

Performance-Based Standards and Expected Practices for Adult Correctional Institutions

March 2021

Fifth Edition



COMMISSION ON ACCREDITATION FOR CORRECTIONS

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AMERICAN CORRECTIONAL ASSOCIATION

PERFORMANCE-BASED STANDARDS AND EXPECTED PRACTICES FOR ADULT CORRECTIONAL INSTITUTIONS

Fifth Edition

**American Correctional Association and
the Commission on Accreditation for Corrections
in cooperation with the
Committee on Performance-Based Standards**

March 2021

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Standards for Small Juvenile Detention Facilities, First Edition

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Foreword

This manual represents the thirteenth set of performance-based standards and expected practices to be adopted by ACA's Committee on Performance-Based Standards and implemented in the field. Corrections professionals have been acquainted with the term "performance-based standards and expected practices" for quite some time. They are well aware of the Association's goal to improve the accreditation process by adopting new performance-based standards and expected practices and a new accreditation policy manual. To produce this manual, ACA developed Outcome Measures which will help empower facilities to use their own operational data as metrics to monitor and further encourage compliance with the expected practices. For prisons using this manual, the shift to the performance-based model of accreditation will help facilities to operate more effective programs while adhering to ACA performance-based standards and expected practices.

A second major initiative for ACA, our Committee on Performance-Based Standards, and the Commission on Accreditation for Corrections has been the drafting and adoption of expected practices for Restrictive Housing. Additionally, an ad hoc committee developed expected practices for mental health and special populations. The committee also updated definitions. The expected practices, published for the first time in this manual, will serve to reform all aspects of restrictive housing practice from initial placement through final release. They signify an advancement of the current requirements and encourage correctional leaders and staffs whose agencies and facilities are accredited by ACA to achieve and adhere to more rigorous, progressive guidelines for Restrictive Housing.

The Fifth Edition captures all of the advancements made in correctional facility management since the Fourth Edition was published. It establishes a new direction and way of thinking regarding the future of this profession. The American Correctional Association will always be committed to promoting and improving the field of corrections while providing correctional professionals with the support they need to face their day-to-day challenges.

James A. Gondles Jr., CAE
Executive Director
American Correctional Association

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We wish to extend our appreciation to those who have given freely of their time and effort in the development of this manual of Performance-Based Standards and Expected Practices for Adult Correctional Institutions. We are particularly proud of the fact that this document is a product developed by professionals who are or have been directly involved in the very difficult task of providing for the management and day-to-day operations of adult correctional institutions.

Major Contributors to this effort (in alphabetical order) are as follows:

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4-4084	5-ACI-1D-12	4-4118	5-ACI-1G-04
4-4084-1	5-ACI-1D-13	4-4119	5-ACI-1G-05
4-4085	5-ACI-1D-14	4-4120	Deleted
4-4086	5-ACI-1D-15	4-4121	5-ACI-1G-06
4-4087	5-ACI-1D-16	4-4122	5-ACI-1G-07
4-4088	5-ACI-1D-17	4-4123	5-ACI-2A-01
4-4089	5-ACI-1D-18	4-4124 (M)	5-ACI-2A-02 (M)
4-4090	5-ACI-1D-19	4-4125	5-ACI-2B-01
4-4091 (M)	5-ACI-1D-20 (M)	4-4126	5-ACI-2B-02
4-4092 (M)	5-ACI-1D-21 (M)	4-4127	5-ACI-2B-03
4-4093	5-ACI-1D-22	4-4128	5-ACI-2B-04
4-4094	Deleted	4-4129	Deleted
4-4095	5-ACI-1E-01	4-4130	Deleted
4-4096	5-ACI-1E-02	4-4131	Deleted
4-4097	5-ACI-1E-03	4-4132	5-ACI-2C-01
4-4098	5-ACI-1E-04	4-4133	5-ACI-2C-02
4-4099	5-ACI-1E-05	4-4134	5-ACI-2C-03
4-4100	5-ACI-1F-01	4-4135	5-ACI-2C-04
New	5-ACI-1F-02	4-4136	Deleted
New	5-ACI-1F-03	4-4137	5-ACI-2C-05

ACI 4th Edition	ACI 5th Edition	ACI 4th Edition	ACI 5th Edition
4-4137-1	5-ACI-2C-06	4-4172	5-ACI-2G-02
4-4138	5-ACI-2C-07	4-4173	5-ACI-2G-03
4-4138-1	5-ACI-2C-08	4-4174	5-ACI-3A-01
4-4139	5-ACI-2C-09	4-4175	5-ACI-3A-02
4-4139-1	5-ACI-2C-10	4-4176	Deleted
4-4140	5-ACI-4A-02	4-4177	5-ACI-3A-03
4-4141	5-ACI-4A-03	4-4178	5-ACI-3A-04
4-4142	5-ACI-2C-11	4-4179	5-ACI-3A-05
4-4143	5-ACI-2C-12	4-4180	5-ACI-3A-06
4-4144	5-ACI-2C-13	4-4181	5-ACI-3A-07
4-4145	5-ACI-2D-01	4-4182	5-ACI-3A-08
4-4146	5-ACI-2D-02	4-4183	5-ACI-3A-09
4-4147	5-ACI-2D-03	4-4184	5-ACI-3A-10
4-4147-1	5-ACI-2D-04	4-4185	5-ACI-3A-11
4-4147-2	5-ACI-2D-05	4-4186	5-ACI-3A-12
4-4148	Deleted	4-4187	5-ACI-3A-13
4-4149	5-ACI-2D-06	4-4188	5-ACI-3A-14
4-4150	5-ACI-2D-07	4-4189	5-ACI-3A-25
4-4150-1	Deleted	4-4189-1	5-ACI-3A-26
4-4151	5-ACI-2D-08	4-4189-2	5-ACI-3A-15
4-4152	5-ACI-2D-09	4-4190	5-ACI-3A-16
4-4153	5-ACI-2D-10	4-4190-1	5-ACI-3A-17
4-4154	5-ACI-2E-01	4-4191 (M)	5-ACI-3A-18 (M)
4-4155	5-ACI-2E-02	4-4192	5-ACI-3A-19
4-4156	5-ACI-2E-03	4-4193	5-ACI-3A-20
4-4157	5-ACI-2E-04	4-4194	5-ACI-3A-21
4-4158	5-ACI-2E-05	4-4195 (M)	5-ACI-3A-22 (M)
4-4159	5-ACI-2E-06	4-4196 (M)	5-ACI-3A-23 (M)
4-4160	Deleted	4-4197	5-ACI-3A-24
4-4161	5-ACI-2E-07	4-4198	5-ACI-3A-27
4-4162	5-ACI-2E-08	4-4199	5-ACI-3A-28
4-4163	5-ACI-2E-09	4-4200	5-ACI-3A-29
4-4164	5-ACI-2E-10	4-4201	5-ACI-3A-30
4-4165	5-ACI-2E-11	4-4202	5-ACI-3A-31
4-4166	5-ACI-2E-12	4-4203 (M)	5-ACI-3A-32 (M)
4-4167	5-ACI-2F-01	4-4204 (M)	5-ACI-3A-33 (M)
4-4168	5-ACI-2F-02	4-4205 (M)	5-ACI-3A-34 (M)
4-4169	5-ACI-2F-03	4-4206 (M)	5-ACI-3A-35 (M)
4-4170	Deleted	New	5-ACI-3A-36 Deleted
4-4171	5-ACI-2G-01	New	5-ACI-3A-37 Deleted

ACI 4th Edition	ACI 5th Edition	ACI 4th Edition	ACI 5th Edition
New	5-ACI-3A-38 Deleted	4-4242	5-ACI-3C-17
New	5-ACI-3A-39 Deleted	4-4243	5-ACI-3C-18
New	5-ACI-3A-40 Deleted	4-4244	5-ACI-3C-19
New	5-ACI-3A-41 Deleted	4-4245	5-ACI-3C-20
4-4207	5-ACI-3A-42	4-4246	5-ACI-3C-21
4-4208	5-ACI-3A-43	4-4247	5-ACI-3C-22
4-4209	5-ACI-3A-44	4-4248	5-ACI-3C-23
4-4210	5-ACI-3A-45	4-4249	5-ACI-4A-04
4-4211 (M)	5-ACI-3B-01 (M)	4-4250	Deleted
4-4212 (M)	5-ACI-3B-02 (M)	4-4251	5-ACI-4A-05
4-4213 (M)	5-ACI-3B-03 (M)	4-4252	5-ACI-4A-06
4-4214 (M)	5-ACI-3B-04 (M)	4-4253	5-ACI-4A-07
4-4215 (M)	5-ACI-3B-05 (M)	4-4254	5-ACI-4A-08
4-4216	5-ACI-3B-06	4-4255	5-ACI-4A-09
4-4217	5-ACI-3B-07	4-4256	5-ACI-4A-10
4-4218	5-ACI-3B-08	4-4257	5-ACI-4A-11
4-4219	5-ACI-3B-09	4-4258	5-ACI-4A-12
4-4220 (M)	5-ACI-3B-10 (M)	4-4259	5-ACI-4A-13
4-4221 (M)	5-ACI-3B-11 (M)	4-4260	5-ACI-4A-14
4-4222 (M)	5-ACI-3B-12 (M)	4-4261	5-ACI-4A-15
4-4223	5-ACI-3B-13	4-4262	5-ACI-4A-16
4-4224 (M)	5-ACI-3B-14 (M)	4-4263	5-ACI-4A-17
4-4225	5-ACI-3B-15	4-4264	5-ACI-4A-18
4-4225-1	5-ACI-3B-16	4-4265	5-ACI-4A-19
4-4226	5-ACI-3C-01	4-4266	5-ACI-4A-20
4-4227	5-ACI-3C-02	4-4267	5-ACI-4A-21
4-4228	5-ACI-3C-03	4-4268	5-ACI-4A-22
4-4229	5-ACI-3C-04	4-4269	5-ACI-4A-23
4-4230	5-ACI-3C-05	4-4270	5-ACI-4A-24
4-4231	5-ACI-3C-06	4-4271	5-ACI-4A-25
4-4232	5-ACI-3C-07	4-4272	5-ACI-4A-26
4-4233	5-ACI-3C-08	4-4273	5-ACI-4A-27
4-4234	5-ACI-3C-09	4-4274	5-ACI-3D-01
4-4235	5-ACI-3C-10	4-4275	5-ACI-3D-02
4-4236	5-ACI-3C-11	4-4276	5-ACI-3D-03
4-4237	5-ACI-3C-12	4-4277	5-ACI-3D-04
4-4238	5-ACI-3C-13	4-4278	5-ACI-3D-05
4-4239	5-ACI-3C-14	4-4279	5-ACI-3D-06
4-4240	5-ACI-3C-15	4-4280	5-ACI-3D-07
4-4241	5-ACI-3C-16	4-4281 (M)	5-ACI-3D-08 (M)

ACI 4th Edition	ACI 5th Edition	ACI 4th Edition	ACI 5th Edition
4-4281-1	5-ACI-3D-09	New	5-ACI-4B-29
4-4281-2	5-ACI-3D-10	New	5-ACI-4B-30
4-4281-3	5-ACI-3D-11	New	5-ACI-4B-31
4-4281-4	5-ACI-3D-12	New	5-ACI-4B-32
4-4281-5	5-ACI-3D-13	New	5-ACI-4B-33
4-4281-6	5-ACI-3D-14	New	5-ACI-4B-34
4-4281-7	5-ACI-3D-15	4-4285	5-ACI-5A-01
4-4281-8	5-ACI-3D-16	4-4286	5-ACI-5A-02
4-4282	5-ACI-3D-17	4-4287	5-ACI-5A-03
4-4283	5-ACI-3D-18	4-4288	5-ACI-5A-04
4-4284	5-ACI-3D-19	4-4289	Deleted
New	5-ACI-4B-01	4-4290	5-ACI-5A-05
New	5-ACI-4B-02	4-4291	Deleted
New	5-ACI-4B-03	4-4292	5-ACI-5A-06
New	5-ACI-4B-04	4-4293	5-ACI-5A-07
New	5-ACI-4B-05	4-4294	5-ACI-5A-08
New	5-ACI-4B-06	4-4295	5-ACI-5B-01
New	5-ACI-4B-07	4-4296	5-ACI-5B-02
New	5-ACI-4B-08	4-4297	5-ACI-5B-03
New	5-ACI-4B-09	4-4298	5-ACI-5B-04
New	5-ACI-4B-10	4-4299	5-ACI-5B-05
New	5-ACI-4B-11	4-4300	5-ACI-5B-06
New	5-ACI-4B-12	4-4301	5-ACI-5B-07
New	5-ACI-4B-13	4-4302	5-ACI-5B-08
5-4B-0014	Deleted	4-4303	5-ACI-5B-09
New	5-ACI-4B-14	4-4304	5-ACI-5B-10
New	5-ACI-4B-15	4-4305	5-ACI-5B-11
New	5-ACI-4B-16	4-4306 (M)	5-ACI-5B-12 (M)
New	5-ACI-4B-17	4-4307	5-ACI-5B-13
New	5-ACI-4B-18	4-4308	5-ACI-5B-14
New	5-ACI-4B-19	4-4309	5-ACI-5B-15
New	5-ACI-4B-20	4-4310	5-ACI-5B-16
New	5-ACI-4B-21	4-4311	5-ACI-5B-17
New	5-ACI-4B-22	4-4312	5-ACI-5B-18
New	5-ACI-4B-23	4-4312-1	5-ACI-5B-19
New	5-ACI-4B-24	4-4313	5-ACI-5C-01
New	5-ACI-4B-25	4-4314	5-ACI-5C-02
New	5-ACI-4B-26	4-4315	5-ACI-5C-03
New	5-ACI-4B-27	4-4316 (M)	5-ACI-5C-04 (M)
New	5-ACI-4B-28 (M)	4-4317	5-ACI-5C-05

ACI 4th Edition	ACI 5th Edition	ACI 4th Edition	ACI 5th Edition
4-4318	5-ACI-5C-06	4-4354 (M)	5-ACI-6A-12 (M)
4-4319	5-ACI-5C-07	4-4354-1	5-ACI-6A-13
4-4320	5-ACI-5C-08	4-4355 (M)	5-ACI-6A-14 (M)
4-4321 (M)	5-ACI-5C-09 (M)	4-4356 (M)	5-ACI-6A-15 (M)
4-4321-1	5-ACI-5C-10	4-4357 (M)	5-ACI-6A-16 (M)
4-4322 (M)	5-ACI-5C-11 (M)	4-4358 (M)	5-ACI-6A-17 (M)
4-4323	5-ACI-5C-12	4-4359 (M)	5-ACI-6A-18 (M)
4-4324 (M)	5-ACI-5C-13 (M)	4-4360	5-ACI-6A-19
4-4325	5-ACI-5C-14	New	5-ACI-6A-19-1
4-4326	5-ACI-5C-15	4-4361	5-ACI-6A-20
4-4327	Deleted	4-4362 (M)	5-ACI-6A-21 (M)
4-4328	5-ACI-5C-16	4-4363 (M)	5-ACI-6A-22 (M)
4-4329 (M)	5-ACI-5D-01 (M)	4-4363-1	5-ACI-6A-23
4-4330 (M)	5-ACI-5D-02 (M)	4-4364	5-ACI-6A-24
4-4331 (M)	5-ACI-5D-03 (M)	4-4365 (M)	5-ACI-6A-25 (M)
4-4332 (M)	5-ACI-5D-04 (M)	4-4366	Deleted
4-4333	5-ACI-5D-05	4-4367	5-ACI-6A-27
4-4334	5-ACI-5D-06	4-4368 (M)	5-ACI-6A-28 (M)
4-4335	5-ACI-5D-07	New	5-ACI-6A-29
4-4336	5-ACI-5D-08	New	5-ACI-6A-30
4-4337	5-ACI-5D-09	4-4369	Deleted
4-4338	5-ACI-5D-10	4-4370 (M)	5-ACI-6A-31 (M)
4-4339	5-ACI-5D-11	4-4371 (M)	5-ACI-6A-32 (M)
4-4340	5-ACI-5D-12	4-4372	5-ACI-6A-33
4-4341	5-ACI-5D-13	New	5-ACI-6A-34 (M)
4-4342	5-ACI-5D-14	4-4373 (M)	5-ACI-6A-35 (M)
4-4343	5-ACI-5D-15	New	5-ACI-6A-36
New	5-ACI-5F-08	4-4374	5-ACI-6A-37
4-4344 (M)	5-ACI-6A-01 (M)	New	5-ACI-6A-38
4-4344-1 (M)	Deleted Dupl.	New	5-ACI-6A-39
4-4345	5-ACI-6A-02	4-4375	5-ACI-6A-40
4-4346	5-ACI-6A-03	4-4376 (M)	5-ACI-6A-41 (M)
4-4347	5-ACI-6A-04	4-4377	5-ACI-6A-42
4-4348	5-ACI-6A-05	4-4378 (M)	5-ACI-6A-43 (M)
4-4349	5-ACI-6A-06	4-4379	5-ACI-6A-44
4-4350	5-ACI-6A-07	4-4380 (M)	5-ACI-6B-01 (M)
4-4351 (M)	5-ACI-6A-08 (M)	4-4381 (M)	5-ACI-6B-02 (M)
4-4352	5-ACI-6A-09	4-4382 (M)	5-ACI-6B-03 (M)
4-4353 (M)	5-ACI-6A-10 (M)	4-4383	5-ACI-6B-04
4-4353-1	5-ACI-6A-11	4-4384	Deleted

ACI 4th Edition	ACI 5th Edition	ACI 4th Edition	ACI 5th Edition
4-4385	Deleted	4-4422	5-ACI-6D-08
4-4386	5-ACI-6B-05	4-4423	5-ACI-6D-09
4-4387	5-ACI-6B-06	4-4424	5-ACI-6D-10
4-4388 (M)	5-ACI-6B-07 (M)	4-4425	5-ACI-6C-16
4-4389 (M)	5-ACI-6B-08 (M)	4-4426	Deleted
4-4390	5-ACI-6B-09	4-4427	5-ACI-2A-03
4-4391	5-ACI-6B-10	4-4428	5-ACI-5E-01
4-4392	5-ACI-6B-11	4-4429	5-ACI-5E-02
4-4393	5-ACI-6B-12	4-4429-1	5-ACI-5E-03
New	5-ACI-6B-13	4-4430	5-ACI-5E-04
4-4394	5-ACI-6C-01	4-4431	5-ACI-5E-05
4-4395	5-ACI-6C-02	4-4432	5-ACI-5E-06
4-4396 (M)	5-ACI-6C-03 (M)	4-4433	5-ACI-5E-07
4-4397 (M)	5-ACI-6C-04 (M)	4-4434	5-ACI-5E-08
4-4398	5-ACI-6C-05	4-4435	5-ACI-5E-09
4-4399	5-ACI-6C-06	4-4436	5-ACI-5E-10
New	5-ACI-6C-07	4-4437	5-ACI-5E-11
4-4400 (M)	5-ACI-4A-01 (M)	4-4438	5-ACI-5E-12
4-4401 (M)	5-ACI-6C-08 (M)	4-4439	5-ACI-5E-13
4-4402 (M)	5-ACI-6C-09 (M)	4-4440	5-ACI-5E-14
4-4403	5-ACI-6C-10	4-4441	5-ACI-5E-15
4-4403-1	5-ACI-6C-11	4-4442	5-ACI-5F-01
4-4404	5-ACI-6C-12	4-4443	5-ACI-5F-02
4-4405 (M)	5-ACI-6C-13 (M)	4-4444	5-ACI-5F-03
4-4406 (M)	5-ACI-6C-14 (M)	4-4445	5-ACI-5F-04
4-4407	5-ACI-6C-15	4-4446	5-ACI-5F-05
4-4408	5-ACI-6D-01	4-4447	5-ACI-5F-06
4-4409	Deleted	4-4447-1	5-ACI-5F-07
4-4410 (M)	5-ACI-6D-02 (M)	4-4448	5-ACI-7A-01
4-4411 (M)	5-ACI-6D-03 (M)	4-4449	5-ACI-7A-02
4-4412	5-ACI-6D-04	4-4450	Deleted
4-4413	5-ACI-6D-05	4-4451	5-ACI-7A-03
4-4414	5-ACI-6D-06	4-4452	5-ACI-7A-04
4-4415	5-ACI-6D-07	4-4453	5-ACI-7A-05
4-4416	5-ACI-6E-01	4-4454	5-ACI-7A-06
4-4417	5-ACI-6E-02	4-4455 (M)	5-ACI-7A-07 (M)
4-4418	5-ACI-6E-03	4-4456	5-ACI-7A-08
4-4419	5-ACI-6E-04	4-4457	5-ACI-7A-09
4-4420	5-ACI-6E-05	4-4458	5-ACI-7A-10
4-4421	Deleted	4-4459	5-ACI-7A-11

