliant, status for each step of the plan of action needs to be addressed in the report.

Following distribution of the visiting committee report by the Accreditation Specialist, the agency may submit, in writing, responses to the report contents.

**Non-compliant Standards**

Compliance with all applicable standards designated as mandatory is a prerequisite to accreditation. Compliance with 90% of all applicable standards designated as non-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 with 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:
- Statement of deficiencies
- Description or summary of actions necessary to achieve compliance
- Task to be completed
- 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.

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. The visiting committee chairperson will either accept or not accept the plan of action with a brief synopsis why. 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 applicable 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 for the following reasons:

- State statute specifically prohibits compliance
• Existing physical plant cannot be modified without substantial expenditures, or
• 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 effect on the public’s safety or the life, health, security and safety of staff or
inmates/residents/offenders/clients
• No adverse effect 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 visiting committee chairperson will either accept or not accept the waiver with a brief
synopsis why. The Commission renders the final decision relative to the waiver request during
the accreditation hearing.

**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. The visiting committee chairperson will either accept or not accept the appeal
with a brief synopsis why. Only the Commission has the authority and discretion to consider
appeals by an agency and render interpretations relative to that program.

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 prescribed. There are circumstances in which agencies choose not to comply with a particular standard for a variety of reasons. These include the following reasons:

- 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, or
- 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 meet the following criteria:

- Provide the rational 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 public’s safety, or life, health, security 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 standards as discretionary. However, the percentile of applicable, compliant, non-mandatory standards must be at or above 95 percent.
  - If the percentile of applicable, compliant, non-mandatory standards is at or below 94.99 percent, the facility may designate up to one percent of the applicable non-mandatory standards as discretionary.

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. The visiting committee chairperson will either accept or not accept the discretionary compliance request with a brief synopsis why. 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 subsequent cycle.

The last part of the report contains final responses of the visiting committee to all comments received, as well as an evaluation of the agency's plans of action and responses to waiver requests and/or appeals received from the agency. The visiting committee comments on the agency’s plan of action, waiver, appeal or discretionary compliance request must be more than simply “I agree” or “I disagree.” The chairperson should give a concise reason as to why they agree or disagree.
Special Considerations in Standards Applications

The Association has several policies concerning the standards and their application that an agency may apply as an option. These policies concern the adoption of revisions to standards for institutions and residential facilities and the application of standards related to the physical plant. Prior to requesting an audit, the agency reviews these policies with the Accreditation Specialist to ascertain their application during the standards compliance audit. These policies are:

Application of Revised Standards

The Association periodically issues revisions to the standards manuals. The Association does not hold an agency accountable for any revisions made to the standards following the date that the facility signed their contract. After this point and at any time prior to the standards compliance audit, the agency may elect whether or not to apply revisions to the standards issued following the program's entry into the process. This includes adoption of revised manuals and/or all standards changes contained in the Standards Supplement. Audit preparations include a final agreement between the Director of Standards and Accreditation and the agency whether or not revised standards will be applied during the audit. Procedures for determining the appropriate application of standards revisions include the following:

1) When a new manual of standards is published, the agency may elect to:

   - Remain with the manual (and any published revisions) in effect at the time the contract was signed
   - Change to the updated, revised manual

2) When a Standards Supplement is published after the contract date, the agency also has the option of applying in full each of the individual standards changes. In addition to standards deletions and changes resulting in diminished requirements, additions to the manuals and upgraded standards are applied during the audit.

Prior to requesting a standards compliance audit, it is the agency's responsibility to review publications containing standards revisions, deletions, and additions, and in consultation with the Accreditation Specialist, to determine which standards to apply. When an agency has difficulty meeting the standards for which relief is granted through revisions to the manuals, the agency staff may wish to consider taking advantage of the policy. The agency notifies the Accreditation Specialist of its intent before the audit in order to take advantage of the policy.

