

Standards Committee Meeting Minutes

ACA Congress of Correction

Hyatt Regency Hotel

Chicago, Illinois

July 30, 2010

Members Present

Dr. Lannette, Linthicum, Vice Chair, Texas
Jeffrey Beard, Pennsylvania
Ronald Budzinski, Illinois
Daniel Craig, Iowa
Brian Fischer, New York
Stanley Glanz, Oklahoma
David Haasenritter, Virginia
Justin Jones, Oklahoma
James LeBlanc, Louisiana
Mary Livers, Louisiana
Brad Livingston, Texas
Denise Robinson, Ohio
Michael Wade, Virginia
Marge Webster, New Hampshire
Kathleen Bachmeier, North Dakota

Members Absent

Steve Gibson, Montana
Marilyn Rogan, Nevada
Paula Smith, North Carolina

Staff

Kathy Black-Dennis, Director of Standards, Accreditation and Professional Development
Bridget Bayliss, Accreditation Specialist
Pam Eckler, Accreditation Specialist
Terri Jackson, Accreditation Specialist
Kelli McAfee, Corrections Program Specialaist
Terry Carter, Accreditation Assistant
Cody McBeth, ACA Intern

Welcoming Remarks

Jim Gondles, Executive Director of the American Correctional Association welcomed everyone, and gave an explanation in regard to the combining of the Standards and Accreditation and Professional Development Departments. Kathy Black-Dennis was introduced as the new Director of Standards, Accreditation and Professional Development. Sheriff Michael Wade, from Henrico County, Virginia was introduced as a new member of the Standards Committee.

Dr. Lannette Linthicum welcomed the committee members and guests. Dr. Linthicum invited everyone to attend the healthcare reception later in the evening, from 6-7:00 p.m. An amendment was proposed to the January 2010 Meeting Minutes to include Daniel Craig as being present. Dr. Linthicum asked for a motion to approve the meeting minutes as amended from the 2010 conference, held in Tampa, Florida. A motion was made and seconded by David Haasenritter; the minutes were approved.

Kathy Black-Dennis gave a brief summary of her background with the American Correctional Association, and then introduced the new Accreditation Specialist, Bridget Bayliss, Professional Development Associate Kelli McAfee, Accreditation Assistant Terry Carter, and ACA intern Cody McBeth. Kathy also discussed the direction of the Standards, Accreditation and Professional Development Department.

Guest Speaker

Ed Spooner gave a brief update from the Facility Design Committee, specifically discussing sustainability and green construction. This committee has proposed four workshop for the conference in San Antonio.

Proposed Standards Revisions

ACA File No.: 2010-0026

Manual: Adult Correctional Institutions

Edition No.: 4th

Standard No.: 4-4067

Proposal Type: Revision

Existing Standard: The institution maintains a current, accurate, confidential personnel record on each employee. Information obtained as part of a required medical examination (and/or inquiry) regarding the medical condition or history of applicants and employees is collected and maintained on separate forms and in separate medical files and treated as confidential medical record.

Proposal: The institution maintains a current, accurate, confidential personnel record on each employee except where state statutes require open public records and the personnel record can not be maintained confidentially. Information obtained as part of a required medical examination (and/or inquiry) regarding the medical condition or history of applicants and employees is collected and maintained on separate forms and in separate medical files and treated as a confidential medical record.

Comments: Some states have open public records laws that make it illegal to maintain personnel records confidentially such as Florida's "Sunshine Law". Institutions in these states lose this standard in order to comply with the law. This proposed change in the standard will permit those states to take a Non- Applicable for this standard.

Approved

ACA File NO.: 2010-0027

Manual: Adult Correctional Institutions

Edition No.: 4th. Edition

Standard No.: 4-4105

Proposal Type: Revision

Existing Standard: 4-4105 The institution's criteria for evaluating overall institutional performance are specific and defined in writing. Comment: The evaluation criteria should consider the nature of events to be counted, the categorization of behaviors and degrees of seriousness to be included, and the duration of the follow-up period. The system for measuring the degree of internal order should include the following: escape rate; frequency and number of assaults on staff; group disturbances by inmates; assaults and homicides by inmates; weapons and/or illegal drugs found; and major and minor disciplinary actions. Management data on offenders should permit categorization by age, sex, race, offense, and prior record.

Proposal: 4-4105 The institution's criteria for evaluating overall institutional performance are specific and defined in writing. Comment: Collection, trending and analyzing of data should be conducted on an on-going basis to determine the internal order of the facility. Data collected should include, but not be limited to the following: escape rate; frequency and number of assaults on staff; group disturbances by inmates; assaults and homicides by inmates; weapons and/or illegal drugs found; and major and minor disciplinary actions and staff and inmate grievances. Management data on offenders should permit categorization by age, sex, race, offense, and prior record.

Approved

General Comments: Commissioner Fisher asked if any forms changed would be required; ACA staff stated no changes would be necessary.

ACA File No.: 2010-0028

Manual: Adult Correctional Institutions

Edition No.: 4th. Edition

Standard No.: 4-4107

Proposal Type: Revision

Existing Standard: Institutional programs are analyzed and evaluated at least every two years to determine their contribution to the institution's mission. Comment: Institutional programs should be clearly defined in terms of their objectives, costs, and relation to the institution's overall philosophy and goals. Periodic program analyses and evaluations help the institution to identify which programs are productive and determine needed changes and/or the need for reordering priorities.