ACI 4th Edition	ACI 5th Edition	ACI 4th Edition	ACI 5th Edition
4-4460	5-ACI-7A-12	4-4494	5-ACI-7D-08
4-4461	5-ACI-7A-13	4-4495	5-ACI-7D-09
4-4462	5-ACI-7A-14	4-4496	5-ACI-7D-10
4-4463	5-ACI-7A-15	4-4497	5-ACI-7D-11
4-4464	5-ACI-7B-01	4-4497-1	5-ACI-7D-12
4-4465	Deleted	New	5-ACI-7D-13
4-4466	5-ACI-7B-02	4-4498	5-ACI-7D-14
4-4467	5-ACI-7B-03	4-4499	5-ACI-7D-15
4-4468	Deleted	4-4499-1	5-ACI-7D-16
4-4469	5-ACI-7B-04	4-4500	5-ACI-7D-17
4-4470	5-ACI-7B-05	4-4500-1	5-ACI-7D-18
4-4471	5-ACI-7B-06	4-4501	5-ACI-7D-19
4-4472	5-ACI-7B-07	4-4502	5-ACI-7D-20
4-4473	5-ACI-7B-08	4-4503	5-ACI-7D-21
4-4474	5-ACI-7B-09	4-4504	5-ACI-7D-22
4-4475	5-ACI-7B-10	4-4505	5-ACI-7E-01
4-4476	5-ACI-7B-11	4-4506	5-ACI-7E-02
4-4477	5-ACI-7B-12	4-4507	5-ACI-7E-03
4-4478	5-ACI-7B-13	4-4508	5-ACI-7E-04
4-4479	5-ACI-7B-14	4-4509	5-ACI-7E-05
4-4480	5-ACI-7B-15	4-4510	5-ACI-7E-06
4-4481	5-ACI-7C-01	4-4511	5-ACI-7E-07
4-4482	5-ACI-7C-02	4-4512	5-ACI-7F-01
4-4483	5-ACI-7C-03	4-4513	5-ACI-7F-02
4-4484	5-ACI-7C-04	4-4514	5-ACI-7F-03
4-4485	5-ACI-7C-05	4-4515	Deleted
4-4486	5-ACI-7C-06	4-4516	5-ACI-7F-04
4-4487	5-ACI-7D-01	4-4517	5-ACI-7F-05
4-4488	5-ACI-7D-02	4-4518	Deleted
4-4489	5-ACI-7D-03	4-4519	5-ACI-7F-06
4-4490	5-ACI-7D-04	4-4520	5-ACI-7F-07
4-4491	5-ACI-7D-05	4-4521	5-ACI-7F-08
4-4492	5-ACI-7D-06	4-4530	5-ACI-1A-20
4-4493	5-ACI-7D-07		

Performance-Based Standards and Expected Practices Explained

The performance-based standards, expected practices and outcome measures included in this manual are the result of a major initiative undertaken by the American Correctional Association to improve the delivery of care to offenders within the correctional environment using the concept and template for performance based standards. Conceived and developed by professionals, these performance standards, expected practices, and outcome measures will enable administrators and practitioners to not only monitor activities but also to *measure* over time the outcomes of their efforts.

More than five years in the making, the American Correctional Association unveiled its first set of performance-based standards in August 2000. Partially funded by the Bureau of Justice Assistance (BJA), U.S. Department of Justice, *Standards for Adult Community Residential Services, 4th edition* is the prototype that will guide the eventual development of all ACA performance-based accreditation manuals.

I. The Basics

The Bottom Line—What’s Different?

Table 1 describes the relationship between the elements of the traditional accreditation model and the new performance-based accreditation model.

TABLE 1: Comparing the Elements of The Performance-Based Accreditation Model, and The Traditional Accreditation Model

<i>New Performance-Based Element</i>	<i>Traditional Standards Element</i>	<i>Previous Accreditation Element</i>
Performance Standard	None (new element)	None (new element)
Outcome Measure	None (new element)	None (new element)
Expected Practice	Standard	Standard
Comment	Comment	Comment
Protocol	None	Primary Documentation
Process Indicator	None	Secondary Documentation

When Is a Standard No Longer a Standard?

As Table 1 suggests, the biggest *change* in terminology is what we used to call “standards” all have been reclassified as “expected practices.” The reason for this change reveals the fundamental difference between the traditional standards and ACA’s new performance-based standards.

Traditional Standards and Expected Practices describe *activities or practices* that are prescribed for practitioners, but performance standards describe a *condition* to be achieved and maintained.

What Does This Mean for Accreditation?

Guided by a review of significant incidents and a report that examines conditions of confinement, the Commission on Accreditation for Corrections currently examines issues that affect the life, health, and safety of staff and offenders. As data is collected for the new outcome measures, the Commission will have more information about *actual* and ongoing operations. More important, *you* will have an important new management tool.

II. The Fundamentals of Performance-Based Accreditation

ACA’s performance-based accreditation are comprised of several elements:

- GOAL STATEMENT (one for each functional area)
- PERFORMANCE STANDARDS (as many as are needed to achieve the goal)
- OUTCOME MEASURES (for each performance standard)
- EXPECTED PRACTICES (for each performance standard)
- PROTOCOLS
- PROCESS INDICATORS

These elements are defined and described in Table 2.

TABLE 2: Definitions of Terms for Performance-Based Accreditation

Element	Definition
Goal Statement	General statement of what is sought within the functional area.
Performance Standard	<p>A statement that clearly defines a required or essential <i>condition</i> to be achieved and maintained.</p> <p>A performance standard describes a “state of being,” a condition, and does not describe the activities or practices that might be necessary to achieve compliance. Performance standards reflect the program’s overall mission and purpose.</p>
Outcome Measure	<p>Measurable events, occurrences, conditions, behaviors or attitudes that demonstrate the extent to which the condition described in the performance standard has been achieved.</p> <p>Outcome measures describe the <i>consequences</i> of the program’s activities, rather than describing the activities themselves.</p> <p>Outcome measures can be compared <i>over time</i> to indicate changes in the conditions that are sought. Outcome measure data are collected continuously but usually are analyzed periodically.</p>

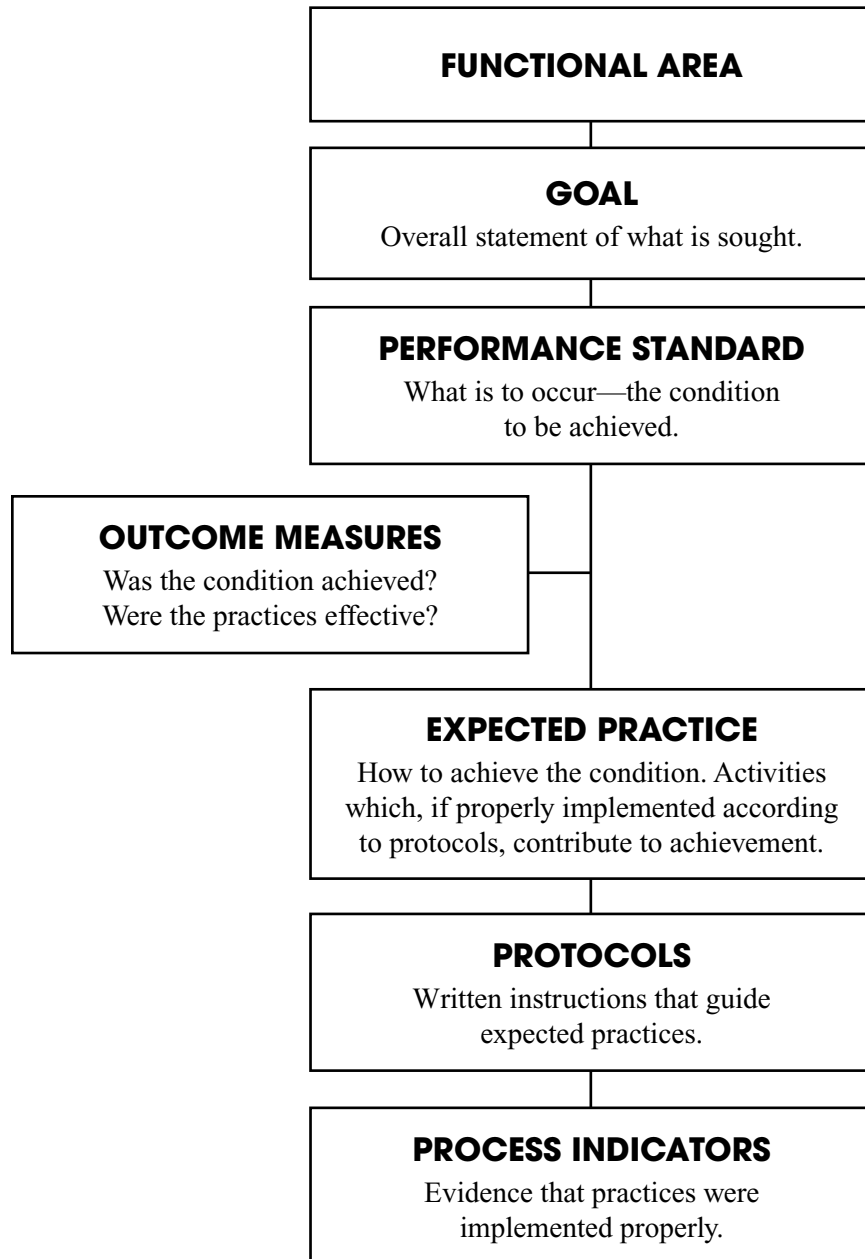
(continued)

**TABLE 2: Definitions of Performance-Based Accreditation
(continued)**

Element	Definition
Expected Practice(s)	<p>Actions and activities that, if implemented properly, will produce the desired outcome.</p> <p>What we <i>think</i> is necessary to achieve and maintain compliance with the performance standard—but not necessarily the <i>only</i> way to do so.</p> <p>Activities that represent the current experience of the field, but that are not necessarily supported by research. As the field learns and evolves, so will expected practices.</p>
Protocol(s)	<p>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, offender handbooks, diagrams such as fire exit plans, internal inspection forms.</p>
Process Indicators	<p>Documentation and other evidence that can be examined periodically and continuously to determine that practices are being implemented properly.</p> <p>These tracks, or footprints, allow supervisory and management staff to monitor ongoing operations.</p>

The following diagram (Table 3) attempts to describe the functional relationships among the elements.

TABLE 3: Functional Relationship of Performance-Based Accreditation Elements



GOAL STATEMENT

Perhaps the least-appreciated element of the template, the goal statement attempts to establish an overall purpose for the performance standards in the functional area.

PERFORMANCE STANDARD

A performance standard is a statement that clearly defines a required or essential *condition* to be achieved and maintained. A performance standard describes a “state of being,” a condition, and does not describe the activities or practices that might be necessary to achieve compliance. Performance standards reflect the program’s overall mission and purpose and contribute to the realization of the goal that has been articulated.

Because performance standards are so fundamental and basic, it is less likely that they will require frequent revision. But as the field continues to learn from experience, it is predicted, and even hoped, that the expected practices that are prescribed to achieve compliance with the performance standards will continue to evolve.

OUTCOME MEASURES

Outcome measures are quantifiable (measurable) events, occurrences, conditions, behaviors, or attitudes that demonstrate the extent to which the condition described in the corresponding performance standard has been achieved. Outcome measures describe the *consequences* of the organization's activities, rather than describing the activities themselves.

Because outcome measures are quantifiable, they can be compared *over time* to indicate changes in the conditions that are sought. Measurable outcome data is collected continuously but is usually analyzed periodically. The first time you measure an outcome, you establish a point of reference. By comparing the next measurement (weeks or months later), you can identify progress, or lack of progress toward the desired outcome.

The first time you generate outcome measures, they may not mean much to you but their value grows every time you measure. The second time you measure outcomes, you will be able to compare current outcomes to those that you measured in the past. In this way, outcome measures become a valuable management tool. Over time, the series of outcome measures that you calculate can provide invaluable insight into many aspects of your operation. Sometimes, they will provide you with important “red flags” that identify troubling trends.

EXPECTED PRACTICES

Expected practices are actions and activities that, if implemented properly (according to protocols), will produce the desired outcome—achievement of the condition described in the performance standard.

Expected practices represent what the practitioners *believe* is necessary to achieve and maintain compliance with the performance standard—but may not be the *only* way to achieve compliance. These activities represent the best thinking of the field, supported by experience, but often are not founded on research. As conditions change and as we learn from our experience, we expect practices to evolve.

It is arguable that expected practices *should* be changed over time to reflect our growing body of knowledge and experience. On the other hand, it is likely that we will see much less change with the overarching performance standards, which are more basic and fundamental.

WHAT DOES THIS MEAN FOR ACCREDITATION?

Agencies applying for accreditation under the performance-based format will be required not only to submit the data from the outcome measures at the time of their audit, they also will be required to submit the data *yearly* as part of their annual report. The original outcome measures will be used to establish baseline data and each year's ensuing report will be added to the database. As each agency is considered for reaccreditation, the Commission on Accreditation for Corrections will review the historical data over the three-year period as well as the data generated by the most recent audit. When the Commission renders an accreditation decision, the outcome measures as well as levels of compliance with the expected practices will be considered as part of the *totality of conditions* of the system.

Summary of Mandatory Expected Practices

Total of Weights

Category	Number
Mandatory Standards/Expected Practices	64
Nonmandatory Expected Practices	509

Summary of Mandatory Standards/Expected Practices

• 5-ACI-1D-20	• 5-ACI-3B-11	• 5-ACI-6A-10	• 5-ACI-6A-43
• 5-ACI-1D-21	• 5-ACI-3B-12	• 5-ACI-6A-12	• 5-ACI-6B-01
• 5-ACI-2A-02	• 5-ACI-3B-14	• 5-ACI-6A-14	• 5-ACI-6B-02
• 5-ACI-3A-18	• 5-ACI-3D-08	• 5-ACI-6A-15	• 5-ACI-6B-03
• 5-ACI-3A-22	• 5-ACI-4B-28	• 5-ACI-6A-16	• 5-ACI-6B-07
• 5-ACI-3A-23	• 5-ACI-5B-12	• 5-ACI-6A-17	• 5-ACI-6B-08
• 5-ACI-3A-32	• 5-ACI-5C-04	• 5-ACI-6A-18	• 5-ACI-6C-03
• 5-ACI-3A-33	• 5-ACI-5C-09	• 5-ACI-6A-21	• 5-ACI-6C-04
• 5-ACI-3A-34	• 5-ACI-5C-11	• 5-ACI-6A-22	• 5-ACI-4A-01
• 5-ACI-3A-35	• 5-ACI-5C-13	• 5-ACI-6A-25	• 5-ACI-6C-08
• 5-ACI-3B-01	• 5-ACI-5D-01	• 5-ACI-6A-28	• 5-ACI-6C-09
• 5-ACI-3B-02	• 5-ACI-5D-02	• 5-ACI-6A-31	• 5-ACI-6C-13
• 5-ACI-3B-03	• 5-ACI-5D-03	• 5-ACI-6A-32	• 5-ACI-6C-14
• 5-ACI-3B-04	• 5-ACI-5D-04	• 5-ACI-6A-34	• 5-ACI-6D-02
• 5-ACI-3B-05	• 5-ACI-6A-01	• 5-ACI-6A-35	• 5-ACI-6D-03
• 5-ACI-3B-10	• 5-ACI-6A-08	• 5-ACI-6A-41	• 5-ACI-7A-07

1. Administration and Management

GOAL: Administer and manage the facility in a professional and responsible manner, consistent with statutory requirements.

1A. - PERFORMANCE STANDARD: Facility Administration

The facility is administered efficiently and responsibly. Performance is based on goals, objectives, and standard operating procedures and a system of regular review.

OUTCOME MEASURES:

- (1) Number of Plans of Action completed in the past 12 months divided by the number of Plans of Action approved by the Commission on Accreditation.
- (2) Number of expected practices in compliance divided by the number of applicable expected practices.

Purpose and Mission

5-ACI-1A-01
(Ref. 4-4001)

The institution or parent agency is established as an integral part of a correctional department or system by means of statutes that set its purpose.

Comment: Effective administration depends on carefully formulated constitutional or legislative statutes that define the institution's mission and goals.

Protocols: Written policy and procedure. Organizational chart. Mission. Statutes.

Process Indicators: None.

5-ACI-1A-02
(Ref. 4-4002)

There is a written document delineating the institution's mission within the context of the total correctional system. This document is reviewed at least annually and updated as needed.

Comment: The mission statement should address whatever programs and services are available in the institution. Programs include receiving and diagnostic units, prerelease units, separate units for special offenders, and so forth.

Protocols: Written policy and procedure. Mission statement.

Process Indicators: Documentation of annual review.

Policy and Goal Formulation

**5-ACI-1A-03
(Ref. 4-4003)** **Written policy, procedure, and practice provide that the warden/superintendent formulates goals for the institution at least annually and translates them into measurable objectives.**

Comment: Goals facilitate decision making, especially in an atmosphere of change. Measurable objectives facilitate the process of program review, monitoring, and evaluation.

Protocols: Written policy and procedure.

Process Indicators: Documentation of goals and measurable objectives.

**5-ACI-1A-04
(Ref. 4-4003-1)** **The facility/agency shall demonstrate it has examined, and where appropriate and feasible, implemented strategies that promote recycling, energy and water conservation, pollution reduction, and utilization of renewable energy alternatives.**

**5-ACI-1A-04
(Ref. 4-4003-1)
Revised Jan. 2019** **(Effective NLT October 1, 2020) The facility/agency shall demonstrate it has examined, and where appropriate and feasible, implemented strategies that promote recycling, energy and water conservation, pollution reduction, and utilization of renewable energy alternatives. An overview of any sustainable and environmentally friendly practices shall be covered in orientation.**

Comment: Correctional facilities and programs have the responsibility to implement strategies that allow correctional facilities to be managed in ways that are most cost-effective and deliver superior performance, while improving environmental responsibility and sustainability. This includes recycling (including paper, metal, and plastic products), energy conservation (including building insulation, heating and ventilation, temperature controls, vehicle fuel efficiency, water economies, physical plant engineering, and energy measures), pollution reduction (including composting sewer treatment, litter abatement, and carbon emissions), and utilization of renewable energy alternatives (biofuels, solar collection, turbine energy production, and methane collection).

Protocols: Written policy and procedure.

Process Indicators: Recycling program. Documentation of examination and/or implementation.

5-ACI-1A-05
(Ref. 4-4004)

Written policy, procedure, and practice demonstrate that employees participate in the formulation of policies, procedures, and programs.

Comment: Employee participation can be achieved through staff meetings, suggestion programs, employee councils, and similar formats.

Protocols: Written policy and procedure.

Process Indicators: Documentation of employee participation.

5-ACI-1A-06
(Ref. 4-4005)

Written policy, procedure, and practice demonstrate that related community agencies with which the institution has contact participate in policy development, coordinated planning, and interagency consultation.

Comment: The conduct of the institution affects and is affected by agencies and groups within and outside the criminal justice system. Interaction with these organizations creates a forum for coordination and cooperation.

Protocols: Written policy and procedure.

Process Indicators: Agendas. Meeting minutes. Interviews. Documentation of community agencies participation.

Appointed Personnel

Warden/Superintendent

5-ACI-1A-07
(Ref. 4-4006)

Written policy, procedure, and practice provide that each institution is headed by a warden/superintendent, appointed by the administrator or governing board of the parent agency, who is in charge of all inmates, personnel, volunteers, programs, and activities connected with the institution.

Comment: The warden/superintendent's chain of command should extend directly to all staff. Similarly, all employees and units within the institution should ultimately be responsible to this individual.

Protocols: Written policy and procedure. Organizational chart/table of organization.

Process Indicators: Interviews.

4-4007

Deleted August 2008

Qualifications

5-ACI-1A-08
(Ref. 4-4008)

The qualifications, authority, and responsibilities of the warden/superintendent and other appointed personnel who are not covered by merit systems, civil service regulation, or union contract are specified in writing by statute or by the parent agency.

Comment: Explicit position descriptions for institutional appointments ensure that personnel meet minimum standards and reduce opportunities for political interference in appointments.

Protocols: Written policy and procedure. Job description. Written Statute.

Process Indicators: None.

5-ACI-1A-09
(Ref. 4-4009)

To be considered qualified, a warden/superintendent at a minimum must possess the following: a bachelor's degree in an appropriate discipline, five years of related administrative experience, and demonstrated administrative ability and leadership. The degree requirement may be satisfied by completion of a career development program that includes work-related experience, training, or college credits at a level of achievement equivalent to the bachelor's degree.

