



**POLICY STATEMENT**  
Commonwealth of Pennsylvania • Department of Corrections

<b>Policy Subject:</b> <b>Inspections and Audits</b>		<b>Policy Number:</b> <b>1.1.2</b>
<b>Date of Issue:</b> <b>July 18, 2016</b>	<b>Authority:</b> <b>Signature on File</b> <b>John E. Wetzel</b>	<b>Effective Date:</b> <b>July 25, 2016</b>

**I. AUTHORITY**

The Authority of the Secretary of Corrections to direct the operation of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, 71 P.S. §§61, 66, 186, and 310-1, Act of April 9, 1929, P.L. 177, No. 175, as amended.

**II. APPLICABILITY**

This policy is applicable to all facilities operated under the jurisdiction of, or conducting business with the Department of Corrections, Department employees, volunteers, contract personnel, visitors and inmates.

**III. POLICY**

It is the policy of the Department that each facility shall incorporate into its goals and objectives the achievement and maintenance of ACA accredited status and that an annual inspection or review to evaluate continued compliance with policy and ACA standards is completed at each facility.<sup>1</sup>

**IV. PROCEDURES**

All applicable procedures are contained in the procedures manual that accompanies this policy document.

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<sup>1</sup> 4-4410

## V. SUSPENSION DURING AN EMERGENCY

In an emergency or extended disruption of normal facility operation, the Secretary/designee may suspend any provision or section of this policy for a specific period.

## VI. RIGHTS UNDER THIS POLICY

This policy does not create rights in any person nor should it be interpreted or applied in such a manner as to abridge the rights of any individual. This policy should be interpreted to have sufficient flexibility to be consistent with law and to permit the accomplishment of the purpose(s) of the policies of the Department of Corrections.

## VII. RELEASE OF INFORMATION AND DISSEMINATION OF POLICY

### A. Release of Information

#### 1. Policy

This policy document is public information and may be released upon request.

#### 2. Confidential Procedures (if applicable)

Confidential procedures for this document, if any, are not public information and may not be released in its entirety or in part, without the approval of the Secretary of Corrections/designee. Confidential procedures may be released to any Department of Corrections employee on an as needed basis.

### B. Distribution of Policy

#### 1. General Distribution

The Department of Corrections policy and procedures shall be distributed to the members of the Central Office Executive Staff, all Facility Managers, and Community Corrections Regional Directors on a routine basis. Distribution of confidential procedures to other individuals and/or agencies is subject to the approval of the Secretary of Corrections/designee.

#### 2. Distribution to Staff

It is the responsibility of those individuals receiving policies and procedures, as indicated in the "General Distribution" section above, to ensure that each employee expected or required to perform the necessary procedures/duties is issued a copy of the policy and procedures either in hard copy or via email, whichever is most appropriate.

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## VIII. SUPERSEDED POLICY AND CROSS REFERENCE

### A. Superseded Policy

#### 1. Department Policy

- a. 1.3.5, County Inspections and Services, issued March 30, 2012, by Secretary John E. Wetzel.
- b. 1.1.2, Accreditation Program and Annual Inspections, issued October 28, 2008, by former Secretary Jeffrey A. Beard, Ph.D.

#### 2. Facility Policy and Procedures

This document supersedes all facility policy and procedures on this subject.

### B. Cross Reference(s)

#### 1. Administrative Manuals

- a. 1.1.1, Policy Management System
- b. 8.3.1, Community Corrections Security
- c. 9.1.1, Correctional Industries

#### 2. ACA Standards

- a. Adult Correctional Institutions: 4-4017, 4-4075, 4-4107, 4-4151, 4-4152, 4-4211, 4-4221, 4-4321, 4-4329, 4-4410, 4-4423, 4-4424, 4-4430, 4-4438, 4-4455, 4-4464
- b. Correctional Training Academies: 1-CTA-2A-01, 1-CTA-2A-02, 1-CTA-3E-01, 1-CTA-3D-02

#### 3. PREA Standards

115.104, 115.401, 115.402, 115.403, 115.404, 115.405



**PROCEDURES MANUAL**  
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Release of Information:

**Policy Document:** This policy document is public information and may be released upon request.

**Procedures Manual:** The procedures manual for this policy may be released in its entirety or in part, with the prior approval of the Secretary/designee. Unless prior approval of the Secretary/designee has been obtained, this manual or parts thereof may be released to any Department employee on an as needed basis only.

**1.1.2, Inspections and Audits Procedures Manual  
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## Section 1 – Annual Operations Inspections

### A. Scope of the Audit<sup>1</sup>

An annual inspection will encompass compliance with Department policies, applicable laws, procedures, practices, and related professional standards.<sup>2</sup> The areas to be inspected are listed below by the Bureau that will conduct the inspection. Some of the areas may not be applicable to all facilities.

1. Bureau of Standards, ***Audits, and Accreditation***

***Facilities will conduct an internal Policy Compliance Review to be completed annually by the Corrections Superintendent's Assistant (CSA).***

***NOTE: A Policy Compliance Review is not required when an American Correctional Association (ACA) audit is conducted in the same calendar year.***

2. Office of Population Management

Inmate Records

3. Central Office Security Division

An external security audit/inspection will be completed every two years. This audit/inspection will take place during the year that the facility is not scheduled for an External Security Analysis (SA) or Vulnerability Assessment (VA).

4. Bureau of Operations

Maintenance	Construction
Capital Projects <sup>3</sup>	Environmental Issues
Fire, Safety, Sanitation <sup>4</sup>	

5. Bureau of Health Care Services<sup>5</sup>

Medical Services<sup>6</sup>  
Food Service<sup>7</sup>  
Psychiatric Services (*in conjunction with the Psychology Office*)

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<sup>1</sup> 4-4410

<sup>2</sup> 4-4017, 4-4107, 4-4211, 4-4423, 4-4438, 4-4455

<sup>3</sup> 1-CTA-2A-01

<sup>4</sup> 4-4151, 4-4152, 4-4211, 4-4221, 4-4321, 4-4329, 4-4410, 4-4455, 1-CTA-2A-02, 1-CTA-3E-01

<sup>5</sup> 4-4423, 4-4424

<sup>6</sup> 4-4423

<sup>7</sup> 1-CTA-3D-02, 4-4329

6. **Psychology Office**

**Psychology Services**  
**Psychiatric Services (in conjunction with the Bureau of Health Care Services)**

7. Bureau of Human Resources

Human Resource offices are subject to the Office of Administration’s Personnel Management Reviews.

8. Bureau of Administration

The Department’s Fiscal Services and Facility Business Offices are subject to review by the Department of the Auditor General.

9. Bureau of Treatment Services<sup>8</sup>

Counseling Services	Volunteer Programs
Alcohol & Other Drug Programs	Religious Activities
PACT/Case Management	Recreational Activities
<b>Inmate Employment</b>	<b>Transitional Housing Unit (THU)/Veterans Service Unit (VSU) (in conjunction with Bureau of Community Corrections [BCC])</b>

10. Bureau of Corrections Education<sup>9</sup>

Barber School/Shop	Cosmetology
Education/Voc-Ed	Library

11. Staff Development and Training

Staff Training<sup>10</sup>

12. Correctional Industries<sup>11</sup>

In accordance with Department policy **9.1.1, “Correctional Industries,”** all Correctional Industries (CI) shops will ensure that all required safety and environmental standards are met. CI operations are subject to an independent financial review by the Department of the Auditor General.

