

CONSULTANT MANUAL



**206 North Washington, Suite 200
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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

**American Correctional Association
Standards and Accreditation Department**

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Overview of the American Correctional Association

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

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

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

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

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

Organizational Purposes of the American Correctional Association

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

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

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

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

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

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

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

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

Standards and Accreditation

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

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

Commission on Accreditation for Corrections

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

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

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

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

Standards Development

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

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

Standards for the Administration of Correctional Agencies
Standards for Adult Parole Authorities
Standard for Adult Probation and Parole Field Services
Standard for Adult Correctional Institutions
Standards for Adult Local Detention Facilities
Standards for Small Jail Facilities
Standards for Electronic Monitoring Programs
Standards for Adult Community Residential Services
Standards for Adult Correctional Boot Camps
Standards for Correctional Industries
Standards for Correctional Training Academies
Standards for Juvenile Community Residential Facilities
Standards for Juvenile Correctional Facilities
Standards for Juvenile Probation and Aftercare Services
Standards for Juvenile Detention Facilities
Standards for Juvenile Day Treatment Programs
Standards for Juvenile Correctional Boot Camps
Standards for Therapeutic Communities
Standards for Small Juvenile Detention Facilities
Standards for Performance-Based Health Care in Adult Correctional Institutions
Certification Standards for Food Service Programs
Standard for Adult Correctional Institutions (in Spanish)

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

The standards are systematically revised to keep pace with the evolution of correctional practices and case law, after careful examination of experiences, and after applying them over a period of time and

circumstances. The ACA Standards Committee, which includes membership from the Commission on Accreditation for Corrections, is responsible for standards development and revision.

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

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

Most standards contain one or more of the following elements:

- 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 plans of action for non-compliant standards.

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

Auditors

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

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

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 consultant'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.
- *Certification Standards Compliance Audit* - Auditors conduct a fact-finding visit to determine an agency's compliance with standards in order to qualify for certification for food service and/or medical programs.
- *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.

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. 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*.

Preparations Prior to Agency Visits

By accepting an assignment for the Association, a consultant 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) of auditor(s) sharing the assignment (when applicable), and the name 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. All *air travel* is coordinated through the Association's travel staff. Auditors will receive electronic notification of air travel arrangements from 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 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.

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 auditor's conduct and attire represent professionalism and the importance of the accreditation process. Business attire and respect for the agency dress code is required. Appropriate but comfortable shoes should be available; tours may involve a significant amount of walking and the terrain may not always be friendly at multi-acre sites with satellite buildings.

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:

- organizing preliminary discussions with team members (usually the evening before the audit)
- to establish the audit schedule, make preliminary audit assignments, and other appropriate information. Audit assignments include chapters of standards and where multiple locations are to be audited, individual audits of specific locations
- Ensuring a consistent and accurate application of Association policies, procedures, and standards interpretations
- Resolving differences between visiting committee members regarding interpretations of standards.
- Maintaining the audit schedule
- Conducting the entrance and exit interviews
- Advising the Standards and Accreditation specialist of questions or problems that occur during the audit. Issues concerning mandatory standards **must** be addressed with the Director of Standards and Accreditation.
- Keeping the agency administrator informed during the audit of its progress, including findings of compliance and non-compliance, quality of life issues, etc.
- Reviewing all mandatory, non-compliant, and not applicable standards
- Collecting all non-compliant, and not applicable checklists for use in preparing the visiting committee report
- Preparing the visiting committee report
- Supervising 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 to make reliable conclusions on compliance with standards
- 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 noncompliance, non-applicability, and special considerations
- 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 findings on not applicable and non-compliant standards at the exit interview for those standard where the consultant was the primary auditor
- 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.

Conduct of the Standards Compliance Audit

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

- tours the facility (visiting all scheduled shifts at some point during the audit)
- conducts an examination of the physical plant
- reviews records, files, and written documentation of policies, procedures, and operations prepared by the agency
- interviews staff, offenders, and others as appropriate

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

Organizational 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 may 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 Director of Standards and Accreditation can facilitate efficiency. While visiting committee activities vary depending on the type of agency being audited, the standards compliance audit includes several basic elements:

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

- Exit interview

The visiting committee meets for evening reviews of the day's activities and findings to finalize decisions on standards compliance and identify any areas they wish to revisit, etc. Occasionally an agency may be poorly prepared for the audit with inadequate documentation, obvious noncompliance with mandatory standards, significant conditions of confinement issues (observed on the tour or reviewed in the standards folders), etc. The Director of Standards and Accreditation *must* be contacted for guidance when this occurs. The visiting committee will continue the audit to completion and final compliance levels determined unless otherwise instructed by the Director.