Proposal: Institutional programs are analyzed and evaluated at least every two years to determine their contribution to the institution's mission. Comment: Periodic program analyses and evaluations help the institution to identify which programs are productive and determine needed changes and/or the need for reordering priorities.

Approved

ACA File No.: 2010-0029

Manual: ACI

Edition No.: 4th

Standard No.: 4-4132

Type of Proposal: Revision

Existing Standard: (Revised January 2007) CELLS/ROOMS USED FOR HOUSING INMATES SHALL PROVIDE AT A MINIMUM, 25 SQUARE FEET OF UNENCUMBERED SPACE PER OCCUPANT. UNENCUMBERED SPACE IS USABLE SPACE THAT IS NOT ENCUMBERED BY FURNISHINGS OR FIXTURES. AT LEAST ONE DIMENSION OF THE UNENCUMBERED SPACE IS NO LESS THAN SEVEN FEET. IN DETERMINING UNENCUMBERED SPACE IN THE CELL OR ROOM, THE TOTAL SQUARE FOOTAGE IS OBTAINED AND THE SQUARE FOOTAGE OF FIXTURES AND EQUIPMENT IS SUBTRACTED. ALL FIXTURES AND EQUIPMENT MUST BE IN OPERATIONAL POSITION AND MUST PROVIDE THE FOLLOWING MINIMUMS PER PERSON:

- BED

- PLUMBING FIXTURES (IF INSIDE THE CELL/ROOM)
- DESK
- LOCKER
- CHAIR OR STOOL

Proposal: Cells/rooms used for housing inmates shall provide at a minimum, 25 square feet of unencumbered space per occupant, but not less than 70 square feet of total gross area. Unencumbered space is defined as floor area that is not occupied by fixed furniture or fixtures. No dimension of the cell/room shall be less than seven feet. All furniture and fixtures are measured in their normal, operational position and must provide the following minimums:

- Bed – one per inmate
- Plumbing fixture (in a ratio as required by standard 4-4137)
- desk – one per inmate
- chair or stool – one per inmate
- locker/personal storage unit- one per inmate

Comments: This proposed revision clarifies the existing standard.

Tabled

General Comments: The Committee has asked the Design Committee to define new construction and present the definition at the January, 2011 meeting. After much discussion, the Committee required more clarity in regard to the dimensions of cells, for new construction.

ACA File No.: 2010-0030

Manual: ACI

Edition: 4th

Standard Number(s): 4-4137

Type of Proposal: Revision

Existing Standard: INMATES HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITIES 24 HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THEIR CELLS/SLEEPING AREAS. TOILETS ARE PROVIDED AT A MINIMUM RATIO OF ONE FOR EVERY 12 INMATES IN MALE FACILITIES AND ONE FOR EVERY EIGHT INMATES IN FEMALE FACILITIES. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH THREE OR MORE INMATES HAVE A MINIMUM OF TWO TOILETS. THESE RATIOS APPLY UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO.

Proposal: Inmates have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas. Toilets are provided at a minimum ratio of 1 for every 12 inmates in male facilities and 1 for every 8 inmates in female facilities. Urinals may be substituted for up to one half of the toilets in male facilities. All housing units with three or more inmates have a minimum of two toilets. These ratios apply unless national, state, or local codes require additional fixtures.

General Comments: This proposed revision sets a minimum fixture ratio based on the operational requirements of corrections. Local codes with lesser requirements would not be applicable.

Denied

General Comments: It was felt the standard should take precedence over local codes; only state and federal codes should supersede.

ACA File No.: 2010-0031

Manual: ACI

Edition: 4th

Standard Number(s): 4-4138

Type of Proposal: Revision

Existing Standard: INMATES HAVE ACCESS TO OPERABLE WASH BASINS WITH HOT AND COLD RUNNING WATER IN THE HOUSING UNITS AT A MINIMUM RATIO OF ONE BASIN FOR EVERY 12 OCCUPANTS, UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO.

Proposal: Inmates have access to operable wash basins with hot and cold running water in the housing units at a minimum ratio of 1 basin for every 12 inmates, unless national, state or local codes require additional fixtures.

Comments: This proposed revision sets a minimum fixture ratio based on the operational requirements of corrections. Local codes with lesser requirements would not be applicable.

Denied

General Comments: This standard was included in the same discussion that was held for the previous standard, 4-4137.

ACA File No.: 2010-0032

Manual: ACI

Edition No. : 4th Edition

Standard No. : 4-4139 and 4-4341

Proposal Type : Deletion

Existing Standard: Standard 4-4139: Inmates have access to operable showers with temperature-controlled hot and cold running water, at a minimum ratio of one shower for every eight inmates, unless national or state building or health codes specify a different ratio. Water for showers is thermostatically controlled to temperatures ranging from 100 degrees Fahrenheit to 120 Fahrenheit to ensure safety of inmates and to promote hygienic practices. Standard 4-4341: There are sufficient bathing facilities in the housing areas to permit inmates in the general population to shower at least three times per week.