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<sup>8</sup> 4-4017, 4-4107, 4-4430

<sup>9</sup> 4-4455, 4-4464

<sup>10</sup> 4-4075

<sup>11</sup> 4-4455

## B. Inspection Process<sup>12</sup>

1. The inspections of all functional areas identified in **Subsection A. above** will be conducted annually.
2. The inspection standards and/or format for the areas to be inspected will be available in the Accreditation, Audit, & Risk Management Security (AARMS) system and in the ACA folder on SharePoint. The facility will be able to access these prior to the inspection in order to conduct a self-audit and to note any changes in the inspection format.
3. The inspectors will contact the Facility Manager/designee one month prior to the inspection to confirm the appointment time and date, schedule activities, discuss inspection issues of particular importance, and review issues related to the inspection.
4. Multiple inspection teams may conduct simultaneous inspections. Time frames for conducting each area inspection may vary with regard to differences in facility size and functions. Each Bureau Director will determine the size of the inspection team for his/her bureau.
5. Facility staff, not specifically assigned to the inspection team who are essential to the facility being inspected or are participating for training purposes, may accompany the inspection team and assist with the inspection. He/she should be briefed by the individual(s) responsible for the particular inspection concerning his/her role in the inspection process.
6. Each inspector will annotate each inspection standard to indicate when the facility is compliant, non-compliant, or if the inspection standard is non-applicable. All findings of non-compliant or non-applicable status require the inspector to enter a comment explaining why the facility was non-compliant or why the standard was non-applicable.
7. Following the inspection, an exit interview will be conducted with the Facility Manager/designee(s), where preliminary findings of the inspection will be presented and discussed. Exit interviews may be conducted with individual or multiple inspection teams.

## C. Responsibilities<sup>13</sup>

1. Each Facility Manager/designee shall ensure that:
  - a. appropriate facility personnel are available and able to assist the inspectors in conducting the inspection of his/her respective area(s) of responsibility;
  - b. ***appropriate facility department heads are notified when an email has been received from the Bureau Director/designee that inspection results have been entered in the AARMS system;***

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<sup>12</sup> 4-4410

<sup>13</sup> 4-4410

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- c. the Corrective Plans-of-Action for addressing non-compliance issues disclosed by the inspection are prepared and entered electronically in the AARMS system within **15 business days following receipt of the email from the Bureau Director/designee;**
  - d. **the Bureau Director/Inspection Captain/designee is notified via email that Corrective Plans-of-Action have been entered and are available to review in the AARMS system. The Regional Deputy Secretary and Chief of Accreditation shall be copied on this notification; and**
  - e. **a six month progress report is submitted, when necessary, as outlined in Subsection D. below.**
2. Each Central Office Bureau Director/designee shall ensure that:
- a. appropriate staff are identified to conduct the inspections. The inspection team may include staff from facilities other than the facility being inspected. Staff will be used in their areas of expertise;
  - b. **division chiefs/designees train the inspection team members on the inspection format, criteria, reporting function, and their role in the process;**
  - c. staff from his/her bureau contact the Facility Manager/designee of the facility to be inspected, coordinate the date(s) for the inspection and notify the Facility Manager/designee who will be conducting the inspection;
  - d. each inspection is conducted in accordance with the Operations/Mock/ACA Audit Schedule posted on DOCNet;
  - e. if for some reason a bureau cannot complete the inspection by the scheduled inspection date, they must receive a written approval from the Executive Deputy Secretary to change the date of inspection;
  - f. **an email is sent to the Facility Manager/designee notifying him/her that inspection results and an Executive Summary, summarizing the significant findings, have been entered and are available in the AARMS system no later than 15 working days following the audit;**
  - g. **facility Corrective Plans-of-Action are approved/disapproved, via the AARMS workflow process, for each standard found to be non-compliant. An email shall be sent to the Facility Manager/designee notifying him/her that Corrective Plans-of-Action approvals/disapprovals are available in the AARMS system no later than 15 working days after the Corrective Plans-of-Actions have been entered into the AARMS system by the facility; and**
  - h. inspection/audit standards are reviewed annually and necessary changes are made to ensure that they are in line with current laws, policies/procedures, standards, and goals.

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3. The Chief of Accreditation/designee shall:
  - a. maintain the schedule for Accreditation Audits and Annual Operations Inspections on DOCNet;
  - b. oversee and administer the AARMS system by providing user access and passwords as well as training and technical assistance to auditors and facility staff in the applications of the system;
  - c. monitor and review completed Operations Inspection findings to ensure they are entered in a timely manner and report any issues of non-compliance that may have imminent and/or serious consequences **to the Bureau Director/designee and the Regional Deputy Secretary**;
  - d. **follow up with Bureau Directors on any delinquent reports that are past the submission due dates**; and
  - e. coordinate the annual review of current inspection standards by each bureau of responsibility at the end of each year to ensure ACA standards, legal mandates, policy compliance and/or problematic issues are continually evaluated and updated.
4. The Regional Deputy Secretary shall:
  - a. review all annual inspection results and Corrective Plans-of-Action for each facility in his/her region; and
  - b. review each facility's progress in resolving inspection discrepancies during the regularly scheduled quarterly facility visits.

**D. Corrective Plans-of-Action<sup>14</sup>**

1. Corrective Plans-of-Action for addressing non-compliance issues identified by the inspection are prepared and submitted electronically in the AARMS system within **15 working days as outlined in Subsection C.1.c. above**
2. **The Bureau Director/Inspection Captain/designee will review the Facility Manager's Six-Month Progress Report, if applicable, to monitor the facility's progress in correcting all noted deficiencies.**
3. **AARMS Corrective Plan-of-Action Workflow Options**
  - a. **Facility Manager/designee**
    - (1) **Corrective Plan-of-Action has been completed for review.**

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<sup>14</sup> 4-4410

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(2) ***Six-Month Progress Report has been completed for review.***

**b. Central Office Bureau Director/designee**

(1) ***Corrective Plan-of-Action has been ACCEPTED. No Further action is necessary.***

(2) ***Corrective Plan-of-Action has been ACCEPTED. Progress Report must be submitted in six months.***

(3) ***Corrective Plan-of-Action has NOT been accepted. See further instructions.***

**c. Inspection Captain**

***Corrective Plan-of-Action workflow options for Inspection Captains are the same as the Central Office Bureau Director/designees workflow options in accordance with Subsection D.3.b. above.***

**E. Bureau of Community Corrections (BCC)**

BCC Operations Inspections shall be conducted in accordance with Department policy **8.3.1, "Community Corrections Security," Section 19.**

## **Section 2 – American Correctional Association (ACA) Accreditation Process**

### **A. General Overview**

#### 1. Scope of Accreditation

- a. The accreditation program offers the opportunity for the Department to evaluate its operations against national standards, remedy deficiencies, and upgrade the quality of correctional programs and services. The accreditation process requires both effort and commitment from staff. The benefits are proportionate to each facility's commitment to incorporate the process into its daily management and operations. It is not just achieving accreditation, but also maintaining accreditation that attests to the genuine application of the standards throughout facility operations.
- b. The areas listed below constitute the general scope of the accreditation program. Further sub-categories are detailed in the most current edition of the ACA Standards and the ACA Standards Supplement.
  - (1) Administration and management, including fiscal activities, personnel, training, business technology, volunteer and citizen involvement programs, and canteen operations.
  - (2) Physical plant compliance with building and safety codes, general conditions of confinement, security systems and equipment, sanitation, hygiene, and program areas.
  - (3) Facility operations, including, custody/control, safety and emergency procedures, transportation, tool control, inmate rules, special management units, and inmate rights.
  - (4) Facility services, including, reception/orientation, classification, food service operations, housekeeping, health care, social services, and release preparation.
  - (5) Inmate programs, including, inmate work plan, academic/vocational education, recreation, inmate mail, phone, visiting, library, and religious programs.

#### 2. Standards Development

- a. 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.

