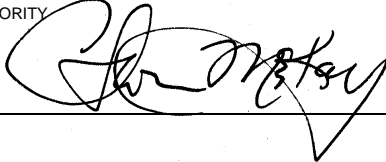
 <p>Corrections and Community Supervision</p> <p>DIRECTIVE</p>	<p>TITLE</p> <p>Accreditation Program</p>		<p>NO. 6921</p>
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<p>SUPERSEDES</p> <p>DIR# 6921 Dtd. 02/14/19</p>	<p>DISTRIBUTION</p> <p>A</p>	<p>PAGES</p> <p>PAGE 1 OF 7</p>	<p>DATE LAST REVISED</p>
<p>REFERENCES (Include but are not limited to)</p> <p>See Section II</p>	<p>APPROVING AUTHORITY</p> 		

- I. **PURPOSE:** The purpose of this directive is to provide an overview and guidelines for the Department's Accreditation Program.
- II. **REFERENCES:** Effective the date of this directive, the following manuals (and current supplements) are to be used:
 - Adult Community Residential Services, Fourth Edition
 - Adult Correctional Institutions, Fifth Edition
 - Food Service Programs, First Edition
 - DOCCS Accreditation Manager's Manual
 - Administration of Correctional Agencies, Second Edition
 - Correctional Training Academies, First Edition
 - Performance-Based Standards for Correctional Industries, Second Edition
 - Expected Practices Supplement
 - Adult Probation and Parole Field Services, Fourth Edition
 - Adult Parole Authorities, Second Edition
- III. **BACKGROUND:** The American Correctional Association (ACA) has been the only national body involved in the development of standards and expected practices for the correctional field. ACA standards are supported by ACA's Standards and Accreditation Department and the Commission on Accreditation for Corrections (CAC), which is the evaluating and certifying body for accreditation. They are also responsible for the administration of accreditation and ongoing development of correctional standards and expected practices.

Accreditation offers facilities, Community Supervision, Board of Parole, and correctional units (e.g., Training Academy, Food Production Center, Central Office, Division of Correctional Industries) the opportunity to evaluate their operations against accepted national expected practices and, when appropriate, to remedy deficiencies and upgrade the quality of programs and services.

The recognized benefits of accreditation include:

 - A. Improved management.
 - B. Defense against lawsuits through documentation.
 - C. Demonstration of "good faith" efforts to improve conditions of confinement.
 - D. Increased accountability and enhanced public credibility for administrative and line staff.

- E. Safe and humane environments for staff, incarcerated individuals, and visitors.
- F. Establishment of measurable criteria for evaluating programs, staffing, and physical plants on a continuous basis.

A major component of the accreditation process is the standards compliance audit conducted by a visiting committee.

Accreditation certificate awards are granted for three years.

IV. POLICY

- A. All facilities, Community Supervision, Board of Parole, and correctional units shall seek and maintain compliance with standards and expected practices for accreditation through ACA.
- B. The Superintendent/Unit Director is responsible for ensuring that the facility/unit maintains compliance with all applicable ACA accreditation standards and expected practices.
- C. The Assistant Commissioner for Correctional Industries and Compliance Standards is responsible for the implementation and coordination of all accreditation activities.

V. DEFINITIONS: For the purposes of this directive, the following terms apply:

- A. Accreditation Manager/Team: An employee, or several employees, from within each discipline (e.g., Administration, Health Services, Programs, Security, other) designated by the Superintendent/Unit Director to supervise and plan accreditation activities. The Accreditation Manager/Team should have comprehensive knowledge of the facility's/unit's operations and the accreditation process.
- B. Accreditation Oversight: An Executive Team member designated by the Superintendent/Unit Director shall have oversight of ongoing accreditation activities.
- C. Annual Certification Statement: The report an accredited facility/unit submits to ACA to verify continued compliance with the standards and expected practices; which outlines its progress in implementing plans of action and advises ACA of any significant events that may have occurred. This report is reviewed and approved through the Office of the Assistant Commissioner for Correctional Industries and Compliance Standards before it is submitted to ACA.
- D. Appeal: The facility's/unit's attempt to change the visiting committee's decision on an expected practice. The result of a successful appeal is a change in the status of the expected practice and a recalculation of the compliance tally.
- E. Applicable Expected Practices: Expected practices used for accreditation that address services, programs, and operations essential to good correctional management, including administrative and fiscal controls, staff training and development, physical plant, safety and emergency procedures, sanitation, food service, rules and discipline, and a variety of subjects that comprise good correctional practice. These expected practices are under continual revision to reflect changing practice, current case law, new knowledge, and agency experience with their application. These changes are published by ACA in the Expected Practices Supplement.