Proposal: The proposal is to revise standard 4-4341 and delete standard 4-4139. New Proposal for standard 4-4341: The facility shall maintain a ratio of operable showers necessary for all inmates to access showers at least three times weekly through an established schedule. Water temperatures for showers are thermostatically controlled to temperatures ranging from 100 degrees Fahrenheit to 120 degrees Fahrenheit to ensure the safety of inmates and promote hygienic practices.

Comments: The proposal is to revise 4-4341 and delete 4-4139. The deletion of the ratio requirement in the new standard would not have an impact on the quality of life, as facilities will still be required to provide inmates with the ability to shower at least 3 times per week, which is the existing requirement. The present intent of standards 4-4319 and 4-4341 is to ensure that inmates are provided access to operable and thermostatically controlled showers, promote hygienic practices and provide the adequate opportunity to shower. The proposal would still enforce the requirements. As it stands, however, the two existing standards cause contradictory audit findings, as the facility may be compliant with the providing the inmates with weekly required showers but non-complaint as it do not meet the mandated ratio. Alternatively, the facility may meet or exceed the shower ratio however it is meaningless if staff are not operating their facility in a way that ensures appropriate access to the shower facilities. This contradiction results in unnecessary conflict in the audit findings.

Denied

ACA File No.: 2010-0033

Manual: ACI

Edition: 4th

Standard Number(s): 4-4147-1

Type of Proposal: New

Existing Standard:

ALL INMATE ROOMS/CELLS PROVIDE INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST THREE SQUARE FEET OF TRANSPARENT GLAZING, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN ROOMS/CELLS WITH THREE OR MORE INMATES. (RENOVATION, ADDITION, NEW CONSTRUCTION)

Proposal: Each dormitory provides inmates with access to natural light by means of at least 12 square feet of transparent glazing in the dormitory, plus two additional square feet of transparent glazing per inmate.

Comments: This proposed standard is a clarification to the existing standard that requires interpretation of the combined room/cell and dayroom standards.

Tabled

General Comments: Ed Spooner requested the proposal be withdrawn and stated it had been written incorrectly as it was intended to address only dormitories. The Committee has asked the Design Committee to define “new construction” and present the definition at the January, 2011 meeting. This standard was included in the same discussion that was held for the previous standard, 4-4137.

ACA File No.: 2010-0034

Manual: Adult Correctional Institutions

Edition No.: 4th

Standard No.: 4-4191

Agency/Facility: Ohio Dept. of Rehabilitation & Correction

Facility Size: N/A

Accredited: Yes

Proposal Type: Revision

Existing Standard: (MANDATORY) Written policy, procedure, and practice provide that when an offender is placed in a four/five point restraint (arms, head and legs secured), advance approval must be obtained from the warden/superintendent or designee. Subsequently, the health authority or designee must be notified to assess the inmate's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be placed in a medical/mental health unit for emergency involuntary treatment with sedation and/or other medical management, as appropriate. If the offender is not transferred to a medical/mental health unit and is restrained in a four/five-point position, the following minimum procedures will be followed: Direct visual observation by staff must be continuous prior to obtaining approval from the health authority or designee; Subsequent visual observation must be made at least every 15 minutes; Restraint procedures are in accordance with guidelines endorsed by the designated health authority.

Proposal : (MANDATORY) Written policy, procedure, and practice provide that when an offender is placed in a four/five point restraint (arms, head and legs secured) OR A RESTRAINT CHAIR, advance approval must be obtained from the warden/superintendent or designee. Subsequently, the health authority or designee must be notified to assess the inmate's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be placed in a medical/mental health unit for emergency involuntary treatment with sedation and/or other medical management, as appropriate. If the offender is not transferred to a medical/mental health unit and is restrained in a four/five-point position, the following minimum procedures will be followed: Direct visual observation by staff must be continuous prior to obtaining approval from the health authority or designee; Subsequent visual observation must be made at least every 15 minutes; Restraint procedures are in accordance with guidelines endorsed by the designated health authority.

Comments: Although ODRC does not utilize restraint chairs, a few of our staff that serve as ACA auditors have found other states that utilize the restraint chair. The security, medical, and liability concerns with the use of a restraint chair are the same as 4/5 point restraints. Therefore, the standard should also clearly apply when a restraint chair is used.

Denied

General Comments: It was felt adding the term “restraint chair was not necessary, rather it is an auditor training issue.

ACA File No.: 2010-0035

Manual: Adult Correctional Institutions

Edition No.: 4th. Edition

Standard No.: 4-4224

Proposal Type: Revision

Existing Standard: 4-4224 (MANDATORY) There are written plans that specify the procedures to be followed in situations that threaten institutional security. Such situations include but are not limited to riots, hunger strikes, disturbances, and taking of hostages. These plans are made available to all applicable personnel. Comment: The plans should designate the personnel who are to implement the procedures, when and which authorities and media should be notified, how the problem should be contained, and the procedures to be followed after the incident is quelled. The plans presuppose regular inspection and maintenance of any specialized equipment necessary to implement the procedures. All personnel should be familiar with the plans. Hospital and medical personnel should be involved in the formulation of the plans, since they are responsible for the safety of their patients.

Proposal: A number of requests for revision were submitted asking for the requirement of an annual review be removed from numerous individual standards. I believe the requirement for an annual review was removed in error on this standard. This standard addresses an emergency plan, not a Procedure. There is no longer a requirement that any emergency plans have an annual review. I believe this should be added back to this individual standard.