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- b. Most standards contain one or more of the following elements:
  - (1) a requirement for policy and procedures;
  - (2) a required condition;
  - (3) a specific number (i.e., space, time, ratio); and
  - (4) a requirement that a process be in place.
- c. 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 facility is not held accountable for meeting conditions or suggestions contained in the comment section of a standard. Some standards also include protocols and process indicators, these are examples of what may be used to document compliance and should not be considered all encompassing.
- d. 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 inmates, staff, and/or the public. One hundred percent (100%) of the applicable mandatory standards must be met for a facility to become accredited. The facility must also meet 90% of the applicable non-mandatory standards, as well as any other criteria stipulated in the policies and procedures of the ACA, including the submission of plans-of-action for non-compliant standards using the **Response to Non-Compliance Form (Attachment 2-A)**.

3. Accountability

Each facility is required to provide information about court orders and class action lawsuits concerning the facility or Department. The ACA also requires that facilities provide news articles, special reports, and/or other information that might impact upon accreditation. Further, the ACA also requires that facilities post public notices of the approaching Standards Compliance Audit, that invite the submission of written comments and information about the program from staff, inmates, and the public. The ACA provides an **Accreditation Notice Poster (Attachment 2-B)** to the facility for this purpose.

4. Panel Hearing

- a. Accreditation status is awarded by the Commission on Accreditation for Corrections (CAC) using the recommendations from the Visiting Committee Report (VCR) during one of its scheduled panel hearings **in accordance with Subsection F.8. below**.
- b. CAC panel hearings are scheduled three times a year: January, April/May, and August.

## B. Program Responsibilities

1. The Corrections Superintendent's Assistant (CSA)/designee shall:
  - a. develop a work plan that provides a structure for the facility's ongoing preparation for achieving and/or maintaining compliance with American Correctional Association (ACA) standards that include the following:
    - (1) the creation and maintenance of a local documentation library on the facility's local computer network;
    - (2) **uploading primary documentation from the Primary Documentation Repository on SharePoint;**
    - (3) the scanning of secondary documentation;
    - (4) the assignment of standards to appropriate staff for preparation in the Accreditation, Audit, & Risk Management Security (AARMS) system; and
    - (5) the attachment of the Facility Narrative Summary, refer to **Subsection D.1. below**, to include the **Significant Incident Summary (Attachment 2-C)**, **Outcome Measures Worksheet** (posted on SharePoint), **Inmate Handbook Supplement**, and the **Annual Certification Report** in the AARMS system.
  - b. ensure that a compliance maintenance system is maintained for staff to update documentation and develop local procedures, if necessary, for accreditation-related activities;
  - c. **ensure that an internal mock audit is conducted annually in accordance with Subsection E. below;**
  - d. ensure that the most current Standards Supplement containing any revisions of the standards, as published by ACA every two years and provided by the Chief of Accreditation, is made available to facility staff;
  - e. ensure that a method for collecting data relevant to the **Significant Incident Summary** and **Outcome Measure Worksheet** is being used by appropriate staff. Monthly data for both reports is to be continually collected and shall be calculated every 12 months for each year of the audit cycle;
  - f. ensure the **Organization Summary (Attachment 2-D)** is prepared and submitted to the ACA Accreditation Liaison and Chief of Accreditation at least four to six weeks prior to the Standards Compliance Audit in accordance with **Subsection D.5. below.**
  - g. ensure that the Facility Narrative Summary is prepared in accordance with **Subsection D. below.**

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- h. ensure that the facility submits an **Annual Certification Report** on the anniversary of the facility's last panel hearing that contains items outlined in **Subsection D.6. below**.
2. The Chief of Accreditation shall:
    - a. act as the liaison between the Facility Accreditation Coordinator and the ACA Accreditation Liaison;
    - b. maintain an internal information exchange to ensure that Department staff are provided with timely responses to inquiries about the standards and the process;
    - c. provide training and technical assistance related to standards and accreditation to field staff, as needed;
    - d. ***maintain the Primary Documentation Repository on SharePoint,***
    - e. ***during the year that a facility is scheduled for an ACA Audit, ensure that a mandatory standard review is scheduled four months prior to the audit in accordance with Subsection E. below;***
    - f. ensure that the most current Standards Supplement including all revisions thereto is purchased and made available to the field, in electronic format, on DOCNet and the AARMS system;
    - g. schedule and coordinate ACA audits in accordance with the contract; and
    - h. assign AARMS system usernames and passwords to the Visiting Committee members.
  3. ***The Executive Deputy Secretary/designee, and Director, Bureau of Standards, Audits, and Accreditation shall be responsible for representing the Department at the ACA panel hearings, as applicable.***

#### **C. Inspections/Reviews**

Each Central Office Bureau of primary responsibility and each respective CSA will monitor facility operations and programs through a series of annual inspections and reviews as outlined in **Subsection E. below** and **Section 1** of this procedures manual. These inspections and reviews shall include a review of all mandatory ACA standards.

#### **D. Accreditation Reports**

In addition to the documentation requirements for each ACA standard, the CSA/designee will ensure that the following reports are completed as outlined below.

1. Facility Narrative Summary

- a. **The Facility Narrative Summary shall be completed and submitted in the proper format by December 1 of each year in accordance with Department policy 1.1.1, “Policy Management System.”**
- b. The completed **Facility Narrative Summary** will serve as the “Welcome Book” to be provided to the auditors upon the commencement of an ACA audit.

## 2. Outcome Measures

- a. 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 as outlined in the **Outcome Measures Guidelines (Attachment 2-E)**.
- b. A facility undergoing an initial Standards Compliance Audit shall have up to 12 months of the required information entered and calculated on the **Outcome Measures Worksheet** which shall be included as part of its **Facility Narrative Summary**. A facility being considered for re-accreditation shall submit a completed **Outcome Measures Worksheet** with the required **Annual Certification Report** to the ACA Liaison and Chief of Accreditation for the first two years of its re-accreditation cycle. The completed third year **Outcome Measures Worksheet** shall be included with the **Facility Narrative Summary** as part of the auditor’s welcome book.

## 3. Significant Incident Summary

- a. The **Significant Incident Summary** requires information regarding assaults, deaths, escapes, disturbances, and other significant events.
- b. A facility undergoing an initial Standards Compliance Audit shall include the completed **Significant Incident Summary** as part of its **Facility Narrative Summary**. A facility being considered for re-accreditation shall submit a completed **Significant Incident Summary** with the required **Annual Certification Report** for the first two years of its re-accreditation cycle. The completed third year **Significant Incident Summary** shall be included with the **Facility Narrative Summary** as part of the auditor’s welcome book.

## 4. Self-Evaluation Report

- a. The **Self-Evaluation Report (Attachment 2-F)** documents the facility’s progress through the self-assessment phase of the process. The report requires a comparison of Department policies and operations with each standard. Through its preparation, the facility identifies specific deficiencies with respect to the standards and develops plans for correcting them.
- b. The **Self-Evaluation Report** includes a compliance tally used to indicate the percentage of mandatory and non-mandatory standards in compliance by category. Compliance percentages are calculated by dividing the number of standards in each

category with which the facility complies by the total number of applicable standards in that category. Information contained in the **Self-Evaluation Report** should include the percentage of compliance with both the mandatory and non-mandatory standards, a list of non-applicable standards and the reasons for such, and a list of non-compliant standards and their deficiencies. Upon completion of the report, the facility can determine if it meets the minimum threshold for achieving accreditation, which is compliance with 100% of the mandatory standards and 90% of the non-mandatory standards.