3) For standards the standards committee adds, revises, or deletes during the standards committee meetings, but would not be published till the next standards supplement, the agency/facility has the option of applying in full each of the individual standards changes.
**Physical Plant Standards**

The physical plant standards contained in the edition of standards that was applied in the design, building, and/or renovation of a facility, or those physical plant standards applied during the initial award period, are applicable for purposes of accreditation and all reaccreditations. Any new architectural design(s), buildings, and/or renovations must comply with the current edition of standards. For reaccreditation, the Director of Standards and Accreditation may require that facilities comply with selected physical plant standards contained in subsequent editions of the manual if in the facility’ judgment such standards can be met without major design modifications, renovations, and/or new construction.
Pre-Accreditation Assessment

At an agency administrator's request, the Association will provide one or more auditors to provide on-site assistance prior to the administrator's decision to sign a contract. The Standards and Accreditation Department staff work with the requesting agency in determining the purpose of the visit, selecting an auditor and the visiting date(s), establishing requirements for report writing, and the fee. Following these arrangements, a facility representative contacts the auditor directly to discuss local hotel and ground transportation arrangements.

The agency administrator may request an auditor for assistance in one or more of the following areas:

- Assess the agency's strengths and deficiencies by the standards
- Measure readiness for application for accreditation and/or
- Identify steps required to achieve accreditation

The auditor will not return to the agency as a visiting committee member, but may return to conduct technical assistance if the agency requests such a visit.

The auditor conducting a pre-assessment will review the agency's policies and procedures, examine the physical plant, review compliance with all mandatory standards, and, if requested, conduct a short staff orientation on the process. Based on interviews with staff and observation and review of operating materials, the auditor will identify areas where the agency appears to meet the standards and those in which they are deficient.

The length of the pre-assessment depends on the agency's stated needs and interests.

Agency Tour (Pre-Accreditation)

The auditor takes an in-depth tour of the facility giving particular attention to the mandatory standards and to areas the agency considers important. The auditor visits all areas of the facility, indicating areas that appear to be in compliance and those that appear to be deficient. Suggestions for correcting deficiencies may be given, but with the explicit understanding that only the visiting committee has the authority to make compliance decisions. Because many agencies have problems meeting physical plant standards, the auditor should review all of them. During the tour, the auditor may speak with agency staff, particularly department heads, and offenders.

Review of Policy and Procedure (Pre-accreditation)

The auditor reviews current policies and procedures. If the agency has extensive policies and
procedures, a sampling will serve to determine an agency's understanding of and readiness for entry into accreditation. If policies and procedures are inadequate, agency staff is provided with an explanation of what is required including how and where to obtain assistance in their writing. Also, an explanation of the Association's documentation requirements is provided.

**Review of Mandatory Standards (Pre-accreditation)**

The auditor will review mandatory standards during the tour and the related policies and procedures. The applicable mandatory standards should receive special attention. The auditor identifies the mandatory standards that appear to be in compliance and those that do not. Suggestions to achieve compliance may be given with the understanding that the visiting committee makes the determination for compliance during the audit.

**Accreditation Orientation for Staff (Pre-accreditation)**

At the agency's request, the auditor provides a brief accreditation orientation for the administrator and other staff the administrator requests to be present. As appropriate, the orientation will include an explanation of the Association's organization and resources, the benefits of accreditation, and the process. The Association will provide training aids (overheads and handouts) to consultants requesting them.

**Pre-Assessment Report**

The auditor is required to submit a pre-assessment report to the Association within fourteen days following the completion of the visit. Accreditation staff review the report and forward a copy to the agency. The content of the report is tailored to the agency's requirements, strengths, and deficiencies. However, the report will cover the following information:

- Names and positions of agency staff participating in the pre-assessment
- General and specific physical plant problems that may delay application for accreditation
- Status of the agency’s policies and procedures and estimate of work required to be compliance with the standards
- Suggestions on how to organize agency staff to complete the requirements of accreditation
- Problems with mandatory standards; and
- Unique aspects of the agency that might affect their entry into the process

The report should contain a detailed narrative of the auditor’s findings and an analysis of the agency's readiness for entry into accreditation including, where appropriate, suggested time lines for correcting problems and signing a contract.
**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. At the request of an agency, the Standards and Accreditation Department is able to provide on-site assistance to agencies.