Comment: Establishing high qualifications ensures that only qualified individuals are recruited and hired. It is the agency's responsibility to see that potential administrators receive the required education.

Protocols: Written policy and procedure. Job description.

Process Indicators: Verification of qualifications.

Table of Organization

5-ACI-1A-10
(Ref. 4-4010)

There is a written document describing the institution's organization. The description includes an organizational chart that groups similar functions, services, and activities in administrative subunits. This document is reviewed annually and updated as needed.

Comment: A current organizational chart is necessary for providing a clear administrative picture. The chart should reflect the grouping of functions, the effective span of control, lines of authority, and orderly channels of communication.

Protocols: Written policy and procedure. Organizational chart.

Process Indicators: Documentation of annual review and updating.

Role of Outside Agencies

**5-ACI-1A-11
(Ref. 4-4011)**

The role and functions of employees of other public or private agencies providing a service to the institution are covered by written policy and procedure that specify their relation to the authority and the responsibility of the warden/superintendent.

Comment: The duties and responsibilities of personnel employed by other public or private agencies should be specific in a contract or other type of agreement.

Protocols: Written policy and procedures. Contracts.

Process Indicators: Staff interviews. Documentation of cooperation/agreement.

Policy and Procedure Manuals

**5-ACI-1A-12
(Ref. 4-4012)**

The policies and procedures for operating and maintaining the institution and its satellites are specified in a manual that is accessible to all employees and the public. This manual is reviewed at least annually and updated as needed.

Comment: A government agency has an obligation to make public its philosophy, goals, and objectives. A program should be conducted to familiarize employees with the manual.

Protocols: Written policy and procedure. Personnel manual.

Process Indicators: Staff interviews. Observation (of available manuals). Documentation of annual review and revision.

**5-ACI-1A-13
(Ref. 4-4013)**

Each department and major administrative unit in the institution maintains and makes available to employees a manual of standard operating procedures that specifies how policies are to be implemented. These procedures are reviewed at least annually and are updated as needed.

Comment: Detailed manuals of standard operating procedures assist employees in successfully carrying out their assignments and help ensure overall conformance to institutional policy and procedure. All employees should be thoroughly familiar with the sections concerning their particular assignments.

Protocols: Written policy and procedure. Standard operating procedure manual.

Process Indicators: Staff interviews. Documentation of annual review and revision. Acknowledgement form.

**5-ACI-1A-14
(Ref. 4-4014)**

Written policy, procedure, and practice provide that new or revised policies and procedures are disseminated to designated staff and volunteers and, when appropriate, to inmates prior to implementation.

Comment: Rapid dissemination of policies and procedures increases the effectiveness of the institution's communication system.

Protocols: Written policy and procedure. Dissemination plan.

Process Indicators: Documentation of timely dissemination.

Channels of Communication

**5-ACI-1A-15
(Ref. 4-4015)**

Written policy, procedure, and practice provide for regular meetings between the warden/superintendent and all department heads and between department heads and their key staff members. Such meetings are to be conducted at least monthly.

Comment: Regular channels of communication are necessary for delegating authority, assigning responsibility, supervising work, and coordinating efforts.

Protocols: Written policy and procedure.

Process Indicators: Meeting minutes. Interviews.

**5-ACI-1A-16
(Ref. 4-4016)**

Written policy, procedure, and practice provide for a system of two-way communication between all levels of staff and inmates.

Comment: None.

Protocols: Written policy and procedure. Organizational chart.

Process Indicators: Staff interviews.

Monitoring and Assessment

**5-ACI-1A-17
(Ref. 4-4017)**

Written policy, procedure, and practice provide for a system to monitor operations and programs through inspections and reviews. This monitoring is conducted by the warden/superintendent or designated staff at least annually and by qualified professionals not affiliated with the facility or system at least every three years.

Comment: Timely and periodic assessment can reveal how well an institution's operation and programs are complying with policy and procedure. This internal administrative audit should be separate from any external or continuous inspection conducted by other agencies.

Protocols: Written policy and procedure.

Process Indicators: Documentation of annual reviews. Audit reviews.

**5-ACI-1A-18
(Ref. 4-4018)**

Written policy, procedure, and practice demonstrate that the institution reports its activities at least quarterly to the parent agency. These reports are in writing and include major developments in each department or administrative unit, major incidents, population data, assessment of staff and inmate morale, and major problems and plans for solving them.

**5-ACI-1A-18
(Ref. 4-4018)
Revised Jan. 2019**

(Effective NLT October 1, 2020) Written policy, procedure, and practice demonstrate that the institution reports its activities at least quarterly to the parent agency. These reports are in writing and include:

- **major developments in each department or administrative unit,**
- **major incidents,**
- **population data**
- **assessment of staff and inmate morale**
- **major problems and plans for solving them.**

Comment: Routine reporting by individual institutions enables the parent agency to stay informed about programs, activities, and problems throughout the system. The exchange of reports among institutions offers opportunities for solving problems jointly.

Protocols: Written policy and procedure.

Process Indicators: Quarterly reports. Interviews.

5-ACI-1A-19
NEW Aug. 2018

(Effective NLT October 1, 2020) An Annual Report shall be submitted to the Performance-Based Standards & Expected Practices Accreditation Department. This report is due on the anniversary of the accreditation date. Where applicable, the agency must submit a completed Significant Incident Summary and Outcome Measures Worksheet with the required Annual Report.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Copies of the Annual Report with documentation of submission to American Correctional Association.

5-ACI-1A-20
(Ref.4-4530)

Written policy, procedure, and practice require that ongoing, but not less than semi-annually, consultation take place as determined by the agency or parent agency with the local Joint Terrorism Task Force (JTTF), or another similar agency, on all terrorism matters to include the following:

- **a list of known terrorist inmates in local custody.**
- **intelligence regarding inmates with suspected terrorist ties.**
- **information regarding specific incidents, events, or threats affecting the institution or detention facility that have a possible terrorism connection.**

Comment: Examples of reportable intelligence might include attempts by such inmates to radicalize or recruit among fellow inmates, or efforts to continue contact with terrorist groups in the community. Documentation of the consultations should be determined by agency standards, and may include log books, e-mails exchanged with the JTTF or another like agency, or minutes of telephone calls.

Public Information

5-ACI-1A-21
(Ref. 4-4019)

Written policy, procedure, and practice provide that requests from federal, state, and local legislators and executives for information about operations or specific inmates are responded to promptly by facility staff and with due regard to privacy protection statutes.

Comment: Full and prompt cooperation with requests from legislative and executive offices is necessary if the institution is to maintain its integrity and credibility with other elements of government.

Protocols: Written policy and procedure.

Process Indicators: Documentation of responses to requests for information. Interviews.

4-4020

Deleted January 2010

Media Access

5-ACI-1A-22
(Ref. 4-4021)

Written policy, procedure, and practice establish the facility's commitment to informing the public and the media of events within the facility's areas of responsibility. The procedures address emergency and nonemergency responses to the media and, at a minimum, include the following:

- the identification of areas in the facility that are accessible to media representatives, consistent with preserving the inmate's right to privacy and maintaining order and security
- the contact person for routine requests for information
- identification of data and information protected by federal or state privacy laws, or federal and state freedom of information laws
- special events coverage
- news release policy
- the designation of individuals or positions within the facility authorized to speak with the media on behalf of the facility

Comment: The complexity of the policy statement should be consistent with the size and complexity of the operation.

Protocols: Written policy and procedure. Public information plans and materials.

Process Indicators: Review of public information activities. Review of media coverage. Media interviews. Staff interviews. Facility logs and records. Press release.

4-4022

Deleted August 2008

Legal Counsel

5-ACI-1A-23
(Ref. 4-4023)

Written policy and procedure specify the circumstances and methods for the warden/superintendent and other staff to obtain legal assistance as needed in the performance of their duties.

Comment: Qualified legal assistance is necessary to ensure that policies and procedures are consistent with relevant court decisions. Legal counsel can also advise on meeting statutory and court requirements, advise on institutional operations and individual cases, and provide representation before courts and other bodies. Counsel should be available promptly and continuously.

Protocols: Written policy and procedure.

Process Indicators: Staff interviews. Verification of service availability.

Political Practices

**5-ACI-1A-24
(Ref. 4-4024)**

There is a written policy regarding campaigning, lobbying, and political practices. This policy conforms with governmental statutes and regulations and is known and available to all employees.

Comment: None.

Protocols: Written policy and procedure. Copies of governmental statutes and regulations.

Process Indicators: Interviews. Observation of available policy.

1B. - PERFORMANCE STANDARD: FISCAL MANAGEMENT

The facility utilizes appropriate fiscal planning, budgeting and accounting procedures and provides for a system of regular review.

Fiscal Control

**5-ACI-1B-01
(Ref. 4-4025)** **Consistent with policy, the warden/superintendent is responsible for fiscal policy, management, and control. Management of fiscal operations may be delegated to a designated staff person.**

Comment: The warden/superintendent should have authority over all of the institution's fiscal matters. Agency and institutional fiscal personnel should maintain close coordination.

Protocols: Written policy and procedure.

Process Indicators: Staff interviews.

**5-ACI-1B-02
(Ref. 4-4026)** **The fiscal officer has appropriate professional qualifications, including at a minimum a bachelor's degree in business administration or a related field and three or more years of demonstrated supervisory and administrative experience. The degree requirement may be satisfied by completion of a career development program that includes work-related experience, training, or college credits at a level of achievement equivalent to the bachelor's degree.**

Comment: None.

Protocols: Written policy and procedure. Job description.

Process Indicators: Verification of qualifications.

**5-ACI-1B-03
(Ref. 4-4027)** **Written policy, procedure, and practice cover, at a minimum, the following fiscal areas: internal controls, petty cash, bonding for all appropriate staff, signature control on checks, and the issuing or use of vouchers.**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Financial records.

Budget Preparation

**5-ACI-1B-04
(Ref. 4-4028)**

The institution's budget request complies with the policies, procedures, and instructions of the jurisdiction of which the institution is a part. Institution staff participate in preparing the institution's written budget request.

Comment: Staff participation in budget development helps define needed resources and provides staff with a better understanding of budgetary constraints and priorities.

Protocols: Written policy and procedure. Budget.

Process Indicators: Staff interviews.

**5-ACI-1B-05
(Ref. 4-4029)**

The warden/superintendent participates in budget deliberations conducted by the parent agency or the next higher level of government. This participation includes requests for funds for maintaining the institution's daily operations, financing capital projects, and supporting long-range objectives, program development, and additional staff requirements.

Comment: None.

Protocols: Written policy and procedure. Budget.

Process Indicators: Staff interviews. Meeting minutes.

**5-ACI-1B-06
(Ref. 4-4030)**

Written policy, procedure, and practice provide for budget revisions.

Comment: Because it is a guideline for anticipated revenues and expenditures, a budget may be revised periodically. Significant revisions should be approved by the parent agency and any other appropriate government agency.

Protocols: Written policy and procedure. Budget.

Process Indicators: Documentation of budget revisions.

Accounting Procedures

5-ACI-1B-07
(Ref. 4-4031)

Written policy, procedure, and practice demonstrate that the procedures for the collecting, safeguarding, and disbursing of monies comply with the accounting procedures established by the governing jurisdiction.

Comment: The institution's fiscal policies and procedures should be patterned after those of the governing authority and should be compatible with the state's central accounting system. These include policies and procedures for fiscal recordkeeping, reports, reviews, audits, disbursements, position allocations, payroll, cash transactions, commissary/canteen operations, and inmate's personal funds, if any.

Protocols: Written policy and procedure. Fiscal system/accounting procedures.

Process Indicators: Documentation of compliance.

5-ACI-1B-08
(Ref. 4-4032)

The institution's accounting system is designed to show the current status of appropriations and expenditures.

Comment: Current information is needed to meet objectives, prevent budget discrepancies, respond to emerging needs, and ensure that the flow of funds is proceeding as planned.

Protocols: Written policy and procedure. Budget.

Process Indicators: Purchasing documentation. Property inventories.

Cash Management

5-ACI-1B-09
(Ref. 4-4033)

Written policy, procedure, and practice provide that all monies collected at the institution are placed in an officially designated and secure location daily.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Observation. Interviews.

5-ACI-1B-10
(Ref. 4-4034)

Written policy, procedure, and practice provide that reports of all monies collected and disbursed are distributed to the parent agency and other designated authorities.

Comment: None.

Protocols: Written policy and procedure. Distribution list for reports.

Process Indicators: Income and expenditures statements. Funding source financial reports. Documentation of distribution.

Internal Monitoring

5-ACI-1B-11 (Ref. 4-4035) **Written policy, procedure, and practice provide for ongoing monitoring of the institution’s fiscal activities. The results are reported in writing at least quarterly and are forwarded to the parent agency.**

Comment: Internal monitoring allows an institution to determine whether internal control procedures are being followed and to strengthen them where needed.

Protocols: Written policy and procedure. Fiscal policies and procedures.

Process Indicators: Quarterly Reports. Fiscal reports. Interviews.

Independent Audit

5-ACI-1B-12 (Ref. 4-4036) **Written policy, procedure, and practice provide for an independent financial audit of the facility. This audit is conducted annually or as stipulated by statute or regulation, but at least every three years. If the facility is a part of a state system, an internal audits section or department of the agency’s central administration and/or statutory agency shall be considered independent of the facility to be audited.**

Comment: None.

Protocols: Written policy and procedure. Statutes and regulations.

Process Indicators: Documentation of independent financial audit.

Inventory

5-ACI-1B-13 (Ref. 4-4037) **Written policy and procedure govern inventory control of property, supplies, and other assets. Inventories are conducted at time periods stipulated by applicable statutes but at least every two years.**

Comment: Current and complete inventory records should be maintained for all property and equipment. Property records should include the following information: purchase date and price; source of funds; current value (if applicable); unit and location to which assigned; and name of person charged with custody.

Protocols: Written policy and procedure. Statutes and regulations.

Process Indicators: Inventory records. Purchasing records.

Purchasing

Supplies and Equipment

5-ACI-1B-14 (Ref. 4-4038) **Written policy and procedure govern the requisition and purchase of supplies and equipment, including, at a minimum, the purchasing procedures and criteria for the selection of bidders and vendors.**

Comment: All supplies and equipment for the institution should be procured on a competitive bid basis, preferably through a central purchasing agency. Provision should be made for warehousing when economically desirable.

Protocols: Written policy and procedure.

Process Indicators: Purchasing records.

Community Services

5-ACI-1B-15 (Ref. 4-4039) **Funds are available for purchasing community services to supplement existing programs and services.**

Comment: Needed programs and service—for example, vocational training or specialized health care for inmates—that are not available from the institution should be purchased from appropriate community sources.

Protocols: Written policy and procedure.

Process Indicators: Purchasing records.

Position Control

5-ACI-1B-16 (Ref. 4-4040) **Written policy and procedure regulate position control regarding position allocation, budget authorization, personnel records, and payroll.**

Comment: Information on the number and type of positions filled and vacant should be available at all times. The fiscal office should verify that all payroll positions are authorized in the budget, that all persons on the payroll are legally employed, that attendance records support the payroll, and that needed funds are available. The payroll should be based on timekeeping records.

Protocols: Written policy and procedure. Personnel forms and procedures.

Process Indicators: Position allocation documents. Documentation of budget authorization. Personnel records. Payroll records.

Institutional Insurance

**5-ACI-1B-17
(Ref. 4-4041)** **Written policy, procedure, and practice provide for institutional insurance coverage, including, at a minimum, the following: worker’s compensation, civil liability for employees, liability for official vehicles, and a public employee blanket bond.**

Comment: Coverage can be provided by private companies, a self-insurer’s program, or state indemnification.

Protocols: Written policy and procedure. Insurance policies.

Process Indicators: Review of insurance policies.

Commissary/Canteen

**5-ACI-1B-18
(Ref. 4-4042)** **An inmate commissary or canteen is available where inmates can purchase approved items that are not furnished by the facility. The canteen/commissary’s operations are strictly controlled using standard accounting procedures.**

Comment: To minimize differences in individual spending power, restrictions should be placed on purchases and means of purchase other than cash should be considered.

Protocols: Written policy and procedure. Process and forms for canteen fund. Accounting procedures.

Process Indicators: Canteen records. Offender records.

**5-ACI-1B-19
(Ref. 4-4043)** **Commissary/canteen funds are audited independently following standard accounting procedures, and an annual financial status report is available as a public document.**

Comment: An annual report outlining the commissary/canteen’s financial status helps to safeguard the integrity of these operations.

Protocols: Written policy and procedure. Accounting procedures. Process and forms for canteen fund.

Process Indicators: Canteen records. Audit reports. Annual financial status reports.

Inmate Funds

5-ACI-1B-20
(Ref. 4-4044)

Written policy and procedure govern the operation of any fund established for inmates. Any interest earned on monies other than operating funds accrues to the benefit of the inmates.

Comment: When money is available from donations, commissary/canteen profits, or other sources, a fund should be established for the benefit of the inmates. The responsibility for administering such a fund should be fixed, and specific guidelines and controls should be established for collecting, safeguarding, and spending these monies.

Protocols: Written policy and procedure.

Process Indicators: Inmate records. Financial records. Budgets.

5-ACI-1B-21
(Ref. 4-4045)

Inmates' personal funds held by the institution are controlled by accepted accounting procedures.

Comment: The responsibility for the control and accounting of inmates' personal funds usually is delegated to the institution's business manager. Inmates should receive receipts for all financial transactions.

Protocols: Written policy and procedure.

Process Indicators: Inmate records. Financial records. Budgets.

5-ACI-1B-22
(Ref. 4-4046)

Written policy, procedure, and practice provide that inmates can deposit personal funds in interest-bearing accounts and accrue the interest earned on those accounts.

Comment: Inmates should have the opportunity to deposit and withdraw funds in their accounts unless substantial reasons justify otherwise. Any interest earned, whether the individual's funds are in a personal account or are consolidated in a centralized account, should accrue to the inmate.

Protocols: Written policy and procedure.

Process Indicators: Inmate records. Financial records.

5-ACI-1B-23
(Ref. 4-4047)

Written policy, procedure, and practice provide that any financial transactions permitted between inmates must be approved by staff.

Comment: Uncontrolled financial transactions between inmates can foster illegal activities.

Protocols: Written policy and procedure.

Process Indicators: Inmate records. Financial records. Documentation of staff approval.

**5-ACI-1B-24
(Ref. 4-4461-1)**

Written policy, procedure, and practice provide that, consistent with the laws and legal practices within the jurisdiction, restitution is collected and ultimately made available to the victims of crime and/or their survivors. Where supported by statute, and feasible, victim awareness classes are offered to help offenders understand the impact of their crimes on the victims, their communities, and their own families.

Comment: Victim's programs should be overseen by someone in a management-level position who has easy access to the agency's top leadership and who is supported by staff trained to respond appropriately to crime victims who contact the agency.

Protocols: Written policy and procedure. Applicable statutes.

Process Indicators: Offender records.

1C. - PERFORMANCE STANDARD: PERSONNEL

The facility promotes diversity and competency through employee staffing, recruitment, promotions, benefit allocations and performance reviews.

OUTCOME MEASURES:

- (1) The average offender population in the past 12 months divided by the average number of filled full time positions in the past 12 months.
- (2) The number of staff who left employment for any reason in the past 12 months divided by the average number of filled full time positions in the past 12 months.
- (3) The number of verified employee violations in the past 12 months divided by the average number of filled full time staff positions in the past 12 months.
- (4) The number of staff terminated for conduct violations in the past 12 months divided by the average number of filled full time staff positions in the past 12 months.
- (5) The number of performance reviews rated acceptable or higher in the past 12 months divided by the total number of performance reviews conducted in the past 12 months.
- (6) Average number of security staff positions filled per month for the past 12 months divided by the total number of authorized security positions.
- (7) Number of security staff who left employment in the past 12 months divided by the total number of authorized security positions.

Personnel Policy Manual

**5-ACI-1C-01
(Ref. 4-4048)**

A personnel policy manual is available for employee reference and covers at a minimum the following areas:

- **organization chart (table of organization)**
- **recruitment and promotion, including equal employment opportunity provisions**
- **job descriptions and qualifications, including salary determinations**
- **physical fitness policy**
- **benefits, holidays, leave, and work hours**
- **personnel records and employee evaluations**
- **staff development, including in-service training**
- **retirement, resignation, and termination**
- **employee-management relations, including disciplinary procedures and grievance and appeals procedures**
- **statutes relating to political activities**
- **insurance/professional liability requirements**

New staff are informed in writing of the institution's hostage policy in regard to staff roles and safety.