- c. Six weeks prior to a Standards Compliance Audit, the CSA/designee shall complete the **Self-Evaluation Report**, including the compliance tally, a signature, and the date. This report shall be sent to the ACA Liaison and the Chief of Accreditation and shall be incorporated into the **Facility Narrative Summary** as part of the auditor's welcome book.

## 5. Organization Summary

- a. The **Organization Summary** is used to obtain descriptive information about the facility and shall be completed by the CSA/designee.
- b. A facility undergoing an initial Standards Compliance Audit shall include the completed **Organization Summary** in its **Facility Narrative Summary**. A facility being considered for re-accreditation shall submit a completed **Organization Summary** with the required Annual Certification Report for the first two years of its re-accreditation cycle. The completed third year **Organization Summary** shall be incorporated into the **Facility Narrative Summary** as part of the auditor's welcome book.

## 6. Annual Certification Report

During the three-year accreditation period, the facility submits an annual report to the Chief of Accreditation. This report is due on the anniversary of the accreditation date panel hearing and shall contain the items listed below.

- a. Current standards compliance levels – this includes any changes in standards compliance since accreditation and listing each standard with which the facility has fallen out of compliance or achieved compliance.
- b. Update of plans-of-action – a progress report is included with respect to plans-of-action submitted to the hearing panel indicating completion of plans resulting in compliance with standards and revised plans reflecting the need for additional time, funds, and/or resources to achieve compliance.
- c. Significant Events (not to be confused with the **Significant Incident Summary**) – a report is made of events and occurrences at the facility during the preceding year that have the potential to impact standards compliance, facility operations, or the quality of services. This may include the following:

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- (1) a change in the facility administration and/or major staffing changes, mission change, or program revisions;
  - (2) changes in the inmate population;
  - (3) physical plant renovations, additions, or closings;
  - (4) major disturbances; such as, extended period of lock-down, employee work stoppage, escape, major fire, or other disaster;
  - (5) court order; and/or
  - (6) any significant incident that may have prompted media attention.
- d. **Outcome Measures Worksheet** – shall be completed for the 12 months preceding the audit and with the **Annual Certification Report** for the first two years of the re-accreditation cycle. The completed third year worksheet shall be provided to the audit team during the facility audit.
- e. **Significant Incident Summary** – shall be completed for the 12 months preceding the audit and with the **Annual Certification Report** for the first two years of the re-accreditation cycle. The completed third year report shall be provided to the audit team during the facility audit.

**E. Annual Mock Audit Process**

**1. Internal Mock Audits**

- a. The CSA/designee shall ensure that an internal mock audit is completed at his/her facility as outlined below. ***The internal mock audit shall occur in the same month as the facility's External Operations (OPS) Inspection.***
  - (1) ***During non-ACA audit years, an internal mandatory standard review will be completed.***
  - (2) ***During an ACA audit year, an internal non-mandatory standard review will be conducted. These reviews will be completed by area of responsibility by the staff members assigned to complete the standard.***
- b. ***These reviews will be documented in the AARMS system using the following workflow process:***
  - (1) ***First Year Review Completed; and***
  - (2) ***Second Year Review Completed.***

## 2. *Central Office External Review*

- a. *During an ACA audit year, the Chief of Accreditation will ensure that an external mandatory standard review is completed in lieu of the internal mandatory standard review completed by the facility during non-ACA years. This review will be completed remotely in the AARMS System by a team representing multiple disciplines assigned by the Chief of Accreditation.*
- b. *These reviews will be documented in the AARMS system using the following workflow process:*
  - (1) *Mock Audit Team Review – Documentation Compliant; or*
  - (2) *Mock Audit Team Review – Documentation Concern.*

## F. **Standards Compliance Audit**

### 1. Confirmation of Audit

Once a facility submits its **Organization Summary**, the ACA Accreditation Liaison will send a confirmation letter, the auditor contact information, and the public notice of the approaching audit via email to the Facility Accreditation Coordinator. The **Facility Narrative Summary** will be provided to the auditors, based upon their preference, either in advance through the U.S. mail or hand delivered the evening before the audit.

### 2. Commencement of Audit

- a. The purpose of the Standards Compliance Audit is to have the Visiting Committee examine the Department's policies and procedures and the facility's operations in order to evaluate compliance with the standards based on the documentation provided by the facility. Accreditation is not determined or awarded by the Visiting Committee, it is determined by the CAC at the conclusion of the panel hearing (refer to **Subsection A.4. above**). In order to verify standards compliance, the Visiting Committee shall:
  - (1) hold an entrance interview with administrative staff;
  - (2) tour the facility;
  - (3) conduct an examination of the physical plant;
  - (4) review records, files, and written documentation of policies, procedures, and operations prepared by the facility;
  - (5) interview staff, residents, and others as appropriate; and
  - (6) conduct an exit interview at the conclusion of the audit.

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- b. Members of the Visiting Committee usually arrive the evening prior to the first day of the audit. On the evening of arrival, the Visiting Committee Chairperson convenes an organizational meeting during which the audit team members establish a preliminary audit schedule and determine the audit assignments. This involves dividing sections of standards among the team members. The Visiting Committee Chairperson may request the attendance of the Facility Manager and/or the Facility Accreditation Coordinator at the organizational meeting in order to review any recent events that may affect the outcome of the audit and to answer any questions regarding the materials provided to the Visiting Committee.
- c. The audit day generally exceeds an eight hour workday for Visiting Committee members, whose work can be greatly facilitated by a well-organized presentation of documentation by the facility.

#### **3. Entrance Interview**

An entrance interview is held on the first morning of the audit. In addition to the Visiting Committee, those present at the interview shall include the Facility Manager, Facility Accreditation Coordinator, Deputy Superintendent for Facility Management (DSFM), Deputy Superintendent for Centralized Services (DSCS) and other staff, as determined by the Facility Manager. During the entrance interview, audit members introduce themselves and provide the facility with a brief summary of their backgrounds and credentials. The Visiting Committee Chairperson discusses the purpose of the audit, presents a tentative schedule of the audit team's activities, and responds to any questions that may arise concerning the conduct of the audit. During the entrance interview, the Facility Accreditation Coordinator is designated as the primary liaison to the Visiting Committee and introduces all key staff members to the auditors. The Facility Accreditation Coordinator 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 facility staff and the Visiting Committee.

**NOTE:** The Facility Manager/designee may at his/her discretion, elect to keep other key staff members beyond their shift to assist the auditors.

#### **4. Facility Tour**

- a. Following the entrance interview, the Visiting Committee will tour the facility. Tours work in conjunction with an in-depth evaluation of written documentation to assist the Visiting Committee in assessing compliance for individual standards through their observations of the facility during the tour.
- b. The tour includes all areas of the facility, and is intended to familiarize the Visiting Committee with the layout of the facility. In addition, the tour allows the Visiting Committee to meet supervisors and program staff. As they review the standards compliance documentation, Visiting Committee members will return to different areas of the facility to conduct more thorough inspections of the physical plant, observe facility operations, and to interview staff and inmates. Visiting Committee members

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will also conduct an evening visit in order to acquire a better understanding of the overall operation and programming of the facility and to verify through observation the documentation reviewed during the day. Facility staff are notified when Visiting Committee members intend to return to the facility during evening hours.

- c. The tour shall also include all living and sleeping areas, to include facility areas related to the health and safety of staff and inmates. The Visiting Committee members are required to visit each shift.