- F. Audit: The purpose of an audit is to measure a facility's/unit's operations against standards, based on documentation provided by a facility/unit and an independent assessment of its ongoing practices.
- G. Commission: The term used collectively to refer to the ACA Board of Commissioners.
- H. Compliance: Complete and continuous compliance with the content of an expected practice. Documentation, primarily written, must be available to support a finding of compliance.
- I. Consultant: An individual selected, trained, and appointed by the Commission to serve on a visiting committee for the purpose of conducting an audit to verify a facility's/unit's compliance with standards. Consultants are frequently referred to as auditors.
- J. Expected Practices: Actions and activities that, if implemented properly (according to protocols), will produce the desired outcome.
- K. Mandatory Expected Practices: Expected practices which directly affect life, health, and safety of staff and/or incarcerated individuals. Mandatory expected practices require 100 percent compliance.
- L. Monitoring Visit: A consultant visits the agency during the three-year award period to verify continued compliance with expected practices at the request of the CAC panel. 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 levels of compliance with expected practices.
- M. Non-Compliance: A finding of non-compliance indicates that all or part of the requirements of a particular expected practice have not been met.
- N. Non-Mandatory Expected Practices: Expected practices which indirectly affect life, health, and safety, and have an impact on the quality of life within a facility. Non-mandatory expected practices require 90 percent compliance.
- O. Not Applicable: A term used in the accreditation process to describe an expected practice that does not apply to the correctional unit being audited. While the initial determination of applicability is made by ACA staff and/or the audit team, the final decision rests with the hearing panel.
- P. Outcome Measures: Measurable events, occurrences, conditions, behaviors, or attitudes that demonstrate the extent to which the condition described in a performance-based standard has been achieved.
- Q. Panel Hearings: CAC and ACA appoint accreditation hearing panels comprised of members of CAC and ACA. Panels are responsible for conducting the hearings and rendering the accreditation decisions after standards compliance audits have been completed.
- R. Performance-Based Standard: An expected practice that describes a state of being, a condition, and does not describe the activities or practices that might be necessary to achieve compliance.
- S. Plan of Action: A detailed statement of tasks to be performed in order to achieve compliance with an expected practice found in non-compliance at the time of audit. The plan of action designates staff responsibilities and timetables for completion.

- T. Process Indicators: Documentation and other evidence that can be examined periodically and continuously to determine that practices are being implemented properly.
- U. Protocols: Written instructions that guide implementation of expected practices, such as: policies/procedures; post orders; training curriculum; formats to be used, such as logs and forms; incarcerated individual handbooks; diagrams, such as fire exit plans; and internal inspection forms.
- V. Reaccreditation (every three years): The continuation of initial accreditation; it may involve compliance with new or updated expected practices since they are constantly being revised.
- W. Self-Assessment Guide (annually): The questionnaire-based tool that is used every three years by the Department's accreditation pre-audit team in preparation for a scheduled ACA standards audit. During the two intervening years, the Self-Assessment Guide must be completed during the same month in which the correctional facility, Central Office, Board of Parole, or Community Supervision was last audited by the Department's accreditation pre-audit team. Upon completion and after appropriate Executive level review (e.g., Superintendent, Deputy Commissioner, and Chairperson), the completed guide shall be submitted to the Office of the Assistant Commissioner for Correctional Industries and Compliance Standards.
- X. Standards Compliance Checklist: A form used to indicate facility/unit compliance with an expected practice, to list supporting documentation and, if necessary, the rationale for non-applicability.
- Y. Visiting Committee: Two or more ACA consultants (auditors) who complete an on-site audit to verify a facility's/unit's standards compliance.
- Z. Visiting Committee Report: The document prepared by the Chairperson and submitted to ACA. This report includes a description of the facility/unit, results of the audit, and the facility's/unit's response to audit findings.
- AA. Waiver: A waiver may be requested when non-compliance with an expected practice does not adversely affect the life, health, or safety of staff and incarcerated individuals, and when quality of life conditions compensate for the lack of implementation of a plan of action. By granting a waiver, the Commission waives the requirement for submitting a plan of action; however, it does not change the non-compliant finding.