Comment: Written personnel regulations help ensure equitable and consistent treatment of all employees. Every employee should have the opportunity to review the personnel manual at the time of employment and thereafter, and employees should be encouraged to ask questions about personnel policies.

Protocols: Written policy and procedure. Personnel manual.

Process Indicators: Staff interviews. Observation of manual.

**5-ACI-1C-02
(Ref.4-4049)**

The warden/superintendent reviews the institution's internal personnel policies annually and submits to the parent agency any recommended changes that are relevant to the parent agency's policies.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of annual review and revision.

Staffing Requirements

**5-ACI-1C-03
(Ref. 4-4050)**

The staffing requirements for all categories of personnel are determined on an ongoing basis to ensure that inmates have access to staff, programs, and services.

Comment: Staffing requirements should be determined on more than inmate population figures and should include review of staffing needs for health care, academic, vocational, library, recreation, and religious programs and services. Workload ratios should reflect such factors as goals, legal requirements, character and needs of the inmates supervised, and other duties required of staff. Workloads should be sufficiently low to provide access to staff and effective services.

Protocols: Written policy and procedure. Staffing plan.

Process Indicators: Staff interviews. Documentation of periodic review.

**5-ACI-1C-04
(Ref. 4-4051)**

The institution uses a formula to determine the number of staff needed for essential positions. The formula considers, at a minimum, holidays, regular days off, annual leave, and average sick leave.

Comment: Additional factors that can be included in the formula are time off duty for training, military leave time, and factors specific to the institution and jurisdiction. Positions requiring staffing for more than one shift and/or more than five days per week should be budgeted for the full staffing needed.

Protocols: Written policy and procedure. Staffing analysis.

Process Indicators: Staffing plan. Staffing rosters. Interviews.

5-ACI-1C-05
(Ref. 4-4052)

The warden/superintendent can document that the overall vacancy rate among the staff positions authorized for working directly with inmates does not exceed 10 percent for any 18-month period.

Comment: Wardens/superintendents should ensure that a pool or register of eligible candidates is available to fill or keep to a minimum any vacancies among staff who work directly with inmates (correctional officers, counselors, teachers, chaplains, librarians, and so on). Position vacancies that are frozen by legislative or fiscal controls should not be considered in the 10 percent vacancy rate specified in the standard. When unusual conditions cause an excessive number of vacancies, the warden/superintendent should notify the central agency in writing about the disparity between positions authorized and filled, documenting the reasons and alerting the agency to the potential problems.

Protocols: Written policy and procedure. Staffing plan. Budget.

Process Indicators: Staffing rosters. Interviews.

Equal Employment Opportunity

5-ACI-1C-06
(Ref. 4-4053)

Written policy, procedure and practice specifies that equal employment opportunities exist for all positions. When deficiencies exist regarding the employment of minority groups and women, the institution can document the implementation of an affirmative action program that is approved by the appropriate government agency and can document annual reviews and the changes needed to keep the program current.

Comment: Equal employment opportunity is a public policy goal. All qualified persons should be able to compete equally for entry into and promotion within the institution, and the affirmative action program should actively encourage the participation of members of minority groups, individuals with a disability, and women in the institution's staff development program. The affirmative action program also should include corrective actions, when needed, in policies regarding pay rate, demotion, transfer, layoff, termination, and upgrades.

Protocols: Written policy and procedure. Affirmative action program.

Process Indicators: Personnel records. Interviews. Documentation of annual review and updates.

**5-ACI-1C-07
(Ref. 4-4054)**

Written policy, procedure, and practice provide a mechanism to process requests for reasonable accommodation to the known physical and/or mental impairments of a qualified individual with a disability, either an applicant or an employee. The accommodation need not be granted if it would impose an undue hardship or direct threat.

Comment: Reasonable accommodation refers to modifications or adjustments which enable qualified applicants with disabilities to access the job application process or which enable qualified employees with disabilities to perform the essential functions of the job and to enjoy the same terms, conditions, and privileges of employment that are available to persons without disabilities. Terms, conditions, and privileges include, but are not limited to:

- recruitment, selection, and hiring
- salary and compensation
- benefits, holidays, leave, and work hours
- promotion and advancement
- staff development, including in-service training
- retirement, resignation, and termination

An undue hardship means significant difficulty or expense. Direct threat means a significant risk of substantial harm to the health or safety of any person, including the applicant or employee with a disability that cannot be eliminated or reduced by reasonable accommodation. A qualified individual with a disability means an individual with a disability who satisfies the requisite skill, experience, education, and other job-related requirements for the employment position such individual holds or desires, and who, with or without reasonable accommodation, can perform the functions of such position.

Protocols: Written policy and procedure. Job description. Facility plans/specifications.

Process Indicators: Personnel records. Staff interviews. Observation.

**5-ACI-1C-08
(Ref. 4-4055)**

Written policy, procedure, and practice provide for the employment of qualified ex-offenders.

Comment: Ex-offenders can be a valuable personnel resource and should not be discriminated against when they seek employment. Qualified applicants should be assured equal employment opportunity.

Protocols: Written policy and procedure. Hiring policies.

Process Indicators: Personnel records.

**5-ACI-1C-09
(Ref. 4-4056)**

Written policy, procedure, and practice prohibit sexual harassment.

Comment: Facility administrators should have as their objective the creation of a workplace that is free from all forms of discrimination, including sexual harassment. Facility policy clearly indicates that sexual harassment, either explicit or implicit, is strictly prohibited. Employees and agents of the facility, including volunteers, contractors, and vendors, must be advised that they are subject to disciplinary action, including dismissal and termination of contracts and/or services, if found guilty of sexual harassment charges brought by employees or inmates.

Protocols: Written policy and procedure. Code of Ethics. Acknowledgement form.

Process Indicators: Staff records. Interviews. Completed form.

Selection and Promotion

**5-ACI-1C-10
(Ref. 4-4057)**

Written policy, procedure, and practice provide that all personnel are selected, retained, and promoted on the basis of merit and specified qualifications. New employees receive credit for their prior training.

Comment: None.

Protocols: Written policy and procedure. Personnel policies. Job descriptions.

Process Indicators: Personnel records. Documentation of qualifications.

**5-ACI-1C-11
(Ref. 4-4058)**

Written policy, procedure, and practice provide for lateral entry as well as promotion from within the institution.

Comment: Anyone with the required education, experience, and background should be eligible for consideration for a position at the level at which he or she is qualified. Provisions for lateral entry enable the institution to obtain the best qualified persons for positions even though the institution's personnel policies may emphasize promotion from within.

Protocols: Written policy and procedure. Personnel policies.

Process Indicators: Personnel records. Documentation of promotion.

Probationary Term

**5-ACI-1C-12
(Ref. 4-4059)**

Written policy, procedure, and practice provide that employees covered by merit systems, civil service regulations, or union contract are appointed initially for a probationary term of at least six months but no longer than one year unless national or state regulations specify otherwise.

Comment: Employee performance during the probationary term should be evaluated at least every two months using forms developed for that purpose, and all employees should have the opportunity to discuss their evaluations. Those not performing satisfactorily should be terminated during their probationary period. Employees transferring from one facility to another within the same system should not be required to repeat a probationary term.

Protocols: Written policy and procedure. Personnel policies.

Process Indicators: Personnel files. Interviews.

Provisional Appointments

**5-ACI-1C-13
(Ref. 4-4060)**

Written policy, procedure, and practice provide for provisional appointments to ensure that short-term personnel, both full-time and part-time, can be available during emergencies.

Comment: Civil service, merit system, and union requirements should be modified to allow the short-term employment of additional personnel during vacations, rises in the inmate population, or other situations that leave the institution understaffed. While provisional personnel should meet the minimum requirements for the positions they fill, they should not be considered permanent replacements for permanent personnel.

Protocols: Written policy and procedure.

Process Indicators: Staffing plan. Interviews.

Criminal Record Check

5-ACI-1C-14
(Ref. 4-4061)

A criminal record check is conducted on all new employees, contractors, and volunteers prior to assuming their duties to identify whether there are criminal convictions that have a specific relationship to job performance. This record will include comprehensive identifier information to be collected and run against law enforcement indices. If suspect information on matters with potential terrorism connections is returned on a desirable applicant, it is forwarded to the local Joint Terrorism Task Force (JTTF) or another similar agency.

Comment: The institutions administrators should know of any criminal conviction that could directly affect an employee's job performance in an institutional setting. Comprehensive identifiers may include current name, birth name, date of birth, social security number, address, phone number, copy of driver's license, copy of passport (if any), and similar information. Such information is run against NCIC criminal histories, criminal indices, and wants and warrants.

Protocols: Written policy and procedure.

Process Indicators: Personnel records.

Physical Examination

5-ACI-1C-15
(Ref. 4-4062)

Written policy, procedure, and practice provide that employees who have direct contact with inmates receive a physical examination prior to job assignment. All other employees receive a medical screening prior to job assignment. Employees receive reexaminations according to a defined need or schedule.

Comment: Staff whose responsibilities include security and control or regular direct contact with inmates must have physical examinations to protect their health and ensure that they can carry out their assignments effectively. The basic health status of all employees should be evaluated against the specific requirements of their assignments. Physical examination and screening procedures may be established by the appropriate medical authority in accordance with applicable laws and regulations.

Protocols: Written policy and procedure.

Process Indicators: Personnel records.

Drug-free Workplace

5-ACI-1C-16
(Ref. 4-4063)

There is a written policy, procedure and practice that specifies support for a drug-free workplace for all employees. This policy includes at a minimum the following:

- **prohibition of the use of illegal drugs**
- **prohibition of possession of any illegal drug except in the performance of official duties**
- **the procedures to be used to ensure compliance**
- **the opportunities available for treatment and/or counseling for drug abuse**
- **the penalties for violation of the policy**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Staff interviews. Personnel records.

5-ACI-1C-16
(Ref. 4-4063)
Revised January 2020

(Effective NLT July 1, 2021) The agency supports a drug-free workplace for all employees. The agency's policy(ies) includes at a minimum the following:

- **prohibition of the use of illegal drugs**
- **prohibition of possession of any illegal drug except in the performance of official duties**
- **the procedures to be used to ensure compliance**
- **the opportunities available for treatment and/or counseling for drug abuse**
- **the penalties for violation of the policy**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Staff interviews. Personnel records.

Performance Reviews

5-ACI-1C-17
(Ref. 4-4064)

Written policy, procedure, and practice provide for an annual written performance review of each employee. The review is based on defined criteria, and the results are discussed with the employee.

Comment: Performance reviews should be an ongoing process with written evaluations completed at least annually. Reviews should be objective and based on specific job criteria and explicit performance standards.

Protocols: Written policy and procedure.

Process Indicators: Staff interviews. Personnel records.

Compensation and Benefits

5-ACI-1C-18
(Ref. 4-4065)

Compensation and benefit levels for all institutional personnel are comparable to those for similar occupational groups in the state or region.

Comment: Competitive salaries and attractive benefits are necessary to recruit and retain staff of high caliber. Occupational fields with positions similar to those in the correctional field include education, social work, accounting, and office management.

Protocols: Written policy and procedure. Wages and compensation scale. Documentation of the local jurisdiction's wage scale. Salary schedules.

Process Indicators: Payroll records.

5-ACI-1C-19
(Ref. 4-4066)

Written policy, procedure, and practice provide for employees to be reimbursed for all approved expenses incurred in the performance of their duties.

Comment: Funds should be available for approved reimbursements.

Protocols: Written policy and procedure.

Process Indicators: Staff interviews. Expense reports.

Personnel Files

5-ACI-1C-20
(Ref. 4-4067)

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

Comment: The personnel record should contain the following: initial application; reference letters; results of employment investigation; verification of training and experience; wage and salary information; job performance evaluations; incident reports, if any; and commendations and disciplinary actions, if any.

Protocols: Written policy and procedure. Personnel forms and file formats.

Process Indicators: Personnel records.

**5-ACI-1C-21
(Ref. 4-4068)**

Written policy, procedure, and practice provide that employees may challenge the information in their personnel file and have it corrected or removed if it is proved inaccurate.

Comment: Employees should be allowed to review their personnel files to see that they are current and to check for omissions or inaccuracies. Procedures should specify the means for correcting discrepancies.

Protocols: Written policy and procedure.

Process Indicators: Personnel records.

Code of Ethics

**5-ACI-1C-22
(Ref. 4-4069)**

A written code of ethics shall require employees to conduct themselves and perform their duties in such a way as to set a good example for prisoners and thereby command their respect. The code of ethics shall prohibit employees from using their official position to secure privileges for themselves or others and from engaging in activities that constitute a conflict of interest. This code is available to all employees.

Comment: To protect the integrity of the institution, its staff, and the parent agency, all personnel must be thoroughly familiar with the code of ethics, and the code must be strictly enforced.

Protocols: Written policy and procedure.

Process Indicators: Code of Ethics. Observation.

Confidentiality of Information

**5-ACI-1C-23
(Ref. 4-4070)**

Written policy, procedure, and practice provide that consultants and contract personnel who work with inmates are informed in writing about the institution's policies on confidentiality of information and agree to abide by them.

Comment: The written policies should specify what types of information are confidential between worker and inmate, what types should be shared with other institutional personnel, and what types can be communicated to persons outside the institution.

Protocols: Written policy and procedure. Acknowledgement form.

Process Indicators: Personnel records. Completed forms.

Employee Assistance Program

5-ACI-1C-24
(Ref. 4-4071)

Written policy, procedure, and practice provide for an employee assistance program that is approved by the parent agency.

Comment: An employee assistance program provides counseling and/or referral to any employee with a personal problem that is affecting or has the potential to affect the individual's work performance. The program assists the employee in identifying the problem and locating sources of treatment or rehabilitative help.

Protocols: Written policy and procedure.

Process Indicators: Interviews.

Staff Wellness

5-ACI-1C-25
NEW Aug. 2018

(Effective NLT October 1, 2020) All staff will have access to on-going health and wellness education, and programs and activities. Written policy, procedures and practices encourage and support employees to participate and engage in health and wellness activities inside and outside of their institutions/agencies. At a minimum a program should include:

- **education on inherit health risks**
- **monitored goals and objectives**
- **engagement surveys**
- **a designated committee that has oversight of activities**
- **periodic health screenings**
- **incentives to encourage employee participation**
- **linkages to support programs (i.e. employee assistance programs, Critical Incident Response Team)**

Comment: Health education and wellness topics may include but are not limited to information such as the benefits of exercise and physical fitness activities, weight management, smoking cessation, substance abuse, stress management, post-traumatic stress disorder, self-care for chronic conditions, self-examination, signs and symptoms of depression, healthy relationships, balancing work and home life, and how to access health care and employee assistance programs. A Critical Incident Response Team, often comprised of trained, volunteer staff, can play an important role in addressing the specific needs of correctional staff exposed to a serious incident.

Protocols: Written policy and procedure.

Process Indicators: Personnel records. Staff interviews. Observation.

1D. - PERFORMANCE STANDARD: TRAINING AND STAFF DEVELOPMENT

The facility conducts pre-service, in-service and specialized development programs to promote the effectiveness of staff, volunteers and other effected parties.

Program Coordination and Supervision

5-ACI-1D-01
(Ref. 4-4073)

Written policy, procedure, and practice provide that the institution’s employee staff development and training programs are planned, coordinated, and supervised by a qualified supervisory employee. The training plan is reviewed annually.

Comment: The training plan should include all preservice, in-service, and specialized training curriculums, with specific timelines for completing each training unit. The plan should consider the institution’s mission, physical characteristics, and specific inmate populations.

Protocols: Written policy and procedure. Training plan. Staff development program. Process for annual training needs assessment.

Process Indicators: Training records. Documentation of annual review.

5-ACI-1D-02
(Ref. 4-4074)

The qualified individual coordinating the staff development and training program has specialized training for that position. Full-time training personnel have completed at least a 40-hour training-for-trainers course.

Comment: None.

Protocols: Written policy and procedure. Job description. Organizational chart.

Process Indicators: Staff interviews. Personnel records. Training records.

Training Plan

5-ACI-1D-03
(Ref. 4-4075)

The training plan is developed, evaluated, and updated based on an annual assessment that identifies current job-related training needs.

Comment: Training should be responsive to position requirements, professional development needs, current correctional issues, and new theories, techniques, and technologies. The annual needs assessment may require information from many sources: observation and analysis of job components; staff surveys regarding training needs; reviews of agency/facility operations; staff reports; and evaluations and findings from sources within and outside the jurisdiction.

Protocols: Written policy and procedure.

Process Indicators: Training plan. Annual assessment.

5-ACI-1D-04
(Ref. 4-4076)

The institution's training plan is developed by an advisory training committee composed of the institution's training coordinator and representatives from other institutional departments. The committee meets at least quarterly to review progress and resolve problems, and a written record of these meetings is forwarded to the warden/superintendent.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Training committee meeting agenda. Documentation of participation. Written record of meetings.

Training Evaluation

5-ACI-1D-05
(Ref. 4-4077)

The institution's training plan provides for ongoing formal evaluation of all preservice, in-service, and specialized training programs. A written report is prepared annually.

Comment: Ongoing evaluation should include appraisals from trainees, supervisors, and inmates.

Protocols: Written policy and procedure. Training plan.

Process Indicators: Observation of annual report.

Training Resources

Reference Services

5-ACI-1D-06
(Ref. 4-4078)

Library and reference services are available to complement the training and staff development program.

Comment: Reference materials should be readily accessible to employees. Materials not usually available at the institution should be acquired through other sources, such as criminal justice clearinghouses and interlibrary loans.

Protocols: Written policy and procedure.

Process Indicators: Observations. Staff interviews.

Outside Resources

**5-ACI-1D-07
(Ref. 4-4079)** **The training and staff development program uses the resources of public and private agencies, private industry, colleges, universities, and libraries.**

Comment: Outside guidance and assistance for the institution's training program can take the form of materials, equipment, course development, and evaluation techniques. Numerous resources exist, including the National Institute of Corrections (NIC) and the NIC Academy Division, the National Institute of Justice, large corporations, and professional groups.

Protocols: Written policy and procedure. List of training resources.

Process Indicators: Personnel records. Training records. Staff interviews

Space and Equipment

**5-ACI-1D-08
(Ref. 4-4080)** **The necessary space and equipment for the training and staff development program are available.**

Comment: Facilities for classroom instruction should be easily accessible, free from distracting noise or observation by inmates, large enough to accommodate 20 to 30 students, and appropriate for audiovisual presentations. Separate spaces should be provided for specialized training (for example, use of firearms and/or chemical agents, physical training).

Protocols: Written policy and procedure.

Process Indicators: Staff interviews. Observation of training space and equipment.

Reimbursement

**5-ACI-1D-09
(Ref. 4-4081)** **The institution's budget includes funds to reimburse staff for their time when training is conducted during off-duty hours.**

Comment: Because it is not always practical to release correctional officers and other staff for training during their regular duty hours, staff should be compensated for their off-duty time spent in training. When officers are taken off the job for training, there should be sufficient funds for replacement personnel.

Protocols: Written policy and procedure. Personnel policies. Budgets.

Process Indicators: Personnel records. Staff interviews.

Orientation

5-ACI-1D-10
(Ref. 4-4082)

Written policy, procedure and practice provide that all new full-time employees must complete a formalized 40-hour orientation program before undertaking their assignments. At a minimum, the orientation program should include the following:

- the purpose, goals, policies, and procedures for the facility and parent agency
- security and contraband regulations
- key control
- appropriate conduct with offenders
- responsibilities and rights of employees
- universal precautions
- occupational exposure
- personal protective equipment
- biohazardous waste disposal
- an overview of the correctional field
- the emergency plan
- aspects of sexual abuse and harassment
- procedures for the suicide prevention plan
- recognizing signs and symptoms of mental illness

Comment: None.

Protocols: Written policy and procedure. Orientation materials and schedule.

Process Indicators: Personnel records. Staff interviews.

5-ACI-1D-10
(Ref. 4-4082)
Revised Jan. 2019

(Effective NLT Sept. 2020) Written policy, procedure and practice provide that all new full-time employees must complete a formalized 40-hour orientation program before undertaking their assignments. At a minimum, the orientation program should include the following:

- The purpose, goals, policies, and procedures for the facility and parent agency
- Security and contraband regulations
- Key control
- Appropriate conduct with offenders
- Rights and responsibilities of employees
- Universal precautions
- Occupational exposure
- Personal protective equipment
- Biohazardous waste disposal
- An overview of the correctional field

- **The emergency plan**
- **aspects of sexual abuse and harassment**
- **procedures for the suicide prevention plan**
- **recognizing signs and symptoms of mental illness**
- **Sustainable and environmentally responsible practices**

Comment: None.

Protocols: Written policy and procedure. Orientation materials and schedule.