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 an 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 chemicals, 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. If a visit is agreed upon, the activities and schedule are set. The accreditation specialist assigned to the agency coordinates the visit. Transportation and lodging arrangements are handled in the same fashion as for other consultations. In maintaining the integrity of the process, the individual conducting the field consultation is not 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 14 days following the conclusion of the audit. The contents of the report vary according to the agency’s specific needs. However, the report usually covers the following information:
- 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; and
- 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 will 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 conduct the following activities:

- Tour the facility
- Review records, files, and completed standards compliance folders
- Interview offenders, staff, and others as appropriate
- Prepare a report for the Standards and Accreditation Department for their review and forward copies to the agency of the findings that may include recommendations to facilitate standards compliance

**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 Standards and Accreditation Department visit the central office before scheduling audits of individual programs or facilities. The central office review provides a review of system-wide protocols (policies and procedures) issued by the parent agency for implementation in local facilities and programs. This is not the same as a central office accreditation, which accredits the central office. The central office review is intended for the following purposes:
• 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.

The central office review is conducted in the same manner as other standards compliance audits. Interviews with agency staff are held primarily to clarify policies and standards documentation. No tour is required. The central office review results in two categories of standards reviewed. The first is generic standards where the central office is able to demonstrate system wide compliance, non-compliance, or non-applicable through agency protocols (policies and procedures) and central office process indicators (practices) that can demonstrate compliance agency wide and is either managed or done at the agency level. Examples would include personnel actions (hiring actions, etc), dog programs, etc. 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 protocols are in order, however, each facility or program to be audited will need to present relevant local policy (if applicable), and process indicators to demonstrate implementation. Individual programs are relieved of preparing protocols for the audit. However, they are required to have a folder with a standards compliance checklist, process indicators and a copy of the letter from the Director of Standards and Accreditation that grants compliance for the protocols 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 protocols and process indicators. 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 indentifies standards that are satisfied by parent agency protocols, but need further documentation to verify implementation at the local program. The report is distributed by the Standards and Accreditation staff to the agency and to the members of the audit teams visiting the 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
requested by the agency, for an additional fee. 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 chairperson or another member of the original visiting committee may return to the agency to audit the appropriate standards.

When a re-audit is requested, 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 within 14 days of the completion of the audit. 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.

**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 the following criteria:

- 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
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 within 14 days of the completion of the visit. The report includes the following information:

- a list of standards reviewed,
- explanation of non-compliance findings,
- results of the tour and interviews with agency staff and offenders
- discussion of any issues believed to be relevant to the agency’s accreditation.

The report, as with others prepared by the auditors, is reviewed by the Standards and Accreditation Department and sent to the agency.

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 the next regular hearing. 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.

**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 may 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, the visiting committee members will return to the central office for the exit interview.
Honorarium and Reimbursement

Included with the audit materials received by each auditor for their assignment is the “Auditor’s Honorarium and Travel Reimbursement form”. The auditor must submit the form to ACA upon their return from the audit, and the form must be completed and signed in order for the auditor to receive the honorarium and reimbursement. Travel reimbursement covers fees for the hotel room, the allotted daily meal per diem, airport parking, round trip mileage to the airport, round trip mileage to the audit if driving (prior approval required), and the allotted miscellaneous expense. Failure to sign the reimbursement, missing receipts, illegible handwriting, etc. may result in significant delays in the processing or returned/rejected reimbursements. It is recommended that auditors staple their reimbursement request form to their receipts prior to mailing them to ACA.