Entrance Interview

Auditors must be sensitive to their role in the agency or facility. Accreditation is a voluntary process. Agency staff have 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. During the entrance interview, team members introduce themselves and provide the agency with a brief summary of their backgrounds and credentials. The chairperson of the visiting committee discusses the purpose of the audit, presents a tentative schedule of the team's activities, and responds to any questions that may arise concerning the conduct of the audit. During the entrance interview, the agency administrator designates a primary liaison to the visiting committee and introduces all key staff members to the auditors. The designated staff member should be available to the visiting committee at all times during the audit to answer questions, provide additional materials, and serve as liaison between the agency staff and the visiting committee. 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, serving mainly to familiarize the visiting committee with the layout of the facility, such as the location of particular units, offices, and program areas. In addition, the tour allows audit team members to meet department heads, supervisors, and program staff. As they review standards compliance documentation, team members return to different areas of the facility to conduct more thorough inspections of the physical plant, observe agency operations, and interview staff and offenders. Auditors 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 and safety of staff and offenders. In cases where agencies receive support services, such as food and medical services from a nearby or adjoining satellite facility that is administered by the same parent agency, a member of the visiting committee visits the satellite facility to ensure compliance with standards in these areas. This is arranged prior to the audit with the accreditation manager. 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 clients are conducted as necessary to supplement written evidence of compliance. The agency ensures that all appropriate personnel are available to the visiting committee during the audit.

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 necessarily 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

To make a determination of compliance, auditors look for:

- Implementation of existing policy/procedure
- Implementation of new policy
- Compliance with physical plant requirements
- Accuracy and completeness of records and documentation

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

Noncompliance should be found only after the agency has been given the opportunity to present additional documentation (or photographs, architectural renderings, 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 team 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 reaccreditation.

- Auditors review a random selection of personnel and offender files to ensure that forms are completed properly and records are up-to-date. Approximately 10 percent of the personnel files and case records (in agencies serving 200 offenders or more) are reviewed during the audit. In small community residential programs of approximately 25 beds, all of the case records are reviewed. *Personnel and/or 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 supporting documentation for newly-implemented policies and procedures, *exceptions may be granted by the Director of Standards*)
 - implementation of *new* policies and procedures (normally 12 months is required, however when limited time is available to generate supporting documentation for newly-implemented policies and procedures, *exceptions may be granted by the Director of Standards*)
 - staff and client records that reflect newly-implemented policies, procedures, and forms

Where local policy and procedure have been developed to meet the standard, the auditors verify the authority of the facility/program to do so. Local policy is usually developed to adapt parent agency policy to local needs. *Non-compliance* is concluded if the local policy or its implementation conflicts with the parent agency's policy. If an agency meets ACA standard compliance but is non-compliant with its own policy or expected practice, it is considered *non-compliant* with the standard. 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.

The visiting committee's findings for standards are documented on the same standards compliance checklists completed by the agency and located in each standards folder. Where collective decisions are required (non-compliant mandatory and all non-applicable standards), the visiting committee members' concurrence is indicated by their signatures on the checklist. A concise explanation for the finding must also be documented on that checklist. For example, if an agency fails a standard related to square footage requirement, it is important to identify the amount of square footage available; if an inadequate ratio of toilets is available, the ratio available should be documented on the checklist.

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 standard folders have been submitted to the agency liaison for further information or clarification, which standard folders have been identified as non-compliant. 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*.

Non-compliant Standards

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

Plans of Action

The Commission's policy is to encourage agencies to take all reasonable and necessary measures to come into compliance with any non-mandatory standard that the visiting committee finds the agency in non-compliance of 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
- Tasks 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. In addition, the Commission will look at whether the proposed plan of action is of a repetitive nature, i.e., either it repeats a plan of action previously submitted to the Commission, albeit with new dates inserted, or it reframes the plan, carrying essentially the same steps for one, two, or three more years. The Commission does recognize that not all agencies will be able to comply with all non-mandatory

standards. As a means to avoid the concerns raised by repetitive plans of action, options such as waivers and designations of standards as discretionary are available to agencies.

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

Waivers

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

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

- State statute specifically prohibits compliance
- Existing physical plant cannot be modified without substantial expenditures
- Repeated unsuccessful attempts have been made (and can be documented) to obtain funding to achieve compliance

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

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

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

Appeals

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

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

Discretionary Compliance

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

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

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

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

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

- A facility may designate up to two percent of the applicable non-mandatory 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. Once an agency designates a standard as discretionary during one accreditation cycle, it may elect to change to a plan of action or, of course, comply with the standard/expected practice in the course of a subsequent cycle.

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 audit team 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 Accreditation Department should be interviewed
- In cases where the facility is under court order, a court master, judge, or appropriate individuals connected with the case may be interviewed
- 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 for comments contained in the posted announcement of the audit also may be interviewed, including an institutional ombudsman, members of offenders' families, representatives of public interest groups, etc

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 assess conditions of confinement. Do offenders know how to access health care, the purpose of the teams' presence, do they understand how to file a grievance, does staff understand how to protect themselves from infectious, have they had a performance evaluation in the past twelve months, do they know their post orders, do they know how to respond to a crisis? Do staff and offenders feel safe? 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 audit team during the facility audit. The outcome measure worksheet will be included as an attachment to the final audit report.

The auditors review the data for:

- 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?

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.

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 Significant Incident Summary is also included as an attachment to the final audit report and is summarized in the audit narrative. The visiting committee is required to review the summary and discuss exceptional and/or inconsistent entries with the agency.