Approved

General Comments: It was the general consensus, the requirement for an annual review in relation to this standard should not have been removed, and it is to be fixed administratively by ACA staff.

ACA File No.: 2010-0036

Manual: Adult Correctional Institutions

Edition No.: 4th Edition

Standard No.: 4-4257

Proposal Type: Revision

Existing Standard: Written policy, procedure, and practice require that all special management inmates are personally observed by a correctional officer at least every 30 minutes on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates are under continuing observation.

Proposal: Written policy, procedure, and practice require that all special management inmates are personally observed by correctional staff at least every 30 minutes on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates are under continuing observation.

Comments: There are other correctional staff that can conduct a round other an officer, i.e. administrative and managerial staff, specialist employees and support staff. By ACA standards these staff is required to obtain a formalized 40-hour orientation in a variety of correctional disciplines prior to undertaking their assignment. Additionally they are required to obtain a minimum of 40 hours of training their first year of employment and each year thereafter. Because these staff has this training and regular and daily contact with inmates, they have appropriate knowledge that would allow them to conduct rounds. With the many challenges that correctional departments are facing across the nation, there needs to be flexibility built into the standard to allow the facilities to operate within ACA guidelines. Agencies are continually asked to accomplish more with less. By ensuring that correctional staff receives the required training in accordance with ACA standards, good sound correctional practice is maintained in the institution and the quality of life for the offender is not compromised.

Denied

ACA File No.: 2010-0037

Manual: ACI

Edition: 4th

Standard Number: 4-4277

Type of Proposal: Revision

Existing Standard: Written policy, procedure, and practice prohibit discrimination based on an inmate's:

1. race,
2. religion,
3. national origin,
4. sex,
5. disability, or
6. political views in making administrative decisions and in providing access to programs.

Comment: Inmates should be assured equal opportunities to participate in all institutional programs.

Proposed Standard: Written policy, procedure, and practice ENSURE ALL PRISONERS COMMITTED TO THE JURISDICTION OF THE AGENCY OR DEPARTMENT ARE TO BE TREATED HUMANELY AND WITH DIGNITY IN MATTERS OF HEALTH CARE, PERSONAL SAFETY AND GENERAL LIVING CONDITIONS, AND prohibit discrimination based on an inmate's:

1. race,
2. religion,
3. national origin,
4. ETHNIC BACKGROUND,
5. COLOR
6. sex,
7. MARITAL STATUS
8. SEXUAL ORIENTATION,
9. GENDER IDENTITY,
10. HEIGHT
11. WEIGHT
12. disability, or
13. political views in making administrative decisions and in providing access to programs.

Comment: Inmates should be assured equal opportunities to participate in all institutional programs, INCLUDING WORK AND SCHOOL ASSIGNMENTS, OR OTHER ADMINISTRATIVE DECISIONS.

Denied

General Comments: Some Committee members felt there was no method to measure these additions to the standard, and the standard should be left as written.

ACA File No.: 2010-0038

Manual: Adult Correctional Institutions

Edition No.: 4th. Edition

Standard No.: 4-4389

Proposal Type: Revision

Existing Standard: 4-4389 (MANDATORY) Designated correctional and all health care staff are trained to respond to health-related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following: 1) recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations 2) administration of basic first aid 3) certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization 4) methods of obtaining assistance 5) signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal 6) procedures for patient transfers to appropriate medical facilities or health care providers 7) suicide intervention
Comment: The facility administrator or designee may designate those correctional officers and health care personnel providers who have responsibility to respond to health care emergencies. Staff not physically able to perform CPR are exempt from the expected practice.

Proposal : 4-4389 (MANDATORY) Designated correctional and all DIRECT CARE health care staff are trained to respond to health-related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following: 1) recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations 2) administration of basic first aid 3) certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization 4) methods of obtaining assistance 5) signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal 6) procedures for patient transfers to appropriate medical facilities or health care providers 7) suicide intervention

Comment: The facility administrator or designee may designate those correctional officers and health care personnel providers who have responsibility to respond to health care emergencies. Staff not physically able to perform CPR are exempt from the expected practice.

Comments : Standard requires that "all" health care staff be trained to respond to health-related emergencies within four minutes. This should not include clerical or records staff. An interpretation would be appropriate.

Tabled

General Comments: ACA staff is to devise a new standard that will address who will be required to be certified in CPR, as well as the four minute response time. It was felt by Dr. Linthicum that all direct care, health care staff should be certified in CPR; David Haasenritter felt all staff should be certified in CPR, but not every staff member has to respond within four minutes. Ray Mulally will work with the ACA staff in regard to re-wording of the standard for clarification purposes.