5. Standards Compliance Review

- a. Visiting Committee members will spend much of their time during the audit reviewing the standards and documentation prepared by the facility to demonstrate compliance. In addition, interviews with individual staff and inmates are conducted, as necessary, to supplement the written evidence of compliance. The facility shall ensure that all appropriate personnel are available to the Visiting Committee members during the audit.
- b. A room shall be provided where the Visiting Committee can work throughout the audit. This room should contain chairs, at least one large table, dual monitor computers with internet access, and should also afford the Visiting Committee privacy and an atmosphere conducive to work.
- c. The facility shall 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:
  - (1) documentation created once the audit has begun 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, the facility 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 facility's Annual Certification Report and during re-accreditation; and
  - (2) Visiting Committee members review a random selection of inmate files to ensure that forms are completed properly and records are kept up-to-date.
- d. The Visiting Committee's findings for each standard are recorded on the same Standards Compliance Checklist used by the facility in preparing its **Self-Evaluation Report**.
- e. Visiting Committee members are trained to interpret standards strictly. If compliance is questionable or a standard is not documented fully, the auditor concludes non-compliance. The facility may appeal such findings by the Visiting Committee in its

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response to the VCR and the CACs at the time of the panel hearing. The CAC renders the final compliance decision.

6. Interviews

Visiting Committee members select the individuals to interview and the issues to discuss in order to obtain verbal confirmation of standards compliance or to clarify problems that may surface during reviews of the documentation. In addition to the voluntary interviews that occur at random, the following guidelines apply in conducting interviews during the audit:

- a. inmates who have sent correspondence to the ACA may be interviewed;
- b. in cases where the facility is under a court order, a court master, judge, or an appropriate individual connected with the case may be interviewed; and/or
- c. other individuals who respond to the invitation for comments contained in the posted announcement of the audit also may be interviewed, including members of inmates' families, representatives of public interest groups, etc.

7. Exit Interview

- a. At the conclusion of the audit, the Visiting Committee meets with the Facility Manager, Facility Accreditation Manager, DSFM, DSCS, and other appropriate staff to discuss the results of the audit. As with the entrance interview, the Facility Manager determines the staff who will be present at the exit interview. It is the facility's responsibility to ensure that the exit interview is audio recorded and that the recording is submitted to the Chairperson at the conclusion of the exit interview. The Visiting Committee reports all of its findings of non-compliant and non-applicable standards and states its reasons for each decision. ***The Audit Chairperson will provide the facility with a written copy of the standards found in non-compliance during the out-briefing. The facility will have two weeks after the conclusion of the audit to provide their responses to non-compliant standards to their Audit Chairperson using the Response to Non-Compliance Form(s) in accordance with Subsection A.2.d. above.***

***NOTE: The Facility Accreditation Coordinator will review all responses to non-compliance before submitting them to the Audit Chairperson for inclusion into the VCR.***

- b. The exit interview is not a forum for debate on the merits of the standards or the Visiting Committee's assessment of facility documentation. The process for resolving disagreements between the facility and the Visiting Committee occurs through the facility's response to the VCR and at the time of the panel hearing. All final decisions regarding accreditation rest with the CAC.

8. VCR

- a. The results of the Standards Compliance Audit are contained in the VCR. The report consists of a number of sections, which are compiled through an exchange of information between the Visiting Committee, the facility, the Chief of Accreditation, and the ACA.
- b. ***Upon receipt of the facilities response(s) to non-compliance, the Audit Chairperson will copy/paste the response(s) into the VCR and send it to their assigned ACA Accreditation Specialist within two weeks.***
- c. ***The final VCR shall be sent directly to the facility, with a copy to the Chief of Accreditation.***
- d. ***The Chief of Accreditation will forward the final VCR through the Bureau's Director to the appropriate Regional Deputy Secretary and to the Executive Deputy Secretary.***

***NOTE: Facilities shall continue to review their final VCR reports after receiving them to ensure there are no inaccuracies/erroneous information. Any corrections that need to be made should be forwarded to the Chief of Accreditation for resolution. Any recommendations on follow-up items should be responded to and provided to the Chief of Accreditation within 30 days of receiving the final VCR. This includes verification and reconciliation of significant incident summaries.***

- e. The VCR will be submitted to the CAC by the ACA Accreditation Liaison for consideration at the next regularly scheduled panel hearing ***in accordance with Subsection A.4. above***. At the hearing, panel members will discuss issues and raise questions relative to all aspects of the facility operations and participation in the process. A formal vote is taken on all final actions; (i.e., appeals, waiver requests, and final accreditation decision of the Commission). If accreditation is awarded, it is for a three-year period during which the facility must maintain the level of standards compliance achieved during the audit and work towards compliance with those standards found in non-compliance.

**G. Department Employees Serving as ACA Auditors**

Department employees serving as ACA auditors must use personal or annual leave when conducting an ACA audit. Auditors may accept the daily stipend from ACA; however, an approved Supplemental Employment application must be on file in order for the employee to accept the stipend.

## Section 3 – Prison Rape Elimination Act (PREA) Audit Process

### A. General Overview

#### 1. Prison Rape Elimination Act (PREA) Standards

- a. The Department of Justice (DOJ) has enacted standards to establish clear goals and objectives to prevent, detect, and respond to prison sexual abuse. There are four sets of standards in the federal PREA legislation.
  - (1) All State Correctional Institutions (SCIs) operated by the Department are accountable to the Prisons and Jail Standards enacted by the DOJ.
  - (2) All Community Confinement Centers (CCCs) operated by the Department are held accountable to the Community Confinement Standards enacted by the DOJ.
- b. Most standards contain one or more of the following elements:
  - (1) a requirement for policy and procedures;
  - (2) a required condition;
  - (3) a specific number (i.e. timeframes); and
  - (4) a requirement that a process be in place.
- c. The Federal Register (Vol. 77, No. 119, 28 CFR Part 115) and Frequently Asked Questions (FAQ's) found on the PREA Resource Center website ([www.prearesourcecenter.org](http://www.prearesourcecenter.org)) are designed to clarify standards, provide guidance as to the intent of the standards, and offer information that might be used in implementing the standards.

#### 2. Accountability

- a. Each facility operated by the Department is required to go through an official PREA audit, conducted by a certified PREA auditor, once during a three year audit cycle. The first PREA audit cycle began August 20, 2013. **(28 C.F.R. §115.104[a][b])**
- b. The first audit cycle requires facilities to provide information regarding PREA compliance for the preceding 12 months **at a minimum. (28 C.F.R. §115.401[g])**
- c. Each standard is weighted equally. In order for a facility to receive full compliance with PREA standards, the facility must, at a minimum, obtain a "Meets Standard" finding for every applicable standard. **(28 C.F.R. §115.401[e])**

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- d. Each facility is required to provide information regarding the facility on a completed Pre-Audit Questionnaire at least two to four weeks prior to the onsite audit. Additionally, the DOJ requires that facilities post public notices of an approaching PREA audit, that invite the submission of written comments and information about the program from staff, inmates, and the public **at least six weeks prior to the audit.**

**B. Responsibilities**

1. The PREA Compliance Manager (PCM)/designee shall perform the below listed tasks during each phase of the PREA Audit.
  - a. Pre-Audit Phase
    - (1) Develop a work plan that provides a structure for the facility's ongoing preparation for achieving and/or maintaining compliance with PREA standards that include the following:
      - (a) the assignment of standards to appropriate staff for preparation in the **PREA Online Audit System (OAS), if utilized by the auditor,**
      - (b) the creation and maintenance of a local secondary documentation library on the facility's local computer network; and
      - (c) the scanning of secondary documentation.
    - (2) Ensure all required notification documents are displayed throughout the facility six weeks prior to the auditor's arrival.
    - (3) Complete and submit to the certified PREA auditor the Pre-Audit Questionnaire two to four weeks prior to the onsite audit visit.
    - (4) Ensure that all primary and secondary documentation is appropriately uploaded to the **OAS, if utilized by the auditor,** and placed in the correct standard folder. **(28 C.F.R. §115.401[f][g][I])**
    - (5) Communicate with any hospitals and rape crisis centers who the facility has a Memorandum of Understanding (MOU) **to deliver** sexual abuse services, to provide information about the audit and the auditor whom will be in touch with the organization to ask questions. **(28 C.F.R. §115.401[o])**
  - b. Onsite Audit Phase
    - (1) Communicate with the audit team to meet the auditor's schedule and needs.
    - (2) Ensure **electronic items and** gate passes are **approved and** prepared for all members of the audit team upon arrival.