Process Indicators: Personnel records. Staff interviews.

Administrative Staff

**5-ACI-1D-11
(Ref. 4-4083)**

Written policy, procedure, and practice provide that all administrative and managerial staff receive 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year thereafter, in areas relevant to their position.

Comment: Ongoing training in topics relevant to an employee's position enhances skill and job performance.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

Correctional Officers

**5-ACI-1D-12
(Ref. 4-4084)**

Written policy, procedure, and practice provide that all new correctional officers receive 120 hours of training during their first year of employment. At a minimum, this training covers the following areas:

- **security and safety procedures**
- **emergency and fire procedures**
- **supervision of offenders**
- **suicide intervention/prevention**
- **de-escalation**
- **offender rights**
- **key control**
- **interpersonal relations**
- **communication skills**
- **standards of conduct**
- **cultural awareness**
- **sexual abuse/assault intervention**
- **code of ethics**

Additional topics may be added at the discretion of the agency or facility.

Comment: Since the duties of correctional officers frequently involve most institutional operations, their training should be comprehensive.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

**5-ACI-1D-13
(Ref. 4-4084-1)**

Written policy, procedure, and practice provide that all correctional officers receive at least 40 hours of annual training. This training shall include at a minimum the following areas:

- standards of conduct/ethics
- security/safety/fire/medical/emergency procedures
- supervision of offenders including training on sexual abuse and assault
- de-escalation

Additional topics shall be included based upon a needs assessment of both staff and institution requirements.

Comment: This training will enable employees to sharpen skills, maintain certification, and keep abreast of changes in policies, procedures, and legislative, judicial, or executive actions.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

Specialist Employees

**5-ACI-1D-14
(Ref. 4-4085)**

Written policy, procedure, and practice provide that all professional specialist employees who have inmate contact receive 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year thereafter.

Comment: Case managers, chaplains, teachers, medical personnel, and other specialists whose backgrounds include considerable training for their positions should receive specific training in their field as it relates to the institutional setting.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

Support Staff

5-ACI-1D-15 (Ref. 4-4086)

Written policy, procedure, and practice provide that all support employees who have regular or daily contact with inmates receive 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year thereafter.

Comment: Food service employees, industry supervisors, and other support personnel whose work requires day-to-day contact with inmates should receive basic training in inmate supervision and security as well as specialized training in their field as it relates to the institutional setting.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

5-ACI-1D-16 (Ref. 4-4087)

Written policy, procedure, and practice provide that all clerical/support employees who have minimal contact with inmates receive 16 hours of training in addition to orientation training during their first year of employment and 16 hours of training each year thereafter.

Comment: Clerical and support personnel who are not in continuous contact with inmates should receive training relevant to their particular job assignments.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

Part-time Staff

5-ACI-1D-17 (Ref. 4-4088)

All part-time staff and contract personnel receive formal orientation appropriate to their assignments and additional training as needed.

Comment: Part-time staff should receive orientation to institutional rules, security, and operational procedures.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

Specialized Training

Emergency Unit

5-ACI-1D-18
(Ref. 4-4089)

Written policy, procedure and practice provide that correctional officers assigned to an emergency unit have at least one year of corrections and 40 hours of specialized training before undertaking their assignments. Prior military or civilian corrections or law enforcement experience can substitute for the one year of experience. Other staff must have at least one year of experience in their specialty within a correctional setting. The specialized training may be part of their first year training program. Officers and staff assigned to emergency units receive 40 hours of training annually, at least 16 of which are specifically related to the emergency unit assignment and which cover emergency plan response. Staff assigned to emergency units shall be required to participate in annual training that test emergency plan systems for natural and man-made disasters.

Comment: None.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

De-escalation

5-ACI-1D-19
(Ref. 4-4090)

All security and custody personnel are trained in approved methods of self-defense and de-escalation.

Comment: All security and custody personnel should be trained in the techniques to control and/or move inmates with minimal harm and discomfort to both inmates and staff.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

Use of Firearms

5-ACI-1D-20
(Ref. 4-4091)

(MANDATORY) Written policy, procedure, and practice provide that all personnel authorized to use firearms receive appropriate training before being assigned to a post involving the possible use of such weapons. Firearms training covers the use, safety, and care of firearms and the constraints on their use. All personnel authorized to use firearms must demonstrate competency in their use at least annually.

Comment: Firearms training should be thorough, conducted using a systematic curriculum, and documented. The word annually in the standard refers specifically to a 12-month period rather than a calendar year.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

Use of Chemical Agents

**5-ACI-1D-21
(Ref. 4-4092)**

(MANDATORY) All personnel authorized to use chemical agents receive thorough training in their use and in the treatment of individuals exposed to a chemical agent.

Comment: A special training curriculum should be established that includes both individual and group instruction by competent authorities.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

Continuing Education

**5-ACI-1D-22
(Ref. 4-4093)**

Written policy, procedure, and practice encourage employees to continue their education and, as authorized, provides administrative leave and/or reimbursement for employees attending approved professional meetings, seminars, and similar work-related activities.

Comment: Employees who wish to continue their education should be given the opportunity to do so. Every effort should be made to coordinate educational activities with staff responsibilities. The institution's staff development and training program should promote and support employee participation in outside workshops, seminars, and other formal educational programs.

Protocols: Written policy and procedure. Personnel policies.

Process Indicators: Personnel records. Staff interviews.

4-4094

Deleted January 2017

1E. - PERFORMANCE STANDARD: CASE RECORDS

The facility promotes appropriate security, access control and other measures designed to assure the integrity of records entrusted to its care.

Case Record Management

5-ACI-1E-01
(Ref. 4-4095)

Written policy and procedure govern case record management, including at a minimum the following areas: the establishment, use, and content of inmate records; right to privacy; secure placement and preservation of records; and schedule for retiring or destroying inactive records.

Comment: An orderly and timely system for recording, maintaining, and using data about offenders increases the efficiency and effectiveness of the program and service delivery and the transfer of information to the courts and release authorities.

Protocols: Written policy and procedure. Case record management process.

Process Indicators: Observation. Interviews. Inmate records.

Transfer of Records

5-ACI-1E-02
(Ref. 4-4096)

Written policy, procedure, and practice provide that an updated case file for any inmate transferred from one institution to another is transferred simultaneously or, at the latest, within 72 hours.

Comment: Continuity of correctional programming for inmates transferred from other institutions requires that staff have the benefit of a complete cumulative case record as soon as possible. The same policy and procedure should apply to the transfer of medical files.

Protocols: Written policy and procedure.

Process Indicators: Transfer logs. Inmate case files. Interviews.

Computation of Time Served

5-ACI-1E-03
(Ref. 4-4097)

Written policy, procedure, and practice provide that inmate time is accurately computed and recorded in conformance with applicable statutes and regulations.

Comment: The accurate computation and recording of any “good time” earned or time forfeited is vital for incarcerated persons. Each inmate’s case file should include an up-to-date record of time served and time remaining.

Protocols: Written policy and procedure. Inmate compensation plan.

Process Indicators: Inmate interview. Inmate records. Documentation of inmate compensation.

Inmate Access to Records

**5-ACI-1E-04
(Ref. 4-4098)** **Written policy and procedure govern inmates' access to information in their case records.**

Comment: Inmates should have access to their case records and files consistent with applicable statutes regarding the procedures and conditions for reviewing these materials. Exceptions should be based on possible harm to the inmate or others.

Protocols: Written policy and procedure. Process for inmate access to case records.

Process Indicators: Inmate case records.

Release of Information

**5-ACI-1E-05
(Ref. 4-4099)** **The institution uses a “release of information consent form” that complies with applicable federal and state regulations. Unless the release of information is required by statute, the inmate signs the consent form prior to the release of information and a copy of the form is maintained in the inmate’s case record.**

Comment: The confidentiality of information regarding inmates is protected by law. The consent form may include the following items: name of person and agency or organization requesting information; name of institution releasing information; specific information to be disclosed and purpose of disclosure; signature of inmate and date of signature; and signature of employee witnessing the inmate’s signature. Where statutes direct, consent forms should not be required for release of information to judicial, law enforcement, correctional, and social service authorities involved with the individual case.

Protocols: Written policy and procedure. Consent of Release of Information Form.

Process Indicators: Inmate case records. Completed consent forms.

1F. - PERFORMANCE STANDARD: INFORMATION SYSTEMS AND RESEARCH

Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.

Information Systems

5-ACI-1F-01
(Ref. 4-4100)

The institution contributes to, has access to, and uses an organized system of information storage, retrieval, and review. The information system is part of an overall research and decision-making capacity relating to both inmate and operational needs and its effectiveness as it relates to overall institutional management is evaluated in writing at least annually.

Comment: Correctional information systems facilitate decision making, research, and timely responses to offender needs and outside inquiries. In large correctional systems, information systems often are the responsibility of the parent agency. If the parent agency does not provide this function, the institution should train and assign specific personnel to this function.

Protocols: Written policy and procedure. Information and records formats and forms.

Process Indicators: Facility records. Staff records. Volunteer records. Offender records. Observation. Interviews. Written annual evaluation.

5-ACI-1F-02
NEW Aug. 2018

(Effective NLT October 1, 2020) Written data security policy, procedure, and practice govern the collection, storage, retrieval, access, use, and transmission of sensitive or confidential data contained in paper, physical, or media format.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Observation.

5-ACI-1F-03
NEW Aug. 2018

(Effective NLT October 1, 2020) There is a written information technology incident response and management plan to be used in the event that the institution experiences an information technology security breach. The plan is approved by the agency Chief Information Officer or equivalent, reviewed annually and updated as necessary, and is communicated to all staff. The plan includes the following:

- Incident Reporting Procedures
- Staff Roles & Responsibilities for Incident Response and Management
- Incident Investigation Procedures

- **Incident Remediation and Closure Procedures**
- **Post-Incident Review and Action Planning Procedures that Focus on Preventing Future Reoccurrences**

Comment: None.

Protocols: Written policy and procedure. Written Plan.

Process Indicators: Observation. Documentation of approval, and annual review. Interviews.

5-ACI-1F-04
NEW Aug. 2018

(Effective NLT October 1, 2020) There is a written information technology governance plan that contains the process by which staff and offender technology assets are identified, obtained, utilized, and maintained in an effective manner to achieve the agency’s mission. The governance plan is approved by the agency Director/designee, reviewed during the budgeting process and updated as necessary.

Comment: None.

Protocols: Written policy and procedure. Written plan.

Process Indicators: Observation. Documentation of approval, review and updates.

5-ACI-1F-05
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice govern inmate access and use of information technology computing devices. The policy is reviewed annually by the Chief Information Officer or equivalent, updated as necessary, and is communicated to all staff and offenders.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Observation. Documentation of annual review. Interviews.

5-ACI-1F-06
NEW Aug. 2018

(Effective NLT October 1, 2020) In cases of automated systems, written data security policy, procedure, practice govern the issuance, use, and termination of user accounts, the issuance and use of computing devices that connect to the automated information systems, the use of standalone and online applications within the information systems, and the collection, storage, retrieval, access, use, and transmission of sensitive or confidential data that resides in the information system.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Observation. Interviews.

5-ACI-1F-07
(Ref. 4-4101)

All staff who have direct access to the information in the information system have authorized access associated with their job duties and are trained in and responsive to the system's security requirements.

Comment: Written policy should specify which persons have direct access to the information system.

Protocols: Written policy and procedure.

Process Indicators: Staff training records. Interviews. Documentation of authorized access.

Sharing of Information

5-ACI-1F-08
(Ref. 4-4102)

The institution or parent agency collaborates with criminal justice and service agencies in information gathering, exchange, and standardization.

Comment: System wide collaboration is critical to effective management and timely decision making and helps prevent or reduce duplication of effort and costs. Institutions should share information among themselves while respecting the confidentiality and privacy of offender records.

Protocols: Written policy and procedure.

Process Indicators: Documentation of collaboration (e.g. meeting agendas).

Master Index and Daily Reports

5-ACI-1F-09
(Ref. 4-4103)

The institution maintains a single master index identifying all inmates who are assigned to the institution.

Comment: Staff should maintain an up-to-date master index that indicates the status and whereabouts of each inmate, including those on the institutional grounds, those temporarily off the grounds or in satellite units, and any escapees. This information should be readily available to administrative and supervisory personnel.

Protocols: Written policy and procedure. Accounting system. Forms. Identification forms/formats.

Process Indicators: Completed forms. Facility records and logs. Documentation of inmate accounting activities. Staff interviews.

**5-ACI-1F-10
(Ref. 4-4104)**

The institution maintains a daily report on inmate population movement.

Comment: The daily report should indicate the number of inmates in the institution and their names, identifying numbers, and housing assignments. Official daily movement sheets should detail the number and types of admissions and releases each day and the count at the close of the day.

Protocols: Written policy and procedure. Inmate Movement Forms. Identification forms/formats.

Process Indicators: Completed inmate movement forms. Facility records and logs. Staff interviews.

Management Information

**5-ACI-1F-11
(Ref. 4-4105)**

The institution's criteria for evaluating overall institutional performance are specific and defined in writing.

Comment: Collecting, trending, and analyzing of data should be conducted on an ongoing basis to determine the internal order of the facility. Data collected should include, but not be limited to the following: escape rate; frequency and number of assaults of staff; group disturbances by inmates; assaults and homicides by inmates; weapons and/or illegal drugs found; major and minor disciplinary actions; and staff and inmate grievances.

Protocols: Written policy and procedure. Written criteria.

Process Indicators: Documentation of review and statistical data collected. Completed institutional performance evaluation.

Program Information

4-4106

Deleted January 2017

**5-ACI-1F-12
(Ref. 4-4107)**

Institutional programs are analyzed and evaluated at least every two years to determine their contribution to the institution's mission.

Comment: Periodic program analyses and evaluations help the institution to identify which programs are productive and determine needed changes and/or the need for reordering priorities.

Protocols: Written policy and procedure. Mission statement.

Process Indicators: List of institutional programs. Documentation of analysis and evaluation.

Research Activities

Institutional Support

5-ACI-1F-13
(Ref. 4-4108)

The institution or parent agency supports and engages in research activities relevant to its programs, services, and operations.

Comment: Research can assist in planning and establishing goals and objectives. Controlled studies, evaluations, and policy research, by developing new knowledge, can contribute to more efficient and effective institutional operations, programs, and services and help increase public safety.

Protocols: Written policy and procedure.

Process Indicators: Documented research.

5-ACI-1F-14
(Ref. 4-4109)

Written policy, procedure, and practice provide that the warden/ superintendent encourages and uses research conducted by outside professionals.

Comment: Because of time and personnel constraints, few institutions can carry out internally all of the research needed. Institutions therefore should contract with responsible outside professionals to conduct needed research.

Protocols: Written policy and procedure.

Process Indicators: Review of available research documentation. Staff interviews.

5-ACI-1F-15
(Ref. 4-4110)

Operational personnel assist research personnel in carrying out research and evaluation.

Comment: A partnership between operations and research personnel is needed to determine research needs, establish priorities, and assist in the research design, data collection, assessment, and evaluation.

Protocols: Written policy and procedure.

Process Indicators: Staff interviews. Documented research and evaluation.

Conduct of Research

5-ACI-1F-16
(Ref. 4-4111)

Written policy and procedure govern the conduct of research in the institution, including compliance with professional and scientific ethics and with state and federal guidelines for the use and dissemination of research findings.

Comment: Researchers working in the institution should be informed about all policies relating to their research, especially those regarding confidentiality of information. Research results should be available to the warden/superintendent for review and comment before dissemination or publication.

Protocols: Written policy and procedure. Applicable state and federal guidelines.

Process Indicators: Documented research.

5-ACI-1F-17
(Ref. 4-4112)

Written policy, procedure, and practice provide that the agency administrator or designee reviews and approves all research proposals and/or designs prior to their implementation.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documented review and approval.

Inmate Participation

5-ACI-1F-18
(Ref. 4-4113)

Written policy and procedure govern voluntary inmate participation in non-medical, non-pharmaceutical, and non-cosmetic research programs.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Inmate interviews. Documentation of voluntary participation.

1G. - PERFORMANCE STANDARD: CITIZEN INVOLVEMENT AND VOLUNTEERS

The facility is a responsible member of the community, supporting citizen involvement and volunteer initiatives as well as other community interaction.

OUTCOME MEASURES:

- (1) The total number of hours of volunteer service delivered by members of the community in the past 12 months divided by the average daily population in the past 12 months.
- (2) The total number of hours of community service work delivered by offenders in the past 12 months divided by 12.

Program Coordination

4-4114

Deleted August 2007

5-ACI-1G-01
(Ref. 4-4115)

Written policy and procedure specify who is responsible for operating a citizen involvement and volunteer service program, and his or her lines of authority, responsibility, and accountability.

Comment: Written policy should provide direction for the program, listing the goals and objectives, types of services offered, population served, and so forth. Clear lines of accountability and authority should be established and communicated to staff and volunteers. Any volunteer activity that is shown to threaten the institution's order and security or the safety of a volunteer should be limited or discontinued until the problem is resolved.

Protocols: Written policy and procedure. Volunteer program outline.

Process Indicators: Organizational chart. Description of responsibilities. Staff interview.

Screening and Selection

5-ACI-1G-02
(Ref. 4-4116)

The screening and selection of volunteers allows for recruitment from all cultural and socioeconomic parts of the community.

Comment: Efforts should be made to recruit volunteers from all segments of society. Volunteers should be selected on the basis of a uniform screening process that is consistent with security concerns.

Protocols: Written policy and procedure. Volunteer recruiting plan.

Process Indicators: Documentation of volunteer recruiting activities.

Registration

5-ACI-1G-03
(Ref. 4-4117)

There is an official registration and identification system for volunteers.

Comment: All volunteers should be registered with the institution or parent agency for insurance purposes, and each volunteer should be issued an identification card. The institution should maintain an identification record for each volunteer that includes a photograph, address, current telephone number, and other relevant information.

Protocols: Written policy and procedure. Volunteer orientation/registration procedures. Identification system.

Process Indicators: Volunteer records.

Offer of Professional Services

5-ACI-1G-04
(Ref. 4-4118)

Written policy specifies that volunteers may perform professional services only when they are certified or licensed to do so.

Comment: Volunteers who wish to offer professional services should be asked to cite their credentials and/or certificate status in their initial application. Tutoring or sponsorship of a craft or hobby program is not considered a professional service.

Protocols: Written policy and procedure.

Process Indicators: Credentials and/or certificate.

Orientation and Training

5-ACI-1G-05
(Ref. 4-4119)

Written policy, procedure, and practice provide that each volunteer completes an appropriate, documented orientation and/or training program prior to assignment and agrees in writing to abide by all facility policies, particularly those relating to the security and confidentiality of information.

Comment: None.

Protocols: Written policy and procedure. Volunteer handbook. Training curriculum. Training forms.

Process Indicators: Volunteer records. Training records/documentation. Written agreement.

4-4120

Deleted January 2017

Schedule of Services

**5-ACI-1G-06
(Ref. 4-4121)** **A current schedule of volunteer services is available to all inmates and is posted in appropriate areas of the institution.**

Comment: Inmates should be aware of the volunteer services available. Before volunteer services are provided, inmates should understand the role of volunteers, including the limits of their authority, and should understand the mutual responsibilities of the inmate and the volunteer.

Protocols: Written policy and procedure.

Process Indicators: Completed volunteer services schedule. Observation. Inmate interviews.

Participation in Policy Making

**5-ACI-1G-07
(Ref. 4-4122)** **There is provision for volunteers to contribute suggestions regarding the establishment of policy and procedure for the volunteer services program.**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of provision.

2. Physical Plant

GOAL: The facility's physical plant is designed, equipped and maintained in a manner that promotes safety, program function and access.

2A. - PERFORMANCE STANDARD: BUILDING AND SAFETY CODES

The facility complies with professional building and fire safety codes to help ensure the safety of all persons within the facility.

OUTCOME MEASURES:

- (1) Number of worker's compensation claims filed in the past 12 months divided by the average number of filled full-time staff positions in the past 12 months.
- (2) Number of sanitation or health-code violations identified by external agencies in the past 12 months.
- (3) The number of fire and safe code violations identified by the governing jurisdiction in the past 12 months.

Building Codes

**5-ACI-2A-01
(Ref. 4-4123)**

(Renovation, New Construction Only after January 1, 1990). The institution conforms to applicable federal, state, and/or local building codes.

Comment: None.

Protocols: Written policy and procedure. Copies of applicable sanitation and health codes. Internal health/sanitation inspection checklists.

Process Indicators: Reports, license, or certificate from the appropriate local and/or state agency. Inspection reports/results-internal and external. Maintenance and repair records.