ACA File No.: 2010-0039

Manual: Adult Correctional Institutions

Edition No.: 4th

Standard No.: 4-4405

Proposal Type: Revision

Existing Standard: (Mandatory) Revised August 2008. The use of restraints for medical and psychiatric purposes is defined, at a minimum, by the following: 1) conditions under which restraints may be applied 2) types of restraints to be applied 3) identification of a qualified medical or mental health care practitioner who may authorize the use of restraints after reaching the conclusion that less intrusive measures would be successful 4) monitoring procedures for offenders in restraints 5) length of time restraints are to be applied 6) documentation of efforts for less restrictive treatment alternatives as soon as possible 7) an after-incident review

Proposal : (Mandatory) Revised August 2008. The use of restraints OR A RESTRAINT CHAIR for medical and psychiatric purposes is defined, at a minimum, by the following: 1) conditions under which restraints may be applied 2) types of restraints to be applied 3) identification of a qualified medical or mental health care practitioner who may authorize the use of restraints after reaching the conclusion that less intrusive measures would be successful 4) monitoring procedures for offenders in restraints 5) length of time restraints are to be applied 5) documentation of efforts for less restrictive treatment alternatives as soon as possible 6) an after-incident review

Comments: Although ODRC does not utilize restraint chairs, a few of our staff that serve as ACA auditors have found other states that utilize the restraint chair. The security, medical, and liability concerns with the use of a restraint chair are the same as 4/5 point restraints. Therefore, the standard should also clearly apply when a restraint chair is used

Denied

General Comments: It was felt that more practitioners need to be involved when attempting to develop definitions.

ACA File No.: 2010-0040

Manual: ACI

Edition: 4th

Standard Number(s): None

Type of Proposal: New

Existing Standard: N/A

Proposal: Dormitories are inmate housing units that consist of both inmate sleeping areas and dayrooms contained within the same room. To minimize disruption to inmates, there should be a distinction between the sleeping area and the dayroom portions of the space. The area requirement of a dormitory is 60 square feet (60 square feet includes 35 square feet of dayroom space plus 25 square feet of unencumbered space in the sleeping area) per inmate plus the total area encumbered by beds, inmate lockers/storage units, and inmate shower-toilet-lavatory areas.

Comments: This proposed standard is a clarification to the existing standards that requires interpretation of the combined room/cell and dayroom standards.

Tabled

General Comments: More practitioners need to be involved in the shaping definitions.

ACA File No.: 2010-0041

Manual: All applicable manuals

Edition: N/A

Standard Number(s): N/A

Type of Proposal: New

Existing Standard: N/A

Proposal: The facility/agency shall demonstrate they have examined within the audit cycle and where appropriate and feasible, implemented strategies that promote recycling, energy and water conservation, pollution reduction and utilization of renewable energy alternatives.

General Comments: Correctional facilities and programs have the responsibility to implement strategies that allow correctional facilities to be managed in ways that are most cost-effective and deliver superior performance, while improving environmental responsibility and sustainability. This includes recycling (including paper, metal and plastic products), energy conservation

(including building insulation, heating and ventilation, temperature controls, vehicle fuel efficiency, water economies, physical plant engineering, and energy measures), pollution reduction (including composting sewer treatment, litter abatement, and carbon emissions), and utilization of renewable energy alternatives (bio-fuels, solar collection, turbine energy production and methane collection).

Approved as amended

General Comments: It was suggested and approved to add the words “where appropriate and feasible” prior to “implemented strategies

ACA File No.: 2010-0042

Manual: Adult Local Detention Facility

Edition No.: 4th Edition

Standard No.: 4-ALDF- 2A-34

Proposal Type: Revision

Existing Standard: 4-ALDF-2A-34 (Ref. 3-ALDF-2C-01-1) Revised January 2007. Single occupancy cells/rooms are provided when indicated for the following: 1) Maximum and close custody 2) Inmates with severe medical disabilities 3) Inmates suffering from serious mental illness 4) Sexual predators 5) Inmates likely to be exploited or victimized by others 6) Inmates who have other special needs for single-occupancy housing. No less than 10 percent of the rated capacity of the facility is available for single occupancy.

Proposal: 4-ALDF-2A-34 (Ref. 3-ALDF-2C-01-1) Revised January 2007. Single occupancy cells/rooms are provided when indicated for the following: 1) Maximum and close custody 2) Inmates with severe medical disabilities 3) Inmates suffering from serious mental illness 4) Sexual predators 5) Inmates likely to be exploited or victimized by others 6) Inmates who have other special needs for single-occupancy housing. No less than 10 percent of the rated capacity of the agency is available for single occupancy.

Comments: The intent of the standard is to provide single cells in sufficient amounts to manage the various discipline and behavior needs of the facility. In large jail networks it is not cost effective to provide all services and classification levels within each facility. As long as the services and classifications needs are provided within the Jail network the standard is applicable. Recommend removing the words “10 percent of the Facility” from the standard.

Denied

ACA File No.: 2010-0043

Manual: Adult Local Detention Facilities

Edition No.: 4th Edition

Standard No.: 4-ALDF-2A-05

Proposal Type: Revision

Existing Standard: 4-ALDF-2A-05 (Ref. 3-ALDF-3A-07) Personal contact and interaction between staff and inmates is required and is facilitated.

Proposal: [add to 2A-05 or create a new expected practice] Inmates classified as medium or maximum security risks are personally observed by an officer at least every 30 minutes on an irregular schedule. Inmates classified as minimum or low security risks are personally observed by an officer at least every 60 minutes on an irregular schedule.