VI. CENTRAL OFFICE REVIEW: Every three years, ACA auditors review policy documentation prepared by Central Office staff to determine what satisfies the policy components of Standards for Adult Correctional Institutions (ACI). This documentation may include Departmental directives, procedures, policy statements, regulations, laws, etc. A "master documentation list" is then prepared based on the auditor's findings and provided to facilities subject to ACI standards. The "master documentation list" indicates what protocol documentation must be supplied at the facility level, as indicated in the following categories:

- A. Central Office Review Generic (CORG): A designation indicating that ACA has approved these expected practices entirely through the policy documentation. No expected practice (folder) is required for CORG standards, and the ACA auditors do not need to review these expected practices at the time of the audit. A memo is provided by ACA to indicate that these expected practices are approved as CORG.

- B. COR/Central Office Review: These have met the “policy” requirements of the expected practice. Facilities must prove compliance by supplying local process indicators.
- C. LOCAL/Compliance at the Local Level: Written policy and/or procedure may be needed at the facility level to document compliance.

VII. PROCEDURES

A. Ongoing Accreditation Activities

1. The Accreditation Manager/Team shall establish and maintain documentation folders for each applicable ACA accreditation expected practice. These folders shall be used to annually accumulate specific documentation, such as Departmental and local directives, samples of completed reports, records of specific activities, and related papers, etc., which can be used to demonstrate compliance with the associated expected practice. Folders for the most recent three years shall be maintained and made available for inspection by the pre-audit team, Executive staff, and during site visits by Central Office.
2. The Executive Team member assigned for oversight of accreditation activities shall ensure that the documentation folders for all applicable ACA accreditation expected practices are reviewed and updated by appropriate staff on an annual basis.
3. The Superintendent/Unit Director, at a minimum, shall review all mandatory and non-compliant expected practices annually.

B. Pre-Audits

1. Approximately one month prior to a facility's/unit's anticipated ACA standards compliance audit, the Assistant Commissioner for Correctional Industries and Compliance Standards will conduct a pre-audit.
2. The pre-audit team shall consist of Departmental staff members from the following areas: Policy and Compliance Review, Administration, Security, Program Services, Nutritional Services, Fire and Safety, Health Services, Facilities Planning, and others as applicable.
3. The goal of the pre-audit is to objectively assess a facility's/unit's Accreditation Program and, if necessary, provide technical assistance to correct noted deficiencies.
4. A Pre-Audit Summary Report will be written by the Assistant Commissioner for Correctional Industries and Compliance Standards following each pre-audit, to summarize the site visit and document the findings. This report will be shared with the facility Superintendent and the Central Office Executive Team for review and follow-up.

C. Standards Compliance Audit

1. ACA designates a visiting committee chairperson to organize and supervise the committee's activities.
2. Upon arrival, the visiting committee meets with the facility's Superintendent/Unit Director, Executive Team, Accreditation Manager, and other appropriate staff to discuss the scope of the audit and the schedule of activities.