Fire Codes

**5-ACI-2A-02
(Ref. 4-4124)**

(MANDATORY) The institution conforms with applicable federal, state, and/or local fire safety codes. Compliance is documented by the authority having jurisdiction. A fire alarm and automatic detection system are required, as approved by the authority having jurisdiction, or there is a plan for addressing these or other deficiencies within a reasonable time period. The authority approves any variances, exceptions, or equivalencies that do not constitute a serious life safety threat to the occupants or the facility.

Comment: The applicable fire safety code(s) must be comprehensive, ensure basic protection of life, and include the use of fire detection and alarm systems in all habitable areas of the facility. The applicable code(s) should be applied to all areas of the facility. Reports of periodic inspections and any actions taken in respect to those inspections must be available.

Protocols: Written policy and procedure. Facility plans/specifications. Fire regulations and codes. Internal inspection forms. Detention and alarm system testing schedule.

Process Indicators: Documentation of compliance. Reports/inspections from external agencies. Internal inspection results and reports. Documentation of fire alarm and detection system maintenance and testing. Observation.

Physical Plant

**5-ACI-2A-03
(Ref. 4-4427)**

Equipment, supplies and materials for health services are provided and maintained as determined by the health authority.

Comment: The type of equipment will depend on the level of health care provided in the institution. Equipment should be checked and tested periodically and secured from inmate access.

Protocols: Written policy and procedure.

Process Indicators: An equipment checklist. Inventory records.

2B. - PERFORMANCE STANDARD: SIZE AND ORGANIZATION

Facility capacity and functional design promote safety, an acceptable quality of life and operational innovation.

OUTCOME MEASURES:

- (1) Number of days facility population exceeded the operational capacity in the past 12 months divided by 365.

Staff/Inmate Interaction

5-ACI-2B-01 (Ref. 4-4125) (Renovation, New Construction Only after January 1, 1990). The physical plant design facilitates personal contact and interaction between staff and inmates.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observations. Staff and inmate interviews.

Facility Size

5-ACI-2B-02 (Ref. 4-4126) The facility should encourage staff/inmate interaction. The facility has a management system that provides staff with the authority to make decisions, and the ability to make recommendations regarding security, classification, services, and programs for inmates.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observations. Staff and inmate interviews.

Unit Size

**5-ACI-2B-03
(Ref. 4-4127)**

The maximum size of a single management unit is variable and is based on the characteristics of its inmate population. The exact size of each management unit is determined by (1) the security classification of the inmate occupants (higher security levels require smaller unit size), and (2) the ability of staff to complete regular security checks, maintain visual and auditory contact, maintain personal contact and interaction with inmates, and be aware of unit conditions.

Comment: The scale of the management unit should facilitate and encourage the involvement of all staff in decision making.

Protocols: Written policy and procedure. Facility plans/specifications. Staffing plan.

Process Indicators: Observation. Measurement. Documentation of cell checks. Facility records and logs.

**5-ACI-2B-04
(Ref. 4-4128)**

(New Construction Only after January 1, 1990). Single-cell living units shall not exceed 80 inmates.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observations. Housing and classification records and logs.

4-4129

Deleted July 2012

4-4130

Deleted August 2004

2C. - PERFORMANCE STANDARD: INMATE HOUSING

Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff.

Inmate Sleeping Areas

Occupancy and Space Requirements

4-4131

Deleted August 2005

5-ACI-2C-01
(Ref. 4-4132)

Cells/rooms used for housing inmates shall provide at a minimum, 25 square feet of unencumbered space per occupant. *Unencumbered space* is usable space that is not encumbered by furnishing or fixtures. At least one dimension of the unencumbered space is no less than seven feet. In determining unencumbered space in the cell or room, the total square footage is obtained and the square footage of fixtures and equipment is subtracted. All fixtures and equipment must be in operational position.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Measurement. Observation.

5-ACI-2C-02
(Ref. 4-4133)

Written policy, procedure, and practice provide that single-occupancy cells/rooms shall be available, when indicated, for the following:

- inmates with severe medical disabilities
- inmates suffering from serious mental illness
- sexual predators
- inmates likely to be exploited or victimized by others
- inmates who have other special needs for single housing

When confinement exceeds 10 hours a day, there is at least 80-square feet of total floor space, of which 35-square feet is unencumbered space.

Comment: The standard permits housing inmates of all security levels in multiple cells/rooms unless there is a need for single cells/rooms for an inmate in one of the groups listed. The caveat “when indicated” refers to determinations made by the classification system, medical diagnosis, or other professional conclusions.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observations. Staff and inmate interviews. Housing and classification records and logs.

Cell Furnishings

5-ACI-2C-03
(Ref. 4-4134)

Each inmate confined to a cell/room for ten or more hours daily is provided a sleeping area with the following: a sleeping surface and mattress at least 12 inches off of the floor; a writing surface and proximate area to sit; storage for personal items; and adequate storage space for clothes and personal belongings.

Each inmate confined to a cell/room for less than 10 hours daily is provided a sleeping area with the following: a sleeping surface and mattress at least 12 inches off of the floor; storage for personal items; and adequate storage space for clothes and personal belongings.

Comment: The words “writing surface” refer to a fixed or free-standing surface under which a person can sit.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Measurement. Observation. Staff and inmate interviews. Housing and classification records and logs.

Dayrooms

Space Requirements

5-ACI-2C-04
(Ref. 4-4135)

Dayrooms with space for varied inmate activities are situated immediately adjacent to the inmate sleeping areas. Dayrooms provide sufficient seating and writing surfaces and all furnishings are consistent with the custody level of the inmates assigned. Dayrooms provide a minimum of 35-square feet of space per inmate (exclusive of lavatories, showers, and toilets) for the maximum number of inmates who use the dayroom at one time, and no dayroom encompasses less than 100 square feet of space (exclusive of lavatories, showers, and toilets).

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Measurement. Observation. Staff and inmate interviews. Housing and classification records and logs.

4-4136

Deleted January 2012

Toilets

5-ACI-2C-05
(Ref. 4-4137)

Inmates have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas.

Toilets are provided at a minimum ratio of 1 for every 12 inmates in male facilities and 1 for every 8 inmates in female facilities. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with three or more inmates have a minimum of two toilets. These ratios apply unless national or state building or health codes specify a different ratio.

Comment: The standard ensures the availability of toilets and requires a measure of privacy and control for users. At the same time, the standard provides flexibility for designers and managers, who have increased options for “dry” cells if toilet facilities are accessible by other means (for example, push-button locks on cells for use during night hours). Creative design approaches that increase privacy and decrease management problems associated with congregate facilities (for example, the creation of a series of “single occupancy” toilet areas) are encouraged. The requirement of an approved ratio is designed to assure that inmates have adequate access to meet their basic personal hygiene needs.

Protocols: Written policy and procedure. Facility plans/specifications. Applicable building codes and regulations.

Process Indicators: Observation. Inmate housing records. Measurement. Maintenance records.

5-ACI-2C-06
(Ref. 4-4137-1)

(New Construction after June 2014). Inmates have access to toilets and hand-washing facilities 24-hours per day and are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas. Toilets are provided at a minimum ratio of 1 for every 12 inmates in male facilities and 1 for every 8 inmates in female facilities. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with three or more inmates have a minimum of two toilets. These ratios apply unless any applicable building or health codes require additional fixtures.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications. Applicable building and/or health codes and regulations.

Process Indicators: Observation. Inmate housing records. Measurement. Maintenance records.

Washbasins

5-ACI-2C-07
(Ref. 4-4138)

Inmates have access to operable wash basins with hot and cold running water in the housing units at a minimum ratio of one basin for every 12 occupants, unless national or state building or health codes specify a different ratio.

Comment: Provisions must be made for inmate access in cell or sleeping areas, dayrooms, and other parts of the facility. The requirement of an approved ratio is designed to assure that inmates have adequate access to meet their basic needs.

Protocols: Facility plans/specifications.

Process Indicators: Observation. Maintenance records.

5-ACI-2C-08
(Ref. 4-4138-1)

(New Construction after June 2014). Inmates have access to operable washbasins with hot and cold running water in the housing units at a minimum ratio of 1 basin for every 12 occupants. These ratios apply unless any applicable building or health codes require additional fixtures.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications. Applicable building codes and regulations.

Process Indicators: Observation. Inmate housing records. Measurement. Maintenance records.

Showers

5-ACI-2C-09
(Ref. 4-4139)

Inmates have access to operable showers with temperature-controlled hot and cold running water, at a minimum ratio of one shower for every 12 inmates. Water for showers is thermostatically controlled to temperatures ranging from 100 degrees Fahrenheit to 120 degrees Fahrenheit to ensure the safety of inmates and to promote hygienic practices. These ratios and temperatures shall apply unless national or state building or health codes specify a different ratio.

Comment: Offenders can use scalding showers as a weapon against, or punishment for, other inmates. Also, accidental injury could occur when cold water is drawn in other areas, thereby unexpectedly elevating the hot water in showers to scalding temperatures. Water temperatures below 100 degrees Fahrenheit are uncomfortable and may deter an individual from pursuing good hygienic practices. The temperature controls should not preclude the use of water at higher temperatures, if needed, in other areas of the institution, such as kitchens.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Measurement. Inspection reports. Maintenance records. Documentation of periodic measurement of water temperature. Inmate grievances. Inmate interviews.

5-ACI-2C-10
(Ref. 4-4139-1)

(New Construction after June 2014). Inmates have access to operable showers with temperature-controlled hot and cold running water, at a minimum ratio of one shower for every 12 inmates, unless applicable codes require additional fixtures. Water for showers is thermostatically controlled to temperatures ranging from 100 degrees Fahrenheit to 120 degrees Fahrenheit to ensure the safety of inmates and to promote hygienic practices.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Measurement. Inspection reports. Maintenance records. Documentation of periodic measurement of water temperature. Inmate grievances. Inmate interviews.

Housing for the Disabled

5-ACI-2C-11
(Ref. 4-4142)

Inmates with disabilities are housed in a manner that provides for their safety and security. Housing used by inmates with disabilities is designed for their use and provides for integration with other inmates. Programs and services are accessible to inmates with disabilities who reside in the facility.

Comment: If the facility accepts individuals with disabilities, it must provide for their housing and use of facility resources. Housing includes, but is not limited to, rooms, sleeping areas, furnishings, dayrooms, toilets, washbasins, showers, and other common elements. An offender with a disability should not be placed in a special unit (for example, the infirmary, security room, or protective custody) that cannot accommodate the offender's disability. Program and service areas include, but are not limited to, exercise and recreation areas, visiting rooms, classrooms, dining rooms, commissary/canteen, telephone facilities, library, reception and classification areas, chapel, and administrative areas where appropriate.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Inmate records. Interviews. Inmate health records.

5-ACI-2C-12
(Ref. 4-4143)

Written policy, procedure, and practice provide for the assignment of appropriately trained individuals to assist disabled offenders who cannot otherwise perform basic life functions.

Comment: None.

Protocols: Written policy and procedure. Job descriptions. Staffing plans. Training curriculum.

Process Indicators: Staff assignment rosters. Staff training records. Qualifications of persons assigned to assist disabled inmates.

**5-ACI-2C-13
(Ref. 4-4144)**

Written policy, procedure, and practice provide education, equipment and facilities, and the support necessary for inmates with disabilities to perform self-care and personal hygiene in a reasonably private environment.

Comment: A “reasonably private” environment will vary, depending on individual and institutional circumstances, but is one which will maintain the dignity of the disabled individual in light of that person’s disability.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Inmate interviews.

2D. - PERFORMANCE STANDARD: ENVIRONMENTAL CONDITIONS

Environmental conditions significantly influence the overall effectiveness of institutional operations. Lighting, air quality, temperature and noise levels are designed to preserve the health and well being of inmates and staff members.

Light Levels

General

5-ACI-2D-01 (Ref. 4-4145) **Lighting throughout the facility is determined by the tasks to be performed, interior surface finishes and colors, type and spacing of light sources, outside lighting, and shadows and glare.**

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Inmate interviews. Staff interviews.

Inmate Rooms/Cells

5-ACI-2D-02 (Ref. 4-4146) **Lighting in inmate rooms/cells is at least 20-foot-candles at desk level and in personal grooming areas, as documented by a qualified source, and is checked at least once per accreditation cycle.**

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Documentation from a qualified source. Measurement. Observation. Maintenance and repair records. Inmate interviews. Staff interviews.

Natural Light

Inmate Rooms/Cells

5-ACI-2D-03 (Ref. 4-4147) **(Existing only). All inmate rooms/cells provide access to natural light.**

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation.

**5-ACI-2D-04
(Ref. 4-4147-1)**

(Renovation, New Construction after June 1, 2008). All inmate rooms/cells provide inmates with access to natural light by means of at least three-square feet of transparent glazing, plus two additional square feet of transparent glazing per inmate in rooms/cells with three or more inmates.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Measurement. Observation. Housing records.

**5-ACI-2D-05
(Ref. 4-4147-2)**

(New Construction or Renovation after June 1, 2014). Each dormitory provides inmates with access to natural light by means of at least 12 square feet, plus two additional square feet of transparent glazing per inmate in the dormitory.

Comment: None

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Measurement.

4-4148

Deleted January 2003

Dayrooms

**5-ACI-2D-06
(Ref. 4-4149)**

(New Construction Only after January 1, 1990). Each dayroom provides inmates with access to natural light by means of at least 12 square feet of transparent glazing in the dayroom, plus two additional square feet of transparent glazing per inmate whose room/cell is dependent on access to natural light through the dayroom.

Comment: Many inmates spend most daylight hours outside of their cells, often in their dayroom, and the standard gives designers increased options for providing natural light.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Measurement. Noise levels.

**5-ACI-2D-07
(Ref. 4-4150)**

Noise levels in inmate housing units do not exceed 70 dBA (A Scale). Measurements shall be conducted annually by a qualified source with at least one measurement taking place during night time and one measurement taking place during day time.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Measurement. Observation. Inmate and staff interviews. Documentation from a qualified source. Maintenance records.

Indoor Air Quality

5-ACI-2D-08
(Ref. 4-4151)

(Renovation, New Construction Only after January 1, 1990). Circulation is at least 15 cubic feet of outside or recirculated filtered air per minute per occupant for cells/rooms, officer stations, and dining areas, as documented by a qualified technician and should be checked not less than once every 3-year accreditation cycle.

Comment: Mechanical ventilation may provide for recirculation of outside air except where prohibited by codes. The outside air requirements may be reduced to a minimum of 33 percent of the specified ventilated air quality if adequate temperature control is provided in addition to filtering equipment so that the maximum concentration of particles entering the space is reduced to acceptable limits. In no case should the outdoor air quantity be less than five cubic feet per minute per person.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Measurement. Observation. Inmate and staff interviews. Documentation from a qualified technician. Maintenance and repair records.

5-ACI-2D-09
(Ref. 4-4152)

(Existing). Circulation is at least 10-cubic feet of fresh or recirculated filtered air per minute per occupant for inmate rooms/cells, officer stations, and dining areas, as documented by a qualified technician and should be checked not less than once every 3-year accreditation cycle.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Measurement. Observation. Inmate and staff interviews. Documentation from a qualified technician. Maintenance and repair records.

Heating and Cooling

5-ACI-2D-10
(Ref. 4-4153)

Temperatures in indoor living and work areas are appropriate to the summer and winter comfort zones.

Comment: Temperature should be capable of being mechanically raised or lowered to an acceptable comfort level.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Measurement. Observation. Inmate and staff interviews. Facility logs and records. Maintenance and repair logs.

2E. -PERFORMANCE STANDARD: PROGRAM AND SERVICE AREAS

Adequate space is provided for the various program and service functions conducted within the institution. Spatial requirements reflect functional need.

Exercise and Recreation

5-ACI-2E-01
(Ref. 4-4154)

Both outdoor and covered/enclosed exercise areas for general population inmates are provided in sufficient number to ensure that each inmate is offered at least one hour of access daily. Use of outdoor areas is preferred, but covered/enclosed areas must be available for use in inclement weather. Covered/enclosed areas can be designed for multiple uses as long as the design and furnishings do not interfere with scheduled exercise activities.

The minimum space requirements for exercise areas are as follows:

- Outdoor exercise areas in facilities where 100 or more inmates utilize one recreation area: 15-square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 1,500 square feet of unencumbered space**
- Outdoor exercise areas in facilities where less than 100 inmates have unlimited access to an individual recreation area: 15-square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 750-square feet of unencumbered space**
- Covered/enclosed exercise areas in facilities where 100 or more inmates utilize one recreation area: 15-square feet per inmate for the maximum number of inmates expected to use the space at one time, with a minimum ceiling height of 18 feet, but not less than 1,000-square feet of unencumbered space**
- Covered/enclosed exercise areas in facilities where less than 100 inmates utilize one recreation area: 15-square feet per inmate for the maximum number of inmates expected to use the space at one time, with a minimum ceiling height of 18 feet, but not less than 500-square feet of unencumbered space**

Comment: Exercise/recreation spaces are not the same as dayrooms, although dayrooms can provide added opportunities for some exercise and recreation activities. The standard establishes performance requirements for exercise spaces, offering design and operational flexibility. It allows facilities in some climates to cover and/or enclose a yard, while others will have to provide indoor space; these spaces do not have to be “indoor” but must be fully functional when the outdoor areas are not feasible for use.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Measurement. Observation. Facility logs and activity records.

5-ACI-2E-01
(Ref. 4-4154)
Revised Aug. 2019

(Effective NLT January 1, 2021) Both outdoor and covered/enclosed exercise areas for general population inmates are provided in sufficient number to ensure that each inmate is offered at least one hour of access daily. Use of outdoor areas is preferred, but covered/enclosed areas must be available for use in inclement weather. Covered/enclosed areas can be designed for multiple uses as long as the design and furnishings do not interfere with scheduled exercise activities.

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- **Outdoor exercise areas in facilities where less than 100 inmates utilize one recreation area; 15 square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 750 square feet of unencumbered space**
- **Covered/enclosed exercise areas in facilities where 100 or more inmates utilize one recreation area:15-square feet per inmate for the maximum number of inmates expected to use the space at one time, with a minimum ceiling height of 18 feet, but not less than 1,000-square feet of unencumbered space**
- **Covered/enclosed exercise areas in facilities where less than 100 inmates utilize one recreation area:15-square feet per inmate for the maximum number of inmates expected to use the space at one time, with a minimum ceiling height of 18 feet, but not less than 500-square feet of unencumbered space**

Comment: Exercise/recreation spaces are not the same as dayrooms, although dayrooms can provide added opportunities for some exercise and recreation activities. The standard establishes performance requirements for exercise spaces, offering design and operational flexibility. It allows facilities in some climates to cover and/or enclose a yard, while others will have to provide indoor space; these spaces do not have to be “indoor” but must be fully functional when the outdoor areas are not feasible for use.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Measurement. Observation. Facility logs and activity records.

**5-ACI-2E-02
(Ref. 4-4155)**

Special management housing units have either outdoor uncovered or outdoor covered exercise areas. The minimum space requirements for outdoor exercise areas for special management units are as follows:

- **Group yard modules: 330-square feet of unencumbered space can accommodate two inmates. For each additional 150-square feet of unencumbered space, an additional inmate may use the exercise area simultaneously. (Formula: for each 150-square feet of unencumbered space exceeding the base requirement of 180-square feet for the first inmate, equals the maximum number of inmates who may use the recreation area space simultaneously). No more than five inmates are to use a group module at one time.**
- **Individual yard modules: 180-square feet of unencumbered space.**

In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire should be available to the inmates who desire to take advantage of their authorized exercise time.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications. Schedules.

Process Indicators: Measurement. Observation. Facility logs and activity records.

**5-ACI-2E-02
(Ref. 4-4155)
Revised Aug. 2019**

(Effective NLT January 1, 2021) Special management housing units have either outdoor uncovered or outdoor covered exercise areas. The minimum space requirements for outdoor exercise areas for special management units are as follows:

- **Group areas: 330-square feet of unencumbered space can accommodate two inmates. For each additional 150-square feet of unencumbered space, an additional inmate may use the exercise area simultaneously. (Formula: for each 150-square feet of unencumbered space exceeding the base requirement of 180-square feet for the first inmate equals the maximum number of inmates who may use the recreation area simultaneously).**
- **Individual areas: 180-square feet of unencumbered space.**

In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire should be available to the inmates who desire to take advantage of their authorized exercise time.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications. Schedules.

Process Indicators: Measurement. Observation. Facility logs and activity records.

Visiting

**5-ACI-2E-03
(Ref. 4-4156)**

Sufficient space is provided for a visiting room or area for contact visiting and, if necessary, noncontact visiting. There is adequately designed space to permit screening and searching of both inmates and visitors. Space is provided for the proper storage of visitors' coats, handbags, and other personal items not allowed into the visiting area.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Staff interviews. Visitor interviews.