Comments: This proposal was discussed by the Working Group that created the Core Jail Standards in May 2009. The group agreed that this language should be added to the ADLF expected practices so that it may also be added to the new Core Jail Standards. The only requirements for inmate supervision (personal observation) in the 4th Edition apply to special management inmates (4-ALDF-2A-52). The Third Edition is also missing this provision. The Second Edition required 30 minute checks for medium and maximum (2-5174). The First Edition required 60 minute checks for low or minimum security inmates (5243). Many states require frequent "health and welfare checks" or similar types of inmate supervision (Tennessee and Idaho require 30 minutes for all inmates; Maine requires 60 minutes for minimum, 30 minutes for medium, 15 minutes for maximum. Ohio requires 60 minutes for all inmates). Case law clearly underscores the need for such inmate supervision. The omission of these provisions from the 3rd and 4th ALDF Editions represent a serious oversight that should be corrected immediately. This language should also be added to the Core Jail Standards.

Approved

General Comments: After much discussion it was decided this proposal will not carry over to the other standards manuals; rather it is applicable to Adult Local Detention Facilities, only.

ACA File No.: 2010-0044

Manual: Adult Community Residential Services

Edition No.: 4th. Edition

Standard No.: 4-ACRS-4A-01

Proposal Type: Revision

Existing Standard: (MANDATORY) [Applicable only to facilities that prepare and serve food to offenders.] If the facility prepares and serves food to offenders, dietary allowances are reviewed at least annually by a qualified nutritionist, dietician, or physician to ensure that they meet the nationally recommended allowances for basic nutrition for the types of offenders housed in the facility. Comment: None Protocols: Written policy/procedure. Format for food service records/forms. Process Indicators: Documentation of at least annual review by nutritionist or dietician.

Proposal: (MANDATORY) [Applicable only to facilities that prepare OR serve food to offenders.] If the facility prepares and serves food to offenders, dietary allowances are reviewed at least annually by a qualified nutritionist, dietician, or physician to ensure that they meet the nationally recommended allowances for basic nutrition for the types of offenders housed in the facility. Comment: None Protocols: Written policy/procedure. Format for food service records/forms. Process Indicators: Documentation of at least annual review by nutritionist or dietician.

Comments: Many facilities do not prepare food on site to feed to offenders, but the food is brought to the facility and served to the offender. Based on this interpretation facilities do not have to comply with this standard. It is important that all facilities that serve food comply with the requirements of the standard to ensure the offender receives a diet approved by a qualified nutritionist, dietician or physician.

Approved

ACA File No.: 2010-0045

Manual: Adult Community Residential Services

Edition No.: Fourth Edition

Standard No.: 4-ACRS-2D-01, 2D-02, 2D-03

Proposal Type: Revision

Existing Standard: 4-ACRS-2D-01 Revised Jan 2001 (Mandatory) A control plan(s) for keys, tools and utensils addresses access, use and storage. 4-ACRS-2D-02M Revised Jan 2001 (Mandatory) Tools and utensils are used in accordance with the prescribed system. 4-ACRS-2D-02M Revised Jan 2001 (Mandatory) Keys are used in accordance with the prescribed system.

Proposal : 4-ACRS-2D-01M (Mandatory) A control plan (s) for tools and utensils address access, use and storage. Tools and utensils are used in accordance with the prescribed system. 4-ACRS-2D-03M (Mandatory) A control plan for keys addresses access, use and storage. Keys are used in accordance with the prescribed system.

Comments: Existing standards: 4-ACRS-2D-01 and 4-ACRS-2D-02 should be combined to address the total system of tool control (both the plan and practice) This would also reduce redundancy in file documentation. Existing standard 4-ACRS-2D-03 should be revised to include the key "control plan," currently included in 2D-01. This again would demonstrate the complete system - both the written plan and actual practice of key control. Standard 4-ACRS-2D-02 could be deleted and 2D-01 and 2D-03 would be revised. This would be similar to the mandatory standards in the ACI manual.

Denied

ACA File No.: 2010-0046

Manual: Adult Community Residential Services

Edition No.: 4th. Edition

Standard No.: 4-ACRS-4A-04

Proposal Type: Revision

Existing Standard: (MANDATORY) Applicable only to facilities that prepare and serve food to offenders.] Food service staff complies with all sanitation and health codes enacted by state or local authorities. Comment: All sanitation codes are to be strictly followed in order to ensure the health and welfare of the offenders. Local or state health regulations usually require some type of medical examination and certification for people preparing food. Protocols: Written

policy/procedure. Sanitation and health codes. Process Indicators: Documentation of compliance with sanitation and health codes. Documentation of medical examinations and certification, as applicable.

Proposal: (MANDATORY) Applicable only to facilities that prepare OR serve food to offenders.] Food service staff complies with all sanitation and health codes enacted by state or local authorities.

Comments : Many facilities do not prepare food on site to feed to offenders, but the food is brought to the facility and served to the offender. Based on this interpretation facilities do not have to comply with this standard. It is important that all facilities that serve food comply with the requirements of the standard to ensure this complies with the sanitation and health codes of their jurisdiction.

Approved

ACA File No.: 2010-0047

Manual Adult Community Residential Services

Edition No.: 4th. Edition

Standard No.: 4-ACRS-4A-05

Proposal Type: Revision

Existing Standard: [Applicable only to facilities that prepare and serve food to offenders.] Adequate space is provided for food preparation and service, and for an eating area and seating for all who dine at the same time. Comment: None Protocols: Written policy/procedure. Facility plans/specifications. Process Indicators: Observation.