The auditor must submit original receipts for all expenses incurred during the audit except for the meals and miscellaneous expenses. ACA reimburses meals per an allotted daily per diem; therefore individual food receipts are not necessary. Reimbursement is calculated based on the departure time of day on the beginning date of travel of the audit to the auditor’s return time of day to their home at the conclusion of the audit’s trip. ACA does not reimburse for room service, pay-per-view movies, dry cleaning, mini-fridge items, etc.

The auditor will receive one check for the total amount of the honorarium and expense reimbursement.

Auditors are asked to allow 4-6 weeks for the processing of travel reimbursement. Questions concerning the status of reimbursement should be directed to the appropriate Standards and Accreditation Specialist. Auditors should not alert ACA to a missing check until six weeks have passed from the time the reimbursement was mailed.

ACA does not accept photocopied or emailed reimbursements. They must be mailed to the attention of the appropriate Accreditation Specialist.
AUDITOR REMINDERS

I. REVIEW MANDATORY STANDARDS FIRST! Reviewing the mandatory standards folders first identifies problems early allowing time for potential resolution. If the visiting committee believes a mandatory standard is non-compliant, the chairperson should notify and confer with the facility administrator. After meeting with the facility administrator the chairperson must notify the Director of Standards and Accreditation.

II. REFER TO THE PREVIOUS AUDIT REPORT! Re-accreditation audits should reference the previous audit, i.e. identify current status of previously non-compliant/non-applicable standards, note progress on prior plans of action, note and comment on changes that occurred during the past three years that may have impact on the conditions of confinement and quality of life such as physical plant changes, increased/decreased population, staff/administration turnover, etc.

III. PROVIDE DETAILED INFORMATION! On the checklist, auditors must provide detailed information explaining why a standard is non-compliant or non-applicable. Physical plant standards should include measurements and ratios. State why or how the protocols and process indicators do not meet the standard.

IV. WRITE LEGIBLY! When completing the standards checklists the audit team member reviewing the assigned standard must make sure their notes are legible and written in complete sentences without abbreviations.

V. VERIFY THE CONTENTS OF THE AGENCY NARRATIVE! Verify the population count at the time of the audit, confirm staffing levels, etc.

VI. KEEP THE AGENCY AWARE OF ANY PROBLEMS! Don’t wait for the exit interview to bring up problems. Keep the agency apprised of the progress of audit process including concerns about standards compliance, especially the mandatory standards.

VII. SUBMIT REQUIRED REPORTS/RESPONSES TO ACA IN THE IDENTIFIED TIMELINES! If you are running late with a report promptly notify your assigned Accreditation Specialist. Failure to do so may negatively impact the number of audits you are selected for.

VIII. IF THE AGENCY IS UNDER COURT ORDER, obtain a summarized paragraph of each order and the current status of the order. If the parent agency agrees, a court master or other outside agency may be contacted by the auditor.

IX. IF YOU MUST CANCEL give as much advance notice as possible to the assigned Accreditation Specialist.

X. SUBMIT A COMPLETE REPORT! Make sure the report you (as the chairperson)
submit to ACA is clearly written, comprehensive, and includes any required attachments such as the completed non-applicable and non-compliant standards checklist. Remember, the report will be read by the agency and the Commission on Accreditation. Be professional, be appropriate, and be clear. When writing the report, do not cut and paste the agency description from a previous audit report – THINGS CHANGE!

XI. FINDINGS ARE CONFIDENTIAL and must not be discussed with colleagues or associates.

XII. AUDITORS ARE THE EYES AND EARS OF THE AMERICAN CORRECTIONAL ASSOCIATION AND THE COMMISSION ON ACCREDITATION FOR CORRECTIONS.

XIII. CALL THE ACCREDIATION SPECIALIST if you have any questions or concerns during the audit.

XIV. YOU ARE AN INVITED GUEST OF THE AGENCY! The goal of the accreditation process is to assist agencies in recognizing their accomplishments and assisting them in identifying how they can improve. Be professional, courteous, and respectful of the agency, the administrators, the staff, and the offenders.