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- (3) Arrange for an introductory meeting with designated executive staff on the first day of the onsite audit.
- (4) Prepare a tour itinerary to ensure that all inside and outside locations which inmates have access to are visited by the auditor/auditor team. **(28 C.F.R. §115.401[h])**
- (5) Prepare lists of inmates and staff as requested by the PREA auditor to randomly select individuals for required interviews. **(28 C.F.R. §115.401[k])**
- (6) Ensure an appropriate, private space is available for auditor/auditor team to conduct interviews with staff and inmates. **(28 C.F.R. §115.401[m])**
- (7) Maximize onsite audit time by pacing a consistent flow of interviewees.
- (8) Provide document proof that deficiencies were corrected during the onsite audit as requested by the auditor.
- (9) Arrange for an exit meeting with designated executive staff on the last day of the onsite audit.

c. Post-Audit Phase

- (1) Review the Interim PREA Audit Report for accuracy.
- (2) Correct all “Does Not Meet Standard” findings as expeditiously as possible.
- (3) Provide documented proof that any deficiencies noted in the Interim PREA Report were corrected in a timely manner.
- (4) Work with the PREA Coordinator/designee to correct any agency level deficiencies identified in the Interim PREA Audit Report.

2. The PREA Coordinator/designee shall:

- a. provide training and technical assistance related to standards and audits to local facilities, as needed; and
- b. schedule and coordinate PREA audits.

**C. Audit Outcomes**

1. Does Not Meet Standard – This means the facility has not sufficiently proven compliance of the associated standard and additional information will be required in order to prove compliance. **(28 C.F.R. §115.403[c])** For each “Does Not Meet Standard,” the facility will have 180 days to provide sufficient documentation to prove compliance of that standard. **(28 C.F.R. §115.404[a])**

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2. Meets Standard – This means the facility has sufficiently proven compliance of the associated standard. **(28 C.F.R. §115.403[c])**
3. Exceeds Standard – This means the facility has sufficiently proven compliance of the associated standard and shown to have proven more than what is required to meet the intent of the standard. **(28 C.F.R. §115.403[c])**
4. Not Applicable – There may be a standard that does not apply to the facility being audited and the facility has provided sufficient documentation to support such a finding.

**D. Audit Reports**

Two separate audit reports will be issued at the conclusion of the PREA Audit.

1. Interim PREA Audit Report

- a. An interim report will be issued no later than 30 days after the last day of the onsite visit.
- b. This report will identify an outcome finding for each PREA standard.
- c. For each standard that is marked “Does Not Meet Standard,” a plan of action shall be developed, in conjunction with the PREA auditor, to achieve a “Meets Standard” or “Exceeds Standard.” **(28 C.F.R. §115.404[b])** The facility will have 180 days to provide sufficient documentation to *meet* compliance ***after the issuing of the interim report.***

2. Final PREA Audit Report

- a. A facility shall submit all required documentation to prove the standard is being met within the 180 day Corrective Action Period.
- b. Within 30 days of the end of the Corrective Action Period, the PREA auditor will send the final PREA Audit Report to the PREA Coordinator, the PCM/designee, and Facility Manager/designee indicating ***the audit outcome, compliant or non-compliant.*** **(28 C.F.R. §115.404[d])**
- c. The ***auditor’s*** final PREA report shall be displayed on the Department’s website for public review. **(28 C.F.R. §115.403[f])**

**E. Audit Appeals**

1. Each facility will have the opportunity to lodge an appeal with the DOJ regarding any specific audit finding that it believes to be incorrect.
  - a. A facility who disagrees with the findings of the Interim PREA Audit Report should initially contact the PREA Coordinator/designee to facilitate an informal resolution with the PREA Auditor.
  - b. If a resolution cannot be reached between the PREA Coordinator/designee and PREA auditor, and the finding is included on the Final PREA Audit Report, the facility is responsible for lodging an appeal with the DOJ within 90 days of the auditor's final determination. **(28 C.F.R. §115.405[a])**
2. If the DOJ determines that the Department has stated good cause for a re-evaluation, the Department may commission a re-audit by an auditor mutually agreed upon by the DOJ and the Department. The facility shall bear the cost of this re-audit. **(28 C.F.R. §115.405[b])**
3. The findings of the re-audit shall be considered final. **(28 C.F.R. §115.405[c])**

**F. Department Employees Serving as PREA Auditors**

1. In accordance with PREA standard **28 C.F.R. §115.402**, Department employees, who are certified PREA auditors by the DOJ, may be required to conduct or participate in PREA audits outside of Department facilities or ***non-contracted facilities***.
2. Department employees, who are certified PREA auditors by the DOJ and conduct PREA audits through outside solicitation, must use personal or annual leave when conducting the PREA audit. Auditors may accept payment for the PREA audit; however, an approved Supplemental Employment application must be on file in order for the employee to accept the payment.

## Section 4 – County Facility Inspections and Services

### A. General Procedures

The procedures outlined below shall constitute the inspection format.

1. An Inspection Notice shall be sent **electronically** to the county two weeks prior to the scheduled inspection. This notice is sent to ensure that required policy/procedure and associated documentation are available for review by the Departments' Inspector(s) during the scheduled inspection. This notice establishes inspection arrival and departure times each day of the inspection.
2. The Prison Inspector(s) will meet with the Warden/Sheriff or persons designated by the Warden/Sheriff upon arrival at the facility on the first day of the scheduled inspection to discuss the inspection agenda and related issues concerning the inspection.
3. The Prison Inspector(s) shall conduct the inspection over a designated number of days. The time required to complete the inspections may vary depending upon the size and functions of each jail, prison, or correctional facility.
4. The inspection process shall include the following: **a review of local written policies/procedures, associated support documentation, and an inspection of the physical plant of the facility, for compliance with each of the required minimum standards. The Inspector(s) shall utilize the Title 37, Chapter 95 Inspection Manual (Attachment 4-A) for standardization and consistency in reviewing each of the minimum requirements.**
5. The Prison Inspector(s) shall conduct an exit interview with the Warden/Sheriff, and other administrators of the jail, prison, or correctional facility following completion of the inspection. The Prison Inspector(s) shall orally present preliminary findings from the inspection, and solicit responses from the jail, prison, or correctional facility administrator.
6. Within 20 days of completing the inspection, the inspector(s) shall issue written preliminary inspection findings to the Warden/Sheriff and the governing county prison authority **electronically**. The governing county prison authority or designee may submit a written response to the preliminary findings, including documentation, to the Executive Deputy Secretary/designee within 30 days of receipt of the preliminary findings.
7. County Prison Inspector(s) may act as a resource for providing information and advice to the governing prison authority/designee(s) to assist them in addressing issues that were noted in the preliminary inspection findings.
8. If a written response is not received by the 30<sup>th</sup> day, the Prison Inspector(s) shall prepare a written/final inspection report and submit it to the Executive Deputy Secretary within two working days.