Proposal: [Applicable only to facilities that prepare OR serve food to offenders.] Adequate space is provided for food preparation and service, and for an eating area and seating for all who dine at the same time. Comment: None Protocols: Written policy/procedure. Facility plans/specifications. Process Indicators: Observation.

Comments: Many facilities do not prepare food on site to feed to offenders, but the food is brought to the facility and served to the offender. Based on this interpretation facilities do not have to comply with this standard. It is important that all facilities that serve food comply with the requirements of the standard to ensure that offenders have sufficient space to eat their meals in an appropriate timeframe.

Approved

ACA File No.: 2010-0048

Manual: Adult Community Residential Services

Edition No.: 4th. Edition

Standard No.: 4-ACRS-4A-06

Proposal Type: Revision

Existing Standard: [Applicable only to facilities that prepare and serve food to offenders.] When the facility has a kitchen, the kitchen, dining, and food storage areas are properly ventilated, properly furnished, and clean. Comment: None
Protocols: Written policy/procedure. Facility plans/specifications. Process Indicators: Documentation of adequate ventilation. Inspection records.

Proposal: [Applicable only to facilities that prepare AND/OR serve food to offenders.] When the facility has a kitchen, dining, or food storage areas they are properly ventilated, properly furnished, and clean. Comment: None
Protocols: Written policy/procedure. Facility plans/specifications. Process Indicators: Documentation of adequate ventilation. Inspection records.

Comments: Many facilities do not prepare food on site to feed to offenders, but the food is brought to the facility and served to the offender. Based on this interpretation facilities do not have to comply with this standard. It is important that all facilities that serve food provide adequate ventilation and furnishings, and are clean.

Approved as amended

General Comments: Commissioner Beard offered amended language to the proposal, and it was approved.

ACA File No.: 2010-0049

Manual: Adult Community Residential Services

Edition No.: 4th. Edition

Standard No.: 4-ACRS-4A-07

Proposal Type: Revision

Existing Standard: [Applicable only to facilities that prepare and serve food to offenders.] Food service practices provide for the following: Weekly inspection of all food service areas, including dining and food preparation areas and equipment; Sanitary, temperature-controlled storage facilities for all foods; Daily checks of refrigerator and water temperatures. Comment:

Appropriate space and equipment should be available for the proper storage and refrigeration of food supplies. Dry food supplies are stored in a clean, dry, ventilated room not subject to waste water back flow or other contamination. The American Dietary Association recommends storage temperatures for freezers to be - 10 degrees to 0 degrees Fahrenheit, and refrigerated storage at 32 degrees to 36 degrees Fahrenheit. Protocols: Written policy/procedure. Weekly inspection form. Format for daily recording of refrigerator and water temperature. Process Indicators: Completed inspection forms and reports. Refrigerator and water temperature records . Documentation of actions taken in response to identified problems.

Proposal: [Applicable only to facilities that prepare OR serve food to offenders.] Food service practices provide for the following: Weekly inspection of all food service areas, including dining and food preparation areas and equipment; Sanitary, temperature-controlled storage facilities for all foods; Daily checks of refrigerator and water temperatures. Comment: Appropriate space and equipment should be available for the proper storage and refrigeration of food supplies. Dry food supplies are stored in a clean, dry, ventilated room not subject to waste water back flow or other contamination. The American Dietary Association recommends storage temperatures for freezers to be - 10 degrees to 0 degrees Fahrenheit, and refrigerated storage at 32 degrees to 36 degrees Fahrenheit. Protocols: Written policy/procedure. Weekly inspection form. Format for daily recording of refrigerator and water temperature. Process Indicators: Completed inspection forms and reports. Refrigerator and water temperature records . Documentation of actions taken in response to identified problems.

Comments : Many facilities do not prepare food on site to feed to offenders, but the food is brought to the facility and served to the offender. Based on this interpretation facilities do not have to comply with this standard. It is important that all facilities that serve food provide adequate storage of left-over food and maintain daily checks of the temperatures.

Approved

ACA File No.: 2010-0050

Manual: Adult Community Residential Services

Edition No.: 4th. Edition

Standard No.: 4-ACRS-4A-08

Proposal Type: Revision

Existing Standard: [Applicable only to facilities that prepare and serve food to offenders.] Toilet and wash basin facilities are available to food service personnel and offenders in close proximity to the food preparation area. Comment: None Protocols: Written policy/procedure. Facility plans/specifications. Process Indicators: Observation. Inspect. records (verify condition of fixtures).

Proposal: [Applicable only to facilities that prepare OR serve food to offenders.] Toilet and

wash basin facilities are available to food service personnel and offenders in close proximity to the food preparation area. Comment: None Protocols: Written policy/procedure. Facility plans/specifications. Process Indicators: Observation. Inspect. records (verify condition of fixtures).

Comments: Many facilities do not prepare food on site to feed to offenders, but the food is brought to the facility and served to the offender. Based on this interpretation facilities do not have to comply with this standard. It is important that all facilities that serve food comply with the requirements of the standard to ensure that staff and offenders working in the food serving area have access to toilet and hand washing facilities.