- Additionally, the Superintendent/Unit Director briefs the visiting committee on history and any events which may affect the overall environment. This exchange of information provides for development of an audit schedule that ensures the least amount of disruption to routine operations.
3. The exact amount of time required to complete the audit depends on facility/unit size, number of applicable expected practices, and the accessibility and organization of documentation. To expedite the audit, all documentation should be clearly referenced and readily available to the visiting committee, preferably at the work location.
 4. During the audit, the members of the visiting committee tour the facility/unit, review documentation prepared for each expected practice, and interview staff and incarcerated individuals to make compliance decisions. All members of the visiting committee review mandatory expected practices, all areas of non-compliance and non-applicability, and all requests for waivers, with decisions made collectively (Final decisions on waivers are made by CAC at the time of the facility's/unit's accreditation panel hearing). The visiting committee reports its findings on the same Standards Compliance Checklist.
 5. In addition to auditing expected practices documentation, consultants will evaluate the quality of life and conditions of confinement. An acceptable quality of life is necessary for a facility to be eligible for accreditation. Factors that the visiting committee considers include the adequacy and quality of programs, activities, and services available to incarcerated individuals and their involvement; occurrences of disturbances, serious incidents, assaults, or violence, including their frequency and methods of dealing with them to ensure staff and incarcerated individual safety; overall physical conditions, including adequacy of living, support, and program spaces; and institutional maintenance related to sanitation, health, and safety.
 6. Prior to leaving the facility/unit at the conclusion of the audit, the visiting committee again meets with the Superintendent/Unit Director, the Accreditation Manager, and any others selected by the Superintendent/Unit Director to discuss the results of the audit. During this exit interview, the visiting committee reports the standards compliance tally and all findings of non-compliance and non-applicability, as well as preliminary decisions on waivers, stating the reasons for each decision.
 7. The Chairperson of the visiting committee prepares and submits a copy of the Visiting Committee Report to CAC for a panel hearing at the ACA sponsored conference.

NOTE: The hearing serves as a fact-finding session in the accreditation process. The information presented during the hearing is considered by the panel members in rendering accreditation decisions. With the panel Chairperson presiding, panel members discuss the non-compliant findings and raise questions relative to all aspects of facility operation, quality of life, and participation in accreditation. A three-year accreditation award is granted based on sufficient compliance with standards, acceptance of adequate plans of action for all non-compliant expected practices, and satisfaction of any other life, health, and safety conditions established by the panel.

D. Annual Report

1. During the three-year accreditation period, each facility Superintendent/Unit Director is required, on the anniversary date of the accreditation award, to submit an Annual Report, Outcome Measures, Significant Incident Summary Report, and Summary of Critical Incident Report (if applicable) to ACA.
2. The Annual Report shall be forwarded to the Assistant Commissioner for Correctional Industries and Compliance Standards for review and approval before it is submitted to ACA.

VIII. ANNUAL SELF-ASSESSMENT PROCESS: Correctional facilities and accredited Central Office locations (e.g. Food Production Center, Training Academy):

- A. **Completion:** Annually, each Superintendent or appropriate Central Office Unit Head shall complete a Self-Assessment Guide (previously the *Internal Audit Guide*), which is available on the Accreditation shared drive. The Self-Assessment Guide is the tool that is used every three years by the Department's accreditation pre-audit team in preparation for an ACA Expected Practices Audit. During the two intervening years, the Self-Assessment Guide must be completed during the same month in which the facility, bureau, division, unit, or satellite office was last audited by the Department's accreditation pre-audit team. For example, if an ACA pre-audit was completed in March, the Self-Assessment Guide shall be completed in March for the next two years. To maintain objectivity, employees who are assigned to complete the Self-Assessment Guide should not review areas that they supervise or where they work, as this may be perceived as a conflict of interest. Any response of "No" or "N/A" requires a comment to explain the condition.
- B. **Submission:** The Superintendent or appropriate Central Office Unit Head shall identify all negative responses and provide explanations and proposals to correct the noted deficiencies. The completed Self-Assessment Guide shall be forwarded by the Superintendent or Central Office Unit Head electronically to the Office of the Assistant Commissioner for Correctional Industries and Compliance Standards, where it will be reviewed and appropriate follow-up action will be taken (e.g. apparent discrepancies, incomplete submissions, etc.), as deemed necessary.
- C. **Pre-ACA Audit Application:** A copy of the most recent Self-Assessment Guide will be provided to the Chairperson of the Department's accreditation pre-audit team at the pre-audit. The Chairperson will assign audit team members to spot-check responses for accuracy. These records will be maintained by the Office of the Assistant Commissioner for Correctional Industries and Compliance Standards. A copy of each completed Self-Assessment Guide shall also be maintained on file at the respective facility or accredited Central Office location.