Classrooms

**5-ACI-2E-04
(Ref. 4-4157)**

(Renovation, New Construction Only after January 1, 1990). In institutions offering academic and vocational training programs, classrooms are designed in consultation with school authorities.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Facility records and logs. Documentation of consultation.

Dining

**5-ACI-2E-05
(Ref. 4-4158)**

There is space for group dining except when security or safety considerations justify otherwise, and the space is large enough to allow for meals to be served, affording each inmate the opportunity to have at least 20 minutes of dining time for each meal.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Facility logs and records.

Food Service

Food Preparation and Food Storage Areas

5-ACI-2E-06 (Ref. 4-4159) **There are sanitary, temperature-controlled facilities for the storage of all foods. The food preparation area includes a space for food preparation based on population size, type of food preparation, and methods of meal service.**

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Measurement. Observation.

4-4160 **Deleted January 2012**

Sanitation and Hygiene

5-ACI-2E-07 (Ref. 4-4161) **Toilet and washbasin facilities are available to food service personnel and inmates in the vicinity of the food preparation area.**

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation.

Housekeeping

5-ACI-2E-08 (Ref. 4-4162) **Adequate space is provided for janitorial closets accessible to the living and activity areas. The closets are equipped with a sink and cleaning implements.**

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation.

Clothing and Supplies

5-ACI-2E-09 (Ref. 4-4163) **Space is provided in the institution to store and issue clothing, bedding, cleaning supplies, and other items required for daily operations.**

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Staff interviews.

Personal Property

5-ACI-2E-10 **Space is provided for storing the personal property of inmates safely and securely.**
(Ref. 4-4164)

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Inmate interviews.

Mechanical Equipment

5-ACI-2E-11 **Separate and adequate space is provided for mechanical and electrical equipment.**
(Ref. 4-4165)

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation.

Commissary/Canteen

5-ACI-2E-12 **Space is provided for an inmate commissary or canteen, or provisions are made**
(Ref. 4-4166) **for a commissary service.**

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Commissary/canteen records.

2F. - PERFORMANCE STANDARD: ADMINISTRATIVE AND STAFF AREAS

All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.

Administrative Areas

**5-ACI-2F-01
(Ref. 4-4167)** Adequate space is provided for administrative, security, professional, and clerical staff; this space includes conference rooms, storage room for records, a public lobby, and toilet facilities.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation.

Staff Areas

**5-ACI-2F-02
(Ref. 4-4168)** Staff needs are met through providing adequate spaces in locations that are convenient for use. Staff are provided with the following:

- an area to change clothes and to shower
- an area, room, and/or employee lounge that offers privacy from inmates and provides space for meals
- access to exercise/physical training facilities and equipment
- space for training
- space for shift-change briefings
- toilets and washbasins that are not used by inmates

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Staff interviews.

Accessibility for the Disabled

**5-ACI-2F-03
(Ref. 4-4169)** Reasonable accommodation is made to ensure that all parts of the facility that are accessible to the public are accessible and usable by staff and visitors with disabilities.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation.

2G. - PERFORMANCE STANDARD: SECURITY

The physical plant supports the orderly and secure functioning of the institution.

4-4170

Deleted January 2007

Perimeter Security

5-ACI-2G-01
(Ref. 4-4171)

The institution's perimeter is controlled by appropriate means to provide that inmates remain within the perimeter and to prevent access by the general public without proper authorization.

Comment: The means chosen to ensure perimeter security should reflect the facility's needs based on size and the degree of security required. Perimeter surveillance can be maintained through watchtowers, mechanical surveillance devices (for example, electronic, pressure, or sound detection systems), mobile patrols, or some combination of these techniques. All areas adjacent to the perimeter should be visible under all conditions.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Facility records and logs.

Entrances and Exits

5-ACI-2G-02
(Ref. 4-4172)

Pedestrians and vehicles enter and leave at designated points in the perimeter. Safety vestibules and sally ports constitute the only breaches in the perimeter of maximum security institutions.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Facility records and logs.

Security Equipment Storage

5-ACI-2G-03
(Ref. 4-4173)

Firearms, chemical agents, and related security items are stored in a secure but readily accessible depository outside of inmate housing and activity areas.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Staff interviews. Facility records and logs.

3. Institutional Operations

GOAL: The facility protects the community, the staff, the offenders and others from harm while maintaining an orderly environment with clear expectations of behavior and systems of accountability

3A. - PERFORMANCE STANDARD: SECURITY AND CONTROL

The facility utilizes a combination of supervision, inspection, accountability, and measured force response to promote safe and orderly operations.

OUTCOME MEASURES:

- (1) The number of incidents in which force, as defined by the agency, was used in the past 12 months divided by the average daily population in the past 12 months.
- (2) Number of seizures of contraband, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.
- (3) The number of escapes, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.
- (4) The number of disturbances, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.
- (5) The number of acts of sexual violence, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.
- (6) The number of homicides, as defined in the Significant Incident Summary, in the past 12 months, divided by the average daily population in the past 12 months.

Security Manual

**5-ACI-3A-01
(Ref. 4-4174)**

There is a manual containing all procedures for institutional security and control, with detailed instructions for implementing these procedures. The manual is available to all staff.

Comment: The manual should contain information on physical plant inspection, inmate counts, weapons and chemical agent control, contraband, key control, tool and equipment control, and emergency procedures.

Protocols: Written policy and procedure. Procedure manual.

Process Indicators: Observation. Staff interviews.

Control Center

**5-ACI-3A-02
(Ref. 4-4175)** **Space is provided for a 24-hour continuously staffed secure control center for monitoring and coordinating the institution's security, life, safety, and communications systems. Staff assigned to a control center have access to a toilet and washbasin. There is a communication system between the control center and inmate living areas.**

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Facility records and logs. Maintenance records.

4-4176 Deleted January 2007

Correctional Officer Assignments

**5-ACI-3A-03
(Ref. 4-4177)** **Correctional officer posts are located in or immediately adjacent to inmate living areas to permit officers to hear and respond promptly to emergency situations.**

Comment: The presence of correctional officers within hearing distance of inmate living quarters can help prevent inmate misbehavior and avoid disturbances.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Staff interviews. Inmate interviews.

**5-ACI-3A-04
(Ref. 4-4178)** **There are written orders for every correctional officer post. These orders are reviewed annually and updated if necessary.**

Comment: Written orders should specify the duties of each post and the procedures to be followed to carry out the assignment. Copies of the post orders should be available for all employees.

Protocols: Written policy and procedure. Post orders.

Process Indicators: Observation. Staff interviews. Documentation of staff receipt of post orders. Documentation of annual review and updating.

**5-ACI-3A-05
(Ref. 4-4179)** **Written policy, procedure, and practice provide for personnel to read the appropriate post order each time they assume a new post and to sign and date the post order.**

Comment: None.

Protocols: Written policy and procedure. Post orders. Acknowledgement form.

Process Indicators: Observation. Staff interviews. Documentation of staff receipt of post orders.

**5-ACI-3A-06
(Ref. 4-4180)**

Written policy, procedure, and practice facilitate personal contact and interaction between staff and inmates.

Comment: Staff effectiveness is limited if the only staff available are placed in isolated control centers during periods of inmate activity in the housing units.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Staff interviews. Inmate interviews.

**5-ACI-3A-07
(Ref. 4-4181)**

Written policy, procedure, and practice require that when both males and females are housed in the facility, at least one male and one female staff member are on duty at all times.

Comment: None.

Protocols: Written policy and procedure. Staffing plans.

Process Indicators: Records of staff deployment. Facility logs. Staff interviews. Inmate interviews.

**5-ACI-3A-08
(Ref. 4-4182)**

Written policy, procedure, and practice provide that no inmate or group of inmates is given control or authority over other inmates.

Comment: None.

Protocols: Written policy and procedure. Post orders.

Process Indicators: Observation. Staff interviews. Inmate interviews.

Permanent Log

**5-ACI-3A-09
(Ref. 4-4183)**

Written policy, procedure, and practice require that correctional staff maintain a permanent log and prepare shift reports that record routine information, emergency situations, and unusual incidents.

Comment: Adequate supervision of inmates requires a formal written reporting system. Each correctional officer in each housing unit on each shift should maintain detailed records of pertinent information regarding individual inmates and groups of inmates.

Protocols: Written policy and procedure. Record keeping forms and formats.

Process Indicators: Completed logs. Completed shift reports.

Patrols and Inspections

5-ACI-3A-10
(Ref. 4-4184)

Written policy, procedure, and practice provide that supervisory staff conduct a daily patrol, including holidays and weekends, of all areas occupied by inmates and submit a daily written report to their supervisor. Unoccupied areas are to be inspected weekly.

Comment: Matters requiring further attention (for example, staff and inmate concerns; faulty, unsafe, or dirty conditions) should be reported in writing for review and further action.

Protocols: Written policy and procedure. Patrol schedules. Patrol and inspection forms.

Process Indicators: Completed inspection reports.

5-ACI-3A-11
(Ref. 4-4185)

Written policy, procedure, and practice require that the warden/ superintendent or designee, assistant warden/superintendent(s), and designated department heads visit the institution's living and activity areas at least weekly to encourage informal contact with staff and inmates and to informally observe living and working conditions.

Comment: Arrangements should be made for inmates to have informal access to key staff. This can be achieved through staff visits to the housing units, work areas, educational and recreational areas, and other areas in the institution where inmates can be contacted during the day or evening. Policy should specify which department heads are expected to make at least weekly visits and should encourage other department heads and supervisory staff to visit these areas as often as practical.

5-ACI-3A-11
(Ref. 4-4185)
Revised Aug. 2017

(Effective no later than October 1, 2020) Written policy, procedure, and practice require that between the warden/superintendent and assistant warden/superintendent(s), each institution's living and activity areas shall be visited weekly within a schedule that ensures the warden/superintendent personally conducts rounds in all areas no less than one time per month. In addition, designated department heads shall visit the institution's living and activity areas at least weekly to encourage informal contact with staff and inmates and to informally observe living and working conditions.

Comment: Arrangements should be made for inmates to have informal access to key staff. This can be achieved through staff visits to the housing units, work areas, educational and recreational areas, and other areas in the institution where inmates can be contacted during the day or evening. Policy should specify which department heads are expected to make at least weekly visits and should encourage other department heads and supervisory staff to visit these areas as often as practical.

Protocols: Written policy and procedure. Schedule.

Process Indicators: Facility logs. Inmate interviews.

5-ACI-3A-12
(Ref. 4-4186)

Written policy, procedure, and practice require that the chief security officer or qualified designee conduct at least weekly inspections of all security devices, noting the items needing repair or maintenance. The inspections are reported in writing to the warden/superintendent and/or chief security officer.

Comment: There should be a scheduled maintenance procedure to ensure that all bars, locks, windows, doors, and other security devices are fully operational. Emergency keys should be checked at least quarterly to ensure they are in working order. The results of all inspections should be submitted in writing to the warden/superintendent and/or the officer in charge of security.

Protocols: Written policy and procedure. Schedule. Weekly inspection forms.

Process Indicators: Inspection reports. Maintenance records.

Inmate Counts

5-ACI-3A-13
(Ref. 4-4187)

The institution has a system for physically counting inmates. The system includes strict accountability for inmates assigned to work and educational release, furloughs, and other approved temporary absences.

Comment: There should be at least one inmate count per shift. Counts should be scheduled so that they do not conflict with activity programs and normal operating procedures. The officer responsible for maintaining the master count record should have up-to-the-minute information regarding all inmate housing moves, work assignment changes, hospital admissions, and so on. Adequate checks should be instituted to allow for human error. All inmates in legal custody should be accounted for in the master count; all temporary absences from the facility should be explained in writing.

Protocols: Written policy and procedure. Accounting system. Forms. Identification forms/formats.

Process Indicators: Completed forms. Facility records and logs. Documentation of inmate accounting activities. Staff interviews.

Inmate Movement

5-ACI-3A-14
(Ref. 4-4188)

Written policy, procedure, and practice provide that staff regulate inmate movement.

Comment: All inmate movement from one location to another should be controlled and supervised by staff, including individual and group inmate movement to and from work and program assignments. A master pass list for each day can assist in accounting for movement without restricting or discouraging participation in program activities.

Protocols: Written policy and procedure. Facility plans/specifications. Staffing plans.

Process Indicators: Observation.

5-ACI-3A-15
(Ref. 4-4189-2)

Transportation of inmates outside the facility emphasizes safety and security. Procedures are provided to all persons involved with transport. Only qualified personnel implement transport.

Comment: Guidelines for transporting inmates should emphasize safety and should be made available to all personnel involved in transporting inmates. The institution should have policies governing the use of restraints.

Protocols: Written policy and procedure. Staff training curriculum.

Process Indicators: Documentation of staff training and qualifications. Transport logs. Staff and inmate interviews.

Use of Restraints

5-ACI-3A-16
(Ref. 4-4190)

Written policy, procedure, and practice provide that instruments of restraint, such as handcuffs, irons, and straitjackets, are never applied as punishment and are applied only with the approval of the warden/superintendent or designee.

Comment: Instruments of restraint should be used only as a precaution against escape during transfer, for medical reasons, by direction of the medical officer, or to prevent self-injury, injury to others, or property damage. Restraints should not be applied for more time than is absolutely necessary.

Protocols: Written policy and procedure.

Process Indicators: Documentation of warden/superintendent or designee approval. Staff interviews.

5-ACI-3A-17
(Ref. 4-4190-1)

Written policy, procedure, and practice, in general, prohibit the use of restraints on female offenders during active labor and the delivery of a child. Any deviation from the prohibition requires approval by and guidance on methodology from the medical authority and is based on documented serious security risks. The medical authority provides guidance on the use of restraints on pregnant offenders prior to active labor and delivery.

Comment: Restraints on pregnant offenders during active labor and the delivery of a child should only be used in extreme instances and should not be applied for more time than is absolutely necessary. Restraints used on pregnant offenders prior to active labor and delivery should not put the pregnant offender nor the fetus at risk.

Protocols: Written policy and procedure.

Process Indicators: Documentation of the details regarding security risk. Documentation of medical approval and guidance on methodology.

5-ACI-3A-18
(Ref. 4-4191)

(MANDATORY) Four/five point restraints are used only in extreme instances and only when other types of restraints have proven ineffective or the safety of the inmate is in jeopardy. Advance approval is secured from the facility administrator/designee before an inmate is placed in a four/five point restraint. Subsequently, the health authority or designee must be notified to assess the inmate's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be in a medical/mental health unit for emergency involuntary treatment with sedation and/or other medical management, as appropriate. If the inmate is not transferred to medical/mental health unit and is restrained in a four/five point position, the following minimum procedures are followed:

- **direct visual observation by staff is continuous prior to obtaining approval from the health authority or designee**
- **subsequent visual observation is made at least every 15 minutes**
- **restraint procedures are in accordance with guidelines approved by the designated health authority**
- **all decisions and actions are documented**

Comment: A four/five point restraint secures an inmate's arms and legs (four point) and head chest or thigh (five point). Restraint guidelines include consideration of an individual's physical conditions, such as body weight.

Protocols: Written policy and procedure. Forms.

Process Indicators: Observation. Facility records and logs. Inmate and staff interviews. Documentation of approval(s) and observation.

Control of Contraband

5-ACI-3A-19
(Ref. 4-4192)

Written policy, procedure, and practice provide for searches of facilities and inmates to control contraband and provide for its disposition. These policies are made available to staff and inmates.

Comment: The institution's search plans and procedures should include the following:

- unannounced and irregularly timed searches of cells, inmates, and inmate work areas
- inspection of all vehicular traffic and supplies coming into the institution
- use of metal detectors at compound gates and entrances into housing units
- complete search and inspection of each cell prior to occupancy by a new inmate
- avoidance of unnecessary force, embarrassment, or indignity to the inmate
- staff training in effective search techniques that protect both inmates and staff from bodily harm
- use of non-intensive sensors and other techniques instead of body searches, whenever feasible

- conduct of searches only as necessary to control contraband or to recover missing or stolen property
- respect of inmates' rights to authorized personal property
- use of only those mechanical devices absolutely necessary for security purposes

Protocols: Written policy and procedure. Search procedures.

Process Indicators: Observation. Facility records and logs. Inmate and staff interviews.

**5-ACI-3A-20
(Ref. 4-4193)**

Written policy, procedure, and practice provide that manual or instrument inspection of body cavities is conducted only when there is reason to do so and when authorized by the warden/superintendent or designee. The inspection is conducted in private by health care personnel.

Comment: None.

Protocols: Written policy and procedure. Search procedures.

Process Indicators: Observation. Facility records and logs. Inmate and staff interviews. Credentials of personnel who conduct searches.

**5-ACI-3A-21
(Ref. 4-4194)**

Written policy, procedure, and practice provide that, except in emergency situations, visual inspections of inmate body cavities are conducted by officers of the same sex, in private, and based on reasonable belief that the inmate is carrying contraband or other prohibited material. Reasonable belief is not required when inmates return from contact with the general public or from outside the institution. In all cases, this inspection is conducted by trained personnel.

Comment: None.

Protocols: Written policy and procedure. Search procedures. Staff training curriculum.

Process Indicators: Facility records and logs. Training records. Staff interviews. Inmate interviews.

Controlled Access and Use

Keys

5-ACI-3A-22 (Ref. 4-4195) (MANDATORY) Written policy, procedure, and practice govern the control and use of keys.

Comment: None.

Protocols: Written policy and procedure. Key control plan. Format for reports.

Process Indicators: Facility logs. Documentation of key control activities (records, logs, completed forms).

Tools and Equipment

5-ACI-3A-23 (Ref. 4-4196) (MANDATORY) Written policy, procedure, and practice govern the control, inventory, and use of tools, culinary and medical/dental instruments and supplies (syringes, needles and other sharps).

Comment: None.

Protocols: Written policy and procedure. Control plan. Inventory forms.

Process Indicators: Inventory logs and forms. Observation. Staff interviews.

Vehicles

5-ACI-3A-24 (Ref. 4-4197) Written policy and procedure govern the use and security of institution vehicles.

Comment: Written policies and procedures should state the conditions under which inmates may drive vehicles. Responsibility and keys for certain vehicles may be assigned to specific staff, but the pool of vehicles should be controlled by one person.

Protocols: Written policy and procedure.

Process Indicators: Vehicle records. Transport records and logs.

5-ACI-3A-25 (Ref. 4-4189) An annual safety inspection of all vehicles is conducted by qualified individuals in accordance with state statutes for any vehicle that is owned, leased, or used in the operation of the facility.

Comment: None.

Protocols: Written policy and procedure. Staff training curriculum.

Process Indicators: Documentation of staff training and qualifications. Transport logs. Staff interviews. Inmate interviews.

**5-ACI-3A-26
(Ref. 4-4189-1)**

Safety repairs are completed immediately. Vehicles are not used again until repairs are made.

Comment: None.

Protocols: Written policy and procedure. Maintenance record format.

Process Indicators: Maintenance records and receipts. Reports of vehicle problems/requests for repair or maintenance. Documentation of completed reports.

**5-ACI-3A-27
(Ref. 4-4198)**

Written policy and procedure govern the use of personal vehicles for official purposes and include provisions for insurance coverage.

Comment: Written policy should specify the conditions for the official use of personal vehicles and the limits of institutional liability.

Protocols: Written policy and procedure.

Process Indicators: Documentation of insurance coverage. Staff interviews.

Security Equipment

General Policies and Practice

**5-ACI-3A-28
(Ref. 4-4199)**

Written policy and procedure govern the availability, control, and use of chemical agents, electrical disablers, and related security devices and specify the level of authority required for their access and use. Chemical agents and electrical disablers are used only with the authorization of the warden/superintendent or designee.

Comment: Based on an analysis of the physical plant and the size and profile of the inmate population, designated staff should determine what firearms, chemical agents, electrical disablers, and other security devices (such as shields, batons, helmets, gloves, and body protectors) the institution needs. Written policies and procedures should specify the level of authority required for access to and use of security devices.

Protocols: Written policy and procedure. Authorization forms.

Process Indicators: Facility logs. Completed authorization forms. Staff interviews.

5-ACI-3A-29
(Ref. 4-4200)

Written policy, procedure, and practice govern the inventory, issuance, and accountability of routine and emergency distributions of security equipment.

Comment: Written policy should delineate the process by which security equipment is distributed from the primary issue point to control points for both routine and emergency issuance. The policy should address how the facility tracks the issuance of security equipment (written log, chit system, and so forth) and the accountability of security equipment at the end of the shift.

Protocols: Written policy and procedure. Issuance and emergency distribution forms. Inventory forms. Inventory schedule.