Approved

ACA File No.: 2010-0051

Manual: Performance Based Standards for Juvenile Correctional Facilities

Edition No.: 4th Edition

Standard No.: 4-JCF-4A-06 & 4-JCF-4C-18

Proposal Type: Deletion

Existing Standard: 4A-06(Mandatory) - Therapeutic Diets are prepared and served to juveniles according to written orders by a physician or other health care practitioner pursuant to federal and state law. A therapeutic diet manual is available in the food service area for reference and information. 4C-18(Mandatory): Therapeutic diets are prescribed for juveniles by a health-care practitioner, as necessary. A therapeutic diet manual is available in the health services area for reference and information.

Proposal: Since both standards reference the 3rd Edition standard 3-JTS-4A-07, I recommend that 4-JCF-4A-06 be deleted and 4C-18 should be: "Therapeutic diets are prescribed for juveniles by a health-care practitioner, as necessary. A therapeutic diet manual is available in the health services and food service areas for reference and information.

Comments: This appears to be a duplicate standard which requires Juvenile Correctional Facilities to meet the intent in 2 separate folders.

Denied

General Comments: The Committee and guests stated two different committees proposed these standards should be separate. It was felt food service workers need to be aware of both standards and the health care issues.

ACA File No.: 2010-0052

Manual: Performance Based Standards for Juvenile Correctional Facilities

Edition No.: 4th Edition

Standard No.: 4-JCF-6E-08

Proposal Type: Revision

Existing Standard: "Juvenile Careworker Training" All new juvenile careworkers receive 120 hours of training during their first year of employment and an additional 40 hours of training each subsequent year of employment. New employees receive credit for their prior training. At a minimum, the training covers the following areas: 1. Security Procedures 2. Supervision of Juveniles 3. Suicide intervention/prevention 4. Use of force 5 Juvenile rules and regulations 6. Safety Procedures 7. Key control 8. Interpersonal relations 9. Communication Skills 10. Cultural Awareness 11. Sexual abuse/assault 12. Code of ethics Additional topics may be added at the discretion of the agency or facility.

Proposal: "New Juvenile Careworker Training" All new juvenile careworkers receive 120 hours of training during their first year of employment and an additional 40 hours of training each subsequent year of employment. New employees receive credit for their prior training. At a minimum, the training for new employees and annual training requirements cover the following areas: 1. Security procedures (required annually) 2. Supervision of Juveniles (required annually) 3. Suicide intervention/prevention (required annually) 4)Use of Force (required annually) 5.Juvenile rules and regulations 6. Safety procedures (required annually) 7. Key control 8. Interpersonal relations 9. Communication skills 10. Cultural awareness 11. Sexual abuse/assault (required annually) 12.Code of ethics 13. First Aid/CPR Additional topics may be added at the discretion of the agency or facility.

Comments: The new 4th Edition is unclear and confusing. First, this standard does not require "First Aid/CPR" which is directly in opposition to mandatory standard **4-JCF-4C-54. Including entry level training along with required annual training will consolidate required training mandates for each classification of employees into one standard.

Denied

General Comments: All training-related standards have been referred to the Training Committee, so it was recommended no changes should be made at this time, until the Training Committee has had a chance to comment.

ACA File No.: 2010-0053

Manual: Performance Based Standards for Juvenile Correctional Facilities

Edition No.: 4th Edition

Standard No.: 4-JCF-6E-09

Proposal Type: Revision

Existing Standard: "Ongoing Careworker Training" All new professional specialists receive 120 hours of training during their first year of employment. New employees receive credit for their prior training. At a minimum, the initial training covers the following areas: 1. Security Procedures 2. Supervision of Juveniles 3. Use-of-force regulations and tactics 4. Report writing 5. Juvenile rules and regulations 6. Rights and responsibilities of juveniles 7. Fire and Emergency Procedures 8. Key Control 9. Interpersonal relations 10. Communication Skills 11. First Aid 12. Sexual Harassment 13. Search and Seizure 14. Rules of evidence 15. Social/cultural lifestyles of the Juvenile population 16. Sexual abuse/assault.

Proposal: Professional Specialists Training All new professional specialists receive 120 hours of training during their first year of employment and an additional 40 hours of training each subsequent year. New employees receive credit for their prior training. At a minimum, the initial training and the annual training will include; 1. Security procedures (required annually) 2. Supervision of Juveniles (required annually) 3. Use-of-force regulations and tactics (required annually) 4. report writing 5. Juvenile rules and regulations 6. Rights and responsibilities of juveniles 7. Fire and Emergency procedures (required annually) 8. Key Control (required annually) 9. Interpersonal relations 10. Communication Skills 11. First Aid/CPR 12. Sexual harassment 13. Search and seizure (required annually) 14. Rules of evidence 15. Social/cultural lifestyles of the juvenile population 16. Sexual abuse/assault (required annually) 17. Suicide intervention/prevention (required annually)

Comments: There is much confusion regarding the 4th Edition and the requirements for "ALL" training standards. The adoption of this revision establishes both entry level training requirements but also annual training requirements and will allow for the standard 4-JCF-6E-10 to be deleted. Professional Specialists (i.e. teachers, social workers, psychologists) all have direct daily contact with the juvenile population and need to be required to have "Suicide Intervention/prevention."

Denied

General Comments: All training-related standards have been referred to the Training Committee, so it was recommended no changes should be made at this time. .

Meeting adjourned at 11:19 a.m.