XV. COSTS. Limit air travel to the costs and times frames indicated in your assignment emails. Anything over $500 requires prior approval from ACA staff.

XVI. AT NO TIME WILL AUDITORS PROMOTE PRIVATE CONSULTING.

XVII. No auditor will accept any gift or favor of a nature to imply any obligation that is inconsistent with the free and objective exercise of professional responsibilities.
Chairpersons need specific data to write the report. An example of the data and recommended time frame the chairperson should obtain the information is listed below. No information other than those required by ACA should be requested to be sent prior to the audit.

The following information is needed at the end of day one:

- Facility Demographics
- Rated Capacity: (Definition: Rated Capacity is considered to be the original design capacity, plus or minus capacity changes resulting from building addition, reductions, or revisions)
- Actual Population:
- Average Daily Population for the last 12 months:
- Average Length of Stay:
- Security/Custody Level: (Definition: Security Level is the level of security the physical plant provides whereas Custody Level is the offenders classification.)
- Age Range of Offenders:
- Gender:
- Full-Time Staff: (number)
- (number) Administrative, (number) Support, (number) Program, (number) Security, (number) Other
- Status of all previous plans of actions.
- Schedule of calls or activity roster.
- Significant Incident Summary and/or Outcome Measures Worksheet
- List any consent decrees, class action lawsuits or adverse judgments that have occurred within the past three years; those undergoing initial accreditation must present information from the past year.
- Facility Description (Provide a detailed description of size, mission, plant layout and location of the facility if not in welcome book). Description should be as if taken from above and describes as you would tour your facility.

The following needs to be provided no later than the end of the second day of the audit.

- List the names and titles of all attendees at entrance interview.
- List the names and titles of individuals participating in the tour.
- List the names of personnel and departments’ revisited (includes shifts).
- Lists of any physical plant or operational changes since the last ACA audit.
- Description of any program the facility believes is outstanding.

Following the out brief provide a list of names attending the out brief who are not from the facility or office.
APPENDIX A

Audit Team Evaluation

This evaluation is provided to each audit chair and is to be completed at the end of their American Correctional Association (ACA) audit. The purposes of obtaining this information are to assist in the improvement of auditor training, and to provide one source of data for administrative evaluation. This document will serve its purpose best if items are answered honestly as you reflect back on each audit team member.

Facility Audited: ___________________________ Audit Date: ___________________________

Name of Team Member #1: _______________________________________________________

GENERAL QUESTIONS

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<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>1. The auditor was prepared for the audit.</td>
<td>☐</td>
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<tr>
<td>2. The auditor made team members feel comfortable.</td>
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Made facility  ☐ ☐ ☐ ☐ ☐ ☐

3. The auditor answered staff questions in a courteous manner.

☐ ☐ ☐ ☐ ☐ ☐

4. Did this team member assist with writing the report?

☐ Yes ☐ No

If so, how would you describe their writing skills? If not, why not?

5. List three qualities of this team member that would be a benefit to an audit team.
6. List three areas which you feel this team member needs to improve upon before being considered for participation in the audit chair mentoring program.

Name of team Member #2: ________________________________________________

GENERAL QUESTIONS

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
</tr>
</thead>
</table>

1. The auditor was prepared for the audit.

2. The auditor made the team members feel comfortable.

Staff feel comfortable
3. The auditor answered staff questions in a courteous manner.

The auditor treated all staff with respect.

4. Did this team member assist with writing the report? □ Yes □ No

If so, how would you describe their writing skills? If not, why not?

5. List three qualities of this team member that would be a benefit to an audit team.

6. List three areas which you feel this team member needs to improve upon before being considered for participation in the audit chair mentoring program.

Submitted by:____________________________________________________