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9. The Executive Deputy Secretary will review and issue a final inspection report within 20 days of receipt of the written response from the county jail, prison, or correctional facility administrator, or within 30 days of issuance of the written/final inspection findings submitted by the prison inspector when no written response is received.
10. The final inspection report will include findings on whether the county jail, prison, or correctional facility is in compliance with each of the minimum requirements. If the final inspection report includes a finding that a minimum requirement has not been met, the report will also include reference to whether the county jail, prison, or correctional facility administrator disputed the preliminary findings of noncompliance.
11. If the final inspection report includes a conclusion that the county jail, prison, or correctional facility is in full compliance with all of the minimum requirements of Title 37 Chapter 95, the subsequent annual prison inspection shall be waived and the county prison will be inspected on a biennial basis.
12. If the final inspection report includes a finding that the county prison is in violation of any of the minimum requirements not designated as essential minimum requirements, a notice of deficiency will be issued to the county jail, prison, or correctional facility administrator and the governing county prison authority.
13. If the final inspection report includes a finding that the county jail, prison, or correctional facility is in violation of one or more of the essential minimum requirements, a citation of noncompliance will be issued to the county jail, prison, or correctional facility administrator and the governing prison authority.
14. If the final inspection report includes a finding that the county prison remains in violation of any of the same essential minimum requirements during a second consecutive prison inspection, the county jail, prison, or correctional facility administrator and the governing county prison authority will be issued a second citation of noncompliance.
15. If the final inspection report includes a finding that the county jail, prison, or correctional facility remains in violation of any of the same essential minimum requirements for a third consecutive prison inspection, the county prison administrator and the governing county prison authority will be issued a third citation of noncompliance.

**B. Hearing to determine whether a County Jail, Prison, or Correctional Facility should be Classified as Ineligible to Receive Prisoners**

1. The Secretary/designee may order a hearing to determine whether a county jail, prison, or correctional facility should be classified as ineligible to receive prisoners sentenced to a maximum term of six months or more, but less than five years under the following conditions:
  - a. if a county prison has been issued a third citation of noncompliance; and/or

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- b. if a Vulnerability Analysis (VA) report includes a finding of one or more violations of the essential minimum requirements and concludes that those violations may immediately threaten the safety and security of the county jail, prison, or correctional facility staff, inmates, or public safety.
2. A hearing will be scheduled promptly, but in no event sooner than 20 days after the county jail, prison, or correctional facility's receipt of the hearing notice.
3. The proceedings will be conducted in accordance with 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure). The hearing will be held to determine whether the conditions at the county jail, prison, or correctional facility violating the essential minimum requirements constitute a significant and immediate threat to the safety and security of the facility, facility staff, inmates, or the public. The county jail, prison, or correctional facility shall be permitted to present evidence disputing that any significant and immediate threat exists, including evidence that measures have been taken to eliminate or minimize the threat to safety and security.
4. The hearing will result in one of the orders below being issued:
  - a. upon finding that conditions at the county jail, prison, or correctional facility violate the essential minimum requirements and that those violations constitute a significant and immediate threat to the safety and security of the facility, facility staff, inmates, or the public, an order will be issued classifying the county prison as ineligible to receive any additional prisoners sentenced to a maximum term of six months or more until further order of the Department. If such an order is issued, the county prison remains responsible for arranging incarceration at another jail, prison, or correctional facility for those inmates committed by the county's court of common pleas to a county sentence of greater than six months;
  - b. upon finding that conditions at the county jail, prison, or correctional facility violate the essential minimum requirements, but that those violations do not currently constitute a significant and immediate threat to the safety and security of the county facility, facility staff, inmates, or the public, an order will be issued stating that the citation of noncompliance remains in effect and that the county prison is subject to a follow-up prison inspection within a reasonable time to determine if the county prison has corrected the instances of noncompliance with the essential minimum requirements. If the subsequent final inspection report includes a finding that the county prison continues to be in violation of some or all of the essential minimum requirements for which the hearing was conducted, the Secretary/designee may order another hearing; and/or
  - c. upon finding that the county jail, prison, or correctional facility is in compliance with the minimum requirements, an order will be issued rescinding the citation of noncompliance. The county jail, prison, or correctional facility shall then be subject to an annual prison inspection.

### C. Vulnerability Analysis (VA)

1. The Secretary/designee may authorize a VA of a county jail, prison, or correctional facility when a final inspection report includes a finding of one or more violations of the essential minimum requirements and that those violations may immediately impact the safety and security of the county prison, prison staff, inmates, or the public. The Department will be responsible for the costs of a VA authorized by the Secretary.
2. A VA report will be issued to the governing county prison authority and the county jail, prison, or correctional facility administrator within 15 days of completion of the analysis. The report will present an analysis of the overall operations of the jail, prison, or correctional facility and an analysis of potential threats to the safety and security of the county prison, prison staff, inmates, and the public.
3. A governing county prison authority may at any time request that the Department conduct a VA to assist in evaluating the operations of the county jail, prison, or correctional facility. The county prison is responsible for the costs of a VA conducted at the request of the governing county prison authority.

### D. Statistical and Informational Reporting

The county jail, prison, or correctional facility will submit to the Department, Office of County Inspections and Services, a completed **DC-123B, County Extraordinary Occurrence Monthly Report (Attachment 4-B)**. This form shall be submitted within 30 days of the reporting month. **An Annual County Prison General Information Report shall be submitted to the Department on designated report forms or by means of other available approved methods. The Annual County Prison General Information Report for the preceding calendar year shall be submitted by the first Monday in March of each year. The data and information submitted to the Department in the County Data Monthly Report, the County Extraordinary Occurrence Monthly Report, and the Annual County Prison General Information Report will be collected for statistical, analytical, and trending purposes only.**

### E. Reporting Requirements for Use of Restraints for Pregnant Prisoners or Detainees

1. 61 Pa. C.S. § 1104 requires every county jail, prison, or correctional facility to provide to the Secretary a written **DC-123C, County Report of Extraordinary Occurrence (Attachment 4-C)** if a pregnant female is restrained. The report must specifically identify and enumerate the circumstances that led to the determination that the extraordinary medical or security circumstances dictated that the prisoner or detainee be restrained to ensure the safety and security of the prisoner or detainee, the staff of the correctional facility or medical facility, other prisoners, detainees, or the public.
2. The written report will include the following, at a minimum:
  - a. the number of restraints used;

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- b. the type of restraints used;
- c. the pregnancy trimester;

**NOTE:** Individual separate written findings for each restraint outlined in **Subsection E.2.a.-c. above**, must accompany the report.

- d. the circumstances that led to the determination that the prisoner or detainee represented a substantial risk of imminent flight; or
  - e. the circumstances that led to the determination that other extraordinary medical or security circumstances dictated the prisoner or detainee be restrained to ensure the safety and security of the prisoner or detainee, the staff of the correctional facility or medical facility, other prisoners, detainees, or the public.
3. Reports regarding the use of restraints on any pregnant prisoner or detainee in a county prison shall be provided to the Department's Office of Planning, Research, and Statistics (PRS) for use in the annual report.
  4. The PRS shall prepare the annual report (no later than August 1 of each year) containing information regarding the use of restraints on any pregnant prisoner during the preceding fiscal year, specifically identifying and enumerating the circumstances that led to the application of restraints.

**AARMS (Accreditation, Audit & Risk Management Security) System Administrator** – Department's designee tasked with managing and maintaining the system as far as creating new user accounts, passwords, access rights, and training.

**AARMS (Accreditation, Audit & Risk Management Security) System** – Web-based audit and inspection management system that allows appropriate users to conduct audits and inspections against established standards with tools to track results instantly, monitor corrective action and analyze trends statewide.

**Accreditation Hearing** – A final review of the Standards Compliance Audit by an Accreditation Panel appointed by the Commission on Accreditation for Corrections (CAC). The CAC Board of Commissioners is solely responsible for rendering accreditation decisions and is divided into Accreditation Panels empowered to render such decisions. Panels meet separately or in conjunction with a full board meeting and are composed of three to five Commissioners.