Exit Interview

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

The chairperson will identify what areas of the audit process each auditor should *briefly* address during the exit interview. It is important that the remarks be brief, to the point, and also end on a positive

note. The agency staff 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 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 Director of Standards and Accreditation.

Visiting Committee Report

Preparation of the visiting committee report is the responsibility of the chairperson. As the primary source of information regarding the audit and audit findings, the quality of the report is extremely important in the Association's decision-making process. The Association has established specific time lines for preparation and submission of the report. Reports must be submitted in the format required by the Association. 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 and 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 standards. All non-compliant and not applicable checklists are submitted to the chairperson 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.

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 standard(s).

Issues or concerns that may affect the quality of life 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 has been provided to the agency in pre-audit materials. The chairperson must ensure that this form is completed by the facility and submitted prior to the close of the audit. The information contained on this form is to be summarized in the narrative portion of the visiting committee report, and the form is 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.

Following distribution of the visiting committee report by the Standards Specialist, the agency and other visiting committee members, may submit, in writing, responses to the report contents. 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.

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 Standards 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:

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, with the audit and award decision based only on these standards
- Change to the updated, revised manual and apply the new manual in full for the purpose of the audit and award decision.

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 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 Specialist of its intent before the audit in order to take advantage of the policy.

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 their judgment such standards can be met without major design modifications, renovations, and/or new construction.

Specialized Audits & Consulting Visits

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. Standards and Accreditation staff work with the requesting agency in determining the purpose of the visit, selecting an auditor and the visiting date, 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, consultants 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 are 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 review of 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:

- 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 in compliance with the standards.
- Suggestions on how to organize agency staff to complete the requirements of accreditation.
- Problems with mandatory standards.
- 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 substances, upkeep on major appliances and machinery, and the currency of inspection reports by the appropriate authorities. Finally, the field auditor reviews policy and procedure and advises the agency of what to expect during the standards compliance audit.

The determination of need for an onsite consultation visit is generally made toward the end of Correspondent Status, after the agency has started its self-evaluation. 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 at the conclusion of the visit. The contents of the report vary according to the agency's specific needs; however, the report usually covers the following:

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

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

Mock Audits

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

In order to assess agency readiness, the team will:

- Tour the facility
- Conduct an examination of the physical plant
- Review records, files, and completed standards compliance folders
- Interview offenders, staff, and others as appropriate
- Prepare a report for the agency (see above) of the findings that may include recommendations to facilitate standards compliance

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 ACA visit the central office before scheduling audits of individual programs or facilities. The central office review provides a review of system-wide policies and procedures issued by the parent agency for implementation in local facilities and programs. The central office review is *intended* to:

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

Standards and Accreditation Department staff work with the agency administrator in determining the need for such a visit and in identifying standards for review by the visiting committee.

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

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

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

A report is prepared following the central office visit. The report identifies generic standards with which the agency and its programs/facilities are found in compliance, non-compliance, or are non-applicable, based solely on system-wide policy and procedure or jurisdictional requirements. The report also specifies problems or deficiencies that result in non-compliance. These standards do not

require further review, and the individual facilities or programs should be instructed not to prepare documentation for them. Finally the report identifies standards that are satisfied by parent agency policy and procedure statements, but need further documentation to verify implementation at the local program. The report is distributed by Standards and Accreditation Department staff to the agency and to members of the audit teams visiting facilities or programs within that system.

Re-Audit

In the event that an agency is found to be in non-compliance with one or more mandatory standards or lacks sufficient compliance levels at the time of the original audit, a re-audit may be requested by the agency. 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. 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:

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

The length of the visit varies depending on the number of standards or special issues that must be addressed during the visit. The visits are conducted similar to standards compliance audits, but on a reduced scale.

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

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

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

Honorarium and Reimbursement

Included with the audit materials received by each auditor for their assignment are two forms, the Consultant Voucher and the Travel Reimbursement form. The auditor must submit both forms to ACA upon their return from the audit, and *both forms 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 (or to the audit location if driving), and the allotted miscellaneous expense (not to exceed \$25 without a receipt).

The auditor must submit *original receipts* for the following expenses *incurred during the audit*:

- Hotel room – ACA **does not** reimburse for room service, pay-per-view movies, dry cleaning mini-fridge items, etc.
- Airport parking

ACA reimburses meals per an allotted daily per diem, individual food receipts are not necessary. Reimbursement is calculated from the home departure time of day, to the audit, and to the auditor return time of day to their home.

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

Please allow 4-6 weeks for the processing of travel reimbursement. Questions concerning the status of reimbursement should be directed to the Director of Finance for the American Correctional Association at 703-224-0055.

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 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, detail why a standard is non-compliant or non-applicable. Why do offenders feel the medical care is inadequate? Why do staff feel *unsafe*? What makes you believe staff morale is excellent? Do not *cut and paste* the agency description from a previous audit report – *THINGS CHANGE!*
- IV. **WRITE LEGIBLY!** When completing the standards checklists make sure your notes are legible and you have used 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!**
- 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 an ACA 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.
- 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 ACCREDITATION 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.