**Accreditation Program** – The ACA and CAC are private, non-profit organizations that administer the only national Accreditation Program for all components of adult and juvenile corrections. The purpose is to promote improvement in the management of correctional facilities through the administration of a voluntary Accreditation Program and the ongoing development and revision of relevant, useful standards.

**Accredited Status** – Granted upon compliance to one hundred (100) percent of the mandatory and ninety 90 percent of the non-mandatory standards. During the three-year accreditation period, accredited facilities are required to submit annual certification statement, to include all outcome measures for the previous year, confirming standards compliance at levels necessary for maintaining accredited status. Monitoring visits and responses to specific issues may be required.

**Administrative Extension** – In the event that there is or will be a lapse period between an audit hearing date and/or reaccreditation confirmation, a facility may request a limited extension of Accredited Status. An extension may only be granted to accommodate extraordinary circumstances that are beyond the control of the facility.

**Agency** – An “agency” is the organization, facility, or program that is being audited.

**Annual Inspection** – A review of facility processes, procedures or functions are examined by Central Office and facility staff to ensure that they are being accomplished as mandated by various laws, standards, directives, policies, and procedures.

**Annual Certification Statement** – Annual responses required to be submitted by a facility to the ACA confirming continued standard compliance with the standards, report on its progress of implementing plans of action, and advise the ACA of any significant events that may have occurred. It is due on the anniversary award, not the date of the initial/reaccreditation audit.

**Applicant Status** – Process to enter the Accreditation Program. The submission of an Organization Summary formatted by the CAC and a signed contract detailing fees, accreditation activity schedules, and related criteria are required to initiate the Accreditation Program process.

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The Department and CAC designate staff responsibility for organizing and supervising the program.

**Candidate Status** – Begins with the ACA’s acceptance of the Self-Evaluation Report or agency certification of its completion. Candidate Status continues until the facility meets the required level of compliance, has been audited by a Visiting Committee composed of ACA consultants, and has been awarded or denied a three year accreditation by the Board of Commissioners. Candidate status lasts up to 12 months. The facility may request, in writing, an extension of Candidate status. The facility requests a Standards Compliance Audit when compliance levels required for accreditation have been met or exceeded.

**Correspondent Status** – Upon acceptance of the application, the facility enters Correspondent Status. The facility conducts a self-assessment of its operations and completes a Self-Evaluation Report (i.e., in-house mock audit) specifying the facility’s level of standards compliance. A Self-Evaluation Report includes an Organization Summary, a compliance tally, and preliminary requests for waivers of plans-of-action and completed Standards Compliance Checklists for each standard in the applicable manual.

**County Facility** – A County Prison, County Correctional Facility, and/or County Jail.

**County Inspection Report** – A written assessment drafted by County Prison Inspectors regarding the compliance by a county facility with the provisions of Pennsylvania Code, Title 37, Chapter 95.

**County Inspection Response** – A written response from the Governing Prison Authority regarding non-compliance issues noted in the Annual Inspection Report. The response is submitted to the **Executive Deputy Secretary/designee**. The response addresses non-compliance and the proposed course of action to correct any deficiencies.

**County Prison Inspectors** – Individuals who are employees of the Department, Office of County Inspections and Services who are supervised by the **Executive Deputy Secretary/designee**, and who perform the inspections and prepares the reports specified by this policy/procedures manual.

**Department** – The Pennsylvania Department of Corrections.

**Executive Summary** – *A summarization prepared by the inspector containing an overall assessment of the facility’s performance in meeting objectives, any significant findings, and recommendations.*

**Facility** – Any State Correctional Institution, Community Corrections Center, Contract Facility, or Motivational Boot Camp operated by the Department.

**Facility Manager** – The Superintendent of a State Correctional Institution, Motivational Boot Camp, Regional Director of a Community Corrections Center and/or the Director of the Training Academy.

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**Governing Prison Authority** – The individual (i.e., Sheriff, County Executive) or board (i.e., Prison Board, Board of Inspectors, Jail/Prison Oversight Board, Board of Jail/Prison Inspectors, County Board of Trustees) established by law having policy, procedures, and operational responsibility for the designated county prison and/or county jail.

**Inspection Standards** – A compilation of standards used during the inspection of each Department/area for evaluating compliance to policy and effectiveness of operational functions and programs.

**Inspection Team** – A team of Department staff that consists of Central Office Bureau/Office Directors, or Division/Unit Chiefs. This team of qualified staff compares established standards with existing practices and reports their findings.

**Monitoring Status** – Approval of an extension of Accredited Status shall result in the facility being assigned Monitoring Status.

**Monitoring Visit** – An on-site visit by a representative(s) of the ACA to monitor and verify continued standards compliance or conditions of confinement.

**Office of County Inspection and Services** – An office of the *Executive Secretary/designee* with the Department, assigned to conduct inspections of county facilities.

**Outcome Measures** – 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.

**Organization Summary** – A form completed by the agency applying for accreditation/re-accreditation that provides ACA with descriptive information about the program or facility.

**Reaccreditation** – To ensure continuous Accredited Status, an accredited facility shall apply for reaccreditation 12 months prior to the expiration of its current accreditation approval. A facility shall be audited from individual accreditation files and an assessment of the operations as they are being conducted.

**Reconsideration Process** – Process by which a facility may request reconsideration of any denial or revocation of accreditation. A reconsideration request is based on the grounds that the adverse decision is: (1) arbitrary, capricious or otherwise in substantial disregard of the criteria and/or procedures for accreditation as promulgated by the ACA; (2) based on incorrect facts or an incorrect interpretation of facts or unsupported by substantial evidence. Written requests for reconsideration must be submitted to the ACA within 30 days of an adverse decision.

**Regional Inspection Captain** – A Captain assigned to a Regional Deputy Secretary who inspects Department facilities within a designated region with regard to security, emergency preparedness, tool control, key control, staffing patterns, etc., and ensures compliance with Department policy/procedure requirements.

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**Revocation of Accreditation** – An accredited facility that does not maintain the required levels of compliance throughout the three year accreditation period, including continuous compliance with all mandatory standards, may have its Accredited Status revoked. Procedures are in place to allow for a grace period for corrective action and a probationary period for continued deficiencies, prior to revocation of Accredited Status.

**Self Evaluation Report** – The document prepared by the agency in Correspondent Status that includes basic descriptive information about the agency, the results of the agency’s assessment of its compliance with the standards including reasons for noncompliance and non-applicability, and a tally reflecting percentages of compliance with the standards. This standardized form is available on the Standards & Security webpage under forms and reports.

**Significant Incident Summary** – A form that contains 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 ACA with the required annual report for the first two years of the reaccreditation cycle. It is also summarized in the audit narrative and included as an attachment to the final audit report.

**Standards Compliance Audit** – An ACA appointed Visiting Committee conducts an on-site audit to measure the facility’s operation against CAC standards, based upon the documentation provided by the facility, facility tours, review of documents, interviews with staff and inmates, and reviews with facility administrators.

**Standards Compliance Checklist** – A form used in the standards compliance files to indicate the agencies and visiting committee’s determination on each standard (compliance, noncompliance, and non-applicability).

**Title 37 of the Pennsylvania Code** – This document is Chapter 95 of Title 37 of the Pennsylvania Code. Title 37 delineates the criteria to be assessed during inspections of County Correctional Facilities.

**Visiting Committee** – An ACA appointed committee that conducts a Standards Compliance Audit and prepares a written Visiting Committee Report to be submitted to the CAC. The ACA will designate a chairperson for the committee to organize and supervise the committee’s activities.