Process Indicators: Facility records and logs. Completed forms.

5-ACI-3A-30
(Ref. 4-4201)

Firearms, chemical agents, and related security equipment are inventoried at least monthly to determine their condition and expiration dates.

Comment: Written policy should specify who has access to the depository where the security equipment is stored.

Protocols: Written policy and procedure. Inventory forms. Inventory schedule.

Process Indicators: Completed forms. Facility records and logs.

5-ACI-3A-31
(Ref. 4-4202)

Written policy, procedure, and practice provide that written reports are submitted to the warden/superintendent or designee no later than the conclusion of the tour of duty when any of the following occur:

- **discharge of a firearm or other weapon**
- **use of chemical agents to control inmates**
- **type and amount of force to control inmates**
- **inmate(s) remain in restraints at the end of the shift**

Comment: None.

Protocols: Written policy and procedure. Report format.

Process Indicators: Completed reports. Facility records and logs. Staff and inmate interviews.

5-ACI-3A-32
(Ref. 4-4203)

(MANDATORY) Written policy, procedure, and practice provide that all persons injured in an incident receive immediate medical examination and treatment.

Comment: Immediate medical examination and treatment should be required in all instances involving the use of a weapon or chemical agent.

Protocols: Written policy and procedure.

Process Indicators: Incident reports.

Use of Firearms

5-ACI-3A-33
(Ref. 4-4204)

(MANDATORY) Written policy and procedure govern the use of firearms, including the following:

- **weapons are subject to stringent safety regulations and inspections**
- **except in emergency situations, employees carrying firearms are assigned only to watchtowers, gun walks, mobile patrols, or other positions that are inaccessible to inmates**
- **employees supervising inmates outside the institution's perimeter follow specific procedures for ensuring the security of the weapons**
- **employees are instructed to use deadly force only after other actions have been tried and found ineffective, unless the employee believes that a person's life is immediately threatened**

Comment: Personnel who spend most of their time in direct personal contact with inmates should not carry firearms. Any personnel authorized to use firearms must be properly trained and demonstrate competency in their use.

Protocols: Written policy and procedure. Facility plans/specifications. Staff training curriculum.

Process Indicators: Training records. Observation. Staff interviews. Inmate interviews.

5-ACI-3A-34
(Ref. 4-4205)

(MANDATORY) Written policy, procedure, and practice provide for the safe unloading and reloading of firearms.

Comment: None.

Protocols: Written policy and procedure. Staff training curriculum.

Process Indicators: Facility records and logs. Training records. Staff interviews.

De-escalation

5-ACI-3A-35
(Ref. 4-4206) **(MANDATORY)** Written policy, procedure, and practice restrict the use of physical force to instances of justifiable self-defense, protection of others, protection of property, prevention of escapes, and to maintain or regain control, and then only as a last resort and in accordance with appropriate statutory authority. In no event is physical force justifiable as punishment. A written report is prepared following all use of physical force and is submitted to administrative staff for review.

Comment: None.

Protocols: Written policy and procedure. Staff training curriculum.

Process Indicators: Facility records and logs. Training records. Incident reports.

5-ACI-3A-36 Deleted Jan. 2021

5-ACI-3A-37 Deleted Jan. 2021

5-ACI-3A-38 Deleted Jan. 2021

5-ACI-3A-39 Deleted Jan. 2021

5-ACI-3A-40 Deleted Jan. 2021

5-ACI-3A-41 Deleted Jan. 2021

Preservation of Physical Evidence

5-ACI-3A-42
(Ref. 4-4207) Written policy, procedure, and practice provide for the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or institutional regulation. At a minimum, the procedures shall address the following:

- chain of custody
- evidence handling
- location and storage requirements

Comment: Strict accountability of physical evidence collected in connection with a crime must be established to preserve the integrity of the disciplinary and/or legal process. Minor rule violations should be exempt from the procedural requirements of evidence control, preservation, and disposition.

Protocols: Written policy and procedure. Law and statutes.

Process Indicators: Documentation of chain of custody. Facility records and logs.

Canine Units

5-ACI-3A-43
(Ref. 4-4208)

Where a canine unit exists, policy, procedure, and practice provide for the following:

- a mission statement, including goals and objectives
- emergency plans that are integrated into the overall emergency plans of the facility

Comment: None.

Protocols: Written policy and procedure. Canine unit mission statement, goals and objectives. Emergency plans.

Process Indicators: Observation. Facility records and logs. Inmate interviews. Staff interviews.

5-ACI-3A-44
(Ref. 4-4209)

Where a canine unit exists, policy, procedure, and practice for training of handlers/dog teams and upkeep and care of animals provide for the following:

- criteria for selection, training, and care of animals
- criteria for selection and training requirements of handlers
- an approved sanitation plan which covers inspection, housing, transportation, and daily grooming for dogs

Each handler/dog team should be trained, certified, and recertified annually by a nationally recognized accrediting body or a comparable internal training and proficiency testing program.

Comment: None.

Protocols: Written policy and procedure. Animal selection, training, and caring criteria. Training curriculum. Fitness requirements. Sanitation plan. Format for daily record.

Process Indicators: Observation. Facility records and logs. Inmate and staff interviews. Personnel records. Training records. Incident reports.

5-ACI-3A-45
(Ref. 4-4210)

Where a canine unit exists, policy, procedure, and practice provide daily and current records on training, care of dogs, and significant events.

Comment: None.

Protocols: Written policy and procedure. Animal training and caring criteria. Training curriculum.

Process Indicators: Observation. Facility records and logs. Inmate interviews. Staff interviews. Training records.

3B. - PERFORMANCE STANDARD: SAFETY AND EMERGENCY PROCEDURES

The number and extent of security, physical plant, environmental and other emergencies are minimized. When they occur, the response mechanism minimizes severity.

Fire Safety

5-ACI-3B-01
(Ref. 4-4211)

(MANDATORY) Written policy, procedure, and practice specify the institution's fire prevention regulations and practices. These include, but are not limited to, the following:

- provision for an adequate fire protection service
- a system of fire inspection and testing of equipment at least quarterly or at intervals approved by the authority having jurisdiction, following the procedures stated for variances, exceptions, or equivalencies
- an annual inspection by local or state fire officials or other qualified person(s)
- availability of fire protection equipment at appropriate locations throughout the institution

Comment: Institutional administrators should plan and execute all reasonable procedures for the prevention and prompt control of fire. The use of national codes, such as The Life Safety Code, can help to ensure the safety of staff, inmates, and visitors. The use of a volunteer or an internal fire department is acceptable for compliance, assuming that the fire station is readily accessible in case of fire and that it is the primary alternative available. If the fire station is not continually staffed, fire alarm notification must be made to a local law enforcement unit or equally reliable source.

Protocols: Written policy and procedure. Internal inspection forms. Equipment testing schedule. Facility plans/specifications.

Process Indicators: Documentation of authority having jurisdiction. Inspection reports and documentation of action taken to address identified deficiencies. Maintenance and testing records. Local and/or state inspection reports. Facility logs. Observation.

5-ACI-3B-02
(Ref. 4-4212)

(MANDATORY) Written policy, procedure, and practice provide for a comprehensive and thorough monthly inspection of the institution by a qualified fire and safety officer for compliance with safety and fire prevention standards. There is a weekly fire and safety inspection of the institution by a qualified departmental staff member.

Comment: The qualified departmental staff member who conducts the weekly inspections may be an institutional staff member who has received training in and is familiar with the safety and sanitation requirements of the jurisdiction. At a minimum, it is expected that the safety/sanitation specialist will provide on-the-

job training regarding applicable regulations and inspections, including the use of checklists and the methods of documentation.

Protocols: Written policy and procedure. Internal inspection forms.

Process Indicators: Documentation of qualifications of fire and safety officer. Inspection reports and documentation of action taken to address identified deficiencies. Local and/or state inspection reports.

**5-ACI-3B-03
(Ref. 4-4213)**

(MANDATORY) Specifications for the selection and purchase of facility furnishings indicate the fire safety performance requirements of the materials selected.

Comment: Furnishings, mattresses, cushions, or other items of foamed plastics or foamed rubber (for example, polyurethane, polystyrene) can pose a severe hazard due to high smoke production, rapid burning once ignited, and high heat release. Such materials should be subjected to careful fire safety evaluation before purchase or use. All polyurethane should be removed from living areas unless its use is approved in writing by the fire authority having jurisdiction. The fire authority should consider the flammability and toxicity characteristics of the products being evaluated.

Facility furnishings include draperies, curtains, furniture, mattresses and bedding, upholstered or cushioned furniture, wastebaskets, decorations, and similar materials that can burn. “Furnishings” applies to all living quarters. The standard requires that specifications be known, if available, at the time of selection; there are no standards mandating knowledge of fire performance characteristics of furnishings in the facility prior to implementation of the policy relating to this standard.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Specifications for all furnishings. Records of approval by external authority.

**5-ACI-3B-04
(Ref. 4-4214)**

(MANDATORY) Institution facilities are equipped with noncombustible receptacles for smoking materials and separate containers for other combustible refuse at accessible locations throughout living quarters in the institution. Special containers are provided for flammable liquids and for rags used with flammable liquids. All receptacles and containers are emptied and cleaned daily.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Safety and Sanitation records. Observation. Interviews.

Flammable, Toxic, and Caustic Materials

5-ACI-3B-05
(Ref. 4-4215)

(MANDATORY) Written policy, procedure, and practice govern the control and use of all flammable, toxic, and caustic materials.

Comment: The following definitions apply to this standard: flammable materials-liquids with a flash point below 100 degrees F; toxic materials-substances that through chemical reaction or mixture can produce possible injury or harm to the body by entering through the skin, digestive tract, or respiratory tract (for example, zinc chromate paint, ammonia, chlorine, antifreeze, herbicides, pesticides); caustic materials-substances that can destroy or eat away by chemical reaction (for example, lye, caustic soda, sulfuric acid). If a substance possesses more than one of the above properties, the safety requirements for all applicable properties should be considered.

All flammable, toxic, and caustic materials should be stored in secure areas that are inaccessible to inmates, and a prescribed system should be used to account for their distribution. Inmates should never possess such items unless they are under the close supervision of qualified staff.

Substances that do not contain one or more of the above properties but that are labeled “Keep Out of the Reach of Children” or “May Be Harmful If Swallowed” are not prohibited; their use and control, however, should be addressed in agency policy.

Protocols: Written policy and procedure. Facility plans/specifications. Staff training curriculum. Inmate training curriculum. Inmate handbook/rules. Internal inspection forms.

Process Indicators: Staff training records. Inmate training records. Internal inspection results. Documentation of incidents that involved flammable, toxic or caustic materials.

Emergency Power and Communications

5-ACI-3B-06
(Ref. 4-4216)

The institution has the equipment necessary to maintain essential lights, power, and communications in an emergency.

Comment: The institution should have emergency power units, either battery or motor driven, to provide essential lighting and life-sustaining functions within the institution and to maintain outside communications in an emergency.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Facility records and logs.

**5-ACI-3B-07
(Ref. 4-4217)**

Written policy, procedure, and practice provide for a communications system within the institution and between the institution and community in the event of urgent, special, or unusual incidents, or emergency situations.

Comment: The facility should have available walkie-talkies and/or a radio base station, receivers and transmitters or other independent mechanical means of communication to maintain constant contact with the outside community if conventional means of communication are disrupted. Institutions located in areas subject to severe storms, tornadoes, or hurricanes should maintain a ready means of voice communication with the community.

Protocols: Written policy and procedure.

Process Indicators: Documentation of communication.

**5-ACI-3B-08
(Ref. 4-4218)**

There is a written plan for preventive maintenance of the physical plant; the plan includes provisions for emergency repairs or replacement in life-threatening situations.

Comment: Regular care and inspection of equipment is essential for safe and efficient operations. The preventive maintenance plan should be implemented by qualified staff or maintenance professionals.

Protocols: Written policy and procedure. Preventive maintenance plan.

Process Indicators: Documentation of preventive maintenance/maintenance conducted. Staff interviews.

**5-ACI-3B-09
(Ref. 4-4219)**

Emergency equipment and systems are tested at least quarterly. Power generators are inspected weekly and load tested quarterly at a minimum or in accordance with manufacturer's recommendations and instruction manuals.

Comment: Emergency equipment, such as standby lighting, batteries, power generators, fire fighting apparatus, communications systems, and alarms should be checked frequently to ensure their reliability.

Protocols: Written policy and procedure. Testing schedule and report forms. Manufacturer's instructions.

Process Indicators: Facility records and logs. Documentation of tests and actions taken to correct identified deficiencies.

Emergency Plans

Staff Training

5-ACI-3B-10
(Ref. 4-4220)

(MANDATORY) All institution personnel are trained in the implementation of written emergency plans.

Comment: Review of all emergency plans should be an essential element of personnel training and retraining programs. New employees should be familiar with all emergency plans prior to their permanent work assignments.

Protocols: Written policy and procedure. Training curriculum.

Process Indicators: Training records. Facility logs. Staff interviews.

Evacuation Procedures

5-ACI-3B-11
(Ref. 4-4221)

(MANDATORY) There is a written evacuation plan to be used in the event of fire or major emergency. The plan is certified by an independent, outside inspector trained in the application of national fire safety codes and is reviewed annually, updated if necessary, and reviewed with the local fire jurisdiction. The plan includes the following:

- location of building/room floor plans
- use of exit signs and directional arrows for traffic flow
- location of publicly posted plan
- at least quarterly drills in all institution locations, including administrative areas
- staff drills when evacuation of extremely dangerous inmates may not be included

Comment: The evacuation plan should specify evacuation routes, subsequent disposition and housing of inmates, and provision for medical care or hospital transportation for injured inmates and/or staff. Fire drills should include evacuation of all inmates except when there is clear and convincing evidence that institutional security is jeopardized; upon such showing, actual evacuation during drills is not required, although staff supervising such inmates should be required to perform their roles/activity in quarterly drills.

Protocols: Written policy and procedure. Facility plans/specifications. Evacuation plan.

Process Indicators: Documentation of approval of plan. Documentation of annual review. Observation. Documentation of drills. Staff and inmate interviews.

5-ACI-3B-12
(Ref-4-4222)

(MANDATORY) Written policy, procedure, and practice specify the means for the immediate release of inmates from locked areas in case of emergency and provide for a backup system.

Comment: The responsibilities of personnel in an emergency situation should be clearly defined. Staff should be aware of the location and identification of keys and be knowledgeable about all evacuation routes. Inmates should receive instructions concerning emergency procedures. The authority having jurisdiction must certify that locking arrangements allow for prompt release and/or that sufficient staff are available to operate locking devices when necessary. A “backup system” means that there is a manual backup if power-operated locks fail. A control station or other locations removed from the inmate living areas should be equipped with reliable, manual means for releasing locks on swinging and sliding doors to permit prompt release. If the facility has only a manual locking system, a staff plan for manually releasing locks must be in place.

Protocols: Written policy and procedure. Facility plans/specifications. Emergency release plans.

Process Indicators: Observation. Staff interviews. Facility records and logs.

Work Stoppage

5-ACI-3B-13
(Ref. 4-4223)

There is a written plan that provides for continuing operations in the event of a work stoppage or other job action. Copies of this plan are available only to appropriate supervisory or other personnel directly involved in the implementation of the plan.

Comment: None.

Protocols: Written policy and procedure. Work stoppage emergency plan. Distribution list for plan.

Process Indicators: Documentation of staff receipt of, and training on, the plan. Staff interviews. Staff training records.

Threats to Security

5-ACI-3B-14
(Ref. 4-4224)

(MANDATORY) There are written plans that specify the procedures to be followed in situations that threaten institutional security. Such situations include but are not limited to riots, hunger strikes, disturbances, and taking of hostages and natural or man-made disasters. These plans are made available to all applicable personnel and are reviewed annually and updated, as needed.

Comment: The plans should designate the personnel who are to implement the procedures, when and which authorities and media should be notified, how the problem should be contained, and the procedures to be followed after the incident is quelled. The plans presuppose regular inspection and maintenance of any specialized equipment necessary to implement the procedures. All personnel should be familiar with the plans. Hospital and medical personnel should be involved in the formulation of the plans, since they are responsible for the safety of their patients.

Protocols: Written policy and procedure. Emergency plan(s). Distribution lists. Training curriculum.

Process Indicators: Distribution records. Documentation of annual review. Training records.

Escapes

5-ACI-3B-15
(Ref. 4-4225)

There are written procedures regarding escapes.

Comment: Specific procedures that can be used quickly when an escape occurs should be made available to all personnel. Procedures should include the following: prompt reporting of the escape to the warden/superintendent; mobilizing of employees; implementing of a predetermined search plan; notifying law enforcement agencies, community groups, and relevant media; preparing escape circulars for distribution and mailing; and, after apprehension of the escapee, promptly notifying all who were previously alerted to the escape.

Protocols: Written policy and procedure. Escape procedures. Emergency plan(s). Training curriculum.

Process Indicators: Training records. Incident reports.

**5-ACI-3B-16
(Ref. 4-4225-1)**

Written policy, procedure, and practice define critical incidents for the facility and provide for a debriefing to be conducted after each such incident. The debriefing process includes coordination and feedback about the incident with designated staff of the facility as soon as possible after the incident. A debriefing includes, but is not limited to:

- **a review of staff and offender actions during the incident**
- **a review of the incident’s impact on staff and offenders**
- **a review of corrective actions taken and still needed**
- **plans for improvement to avoid another incident**

Comment: A critical incident is any event or situation that threatens staff or offenders in their community (criminal justice setting). While debriefings should occur as soon as possible, some information may not be available until later. All staff impacted by a critical incident should be included in the debriefings and referred to appropriate services to mitigate the stress associated with these events. All critical incidents should be reviewed by the administration, security, and health services. A two-week follow-up debriefing should occur to review the validity and appropriateness of all policies, plans, and information used during the critical incident and immediately after.

Protocols: Written policy and procedure.

Process Indicators: Facility records and logs. Incident reports. Debriefing minutes. Plans for improvement.

3C. - PERFORMANCE STANDARD: RULES AND DISCIPLINE

The institution's rules of conduct and sanctions and procedures for violations are communicated to all inmates and staff. The disciplinary process respects due process.

OUTCOME MEASURES

- (1) The total number of major disciplinary reports, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.
- (2) The total number of minor disciplinary reports, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.
- (3) Number of offender on offender assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.
- (4) Number of offender on staff assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.

Rules of Conduct

**5-ACI-3C-01
(Ref. 4-4226)**

Written rules of inmate conduct specify acts prohibited within the institution and penalties that can be imposed for various degrees of violation.

Comment: The rules should prohibit only observed behavior that can be shown clearly to have a direct, adverse effect on an inmate or on institutional order and security. The rules also should specify the range of penalties that can be imposed for violations. Penalties should be proportionate to the importance of the rule and the severity of the violation.

Protocols: Written policy and procedure. Rules. Inmate handbook.

Process Indicators: Inmate interviews. Staff interviews.

**5-ACI-3C-02
(Ref. 4-4227)**

There is a written set of disciplinary procedures governing inmate rule violations.

Comment: None.

Protocols: Written policy and procedure. Rules.

Process Indicators: Inmate handbook. Inmate interviews.

5-ACI-3C-03
(Ref. 4-4228)

A rulebook that contains all chargeable offenses, ranges of penalties, and disciplinary procedures is given to each inmate and staff member and is translated into those languages spoken by significant numbers of inmates. Signed acknowledgment of receipt of the rulebook is maintained in the inmate's file. When a literacy or language problem prevents an inmate from understanding the rulebook, a staff member or translator assists the inmate in understanding the rules.

Comment: Written procedures should specify how the rules and regulations are issued and presented to new inmates. Rules and regulations governing inmate conduct are of limited value unless the inmate understands them. "Posting" the rulebook is unnecessary provided there is evidence each inmate receives a copy of the rules.

Protocols: Written policy and procedure. Rulebook.

Process Indicators: Signed acknowledgement of receipt. Inmate interviews.

5-ACI-3C-04
(Ref. 4-4229)

All personnel who work with inmates receive sufficient training so that they are thoroughly familiar with the rules of inmate conduct, the rationale for the rules, and the sanctions available.

Comment: All institutional personnel who work with inmates in any way should receive continuous in-service training to prevent discrepancies among staff members in interpretation or implementation of rules of conduct.

Protocols: Written policy and procedure. Staff training curriculum.

Process Indicators: Training records. Staff interviews.

Resolution of Minor Infractions

5-ACI-3C-05
(Ref. 4-4230)

There are written guidelines for resolving minor inmate infractions, which include a written statement of the rule violated and a hearing and decision within seven days, excluding weekends and holidays, by a person not involved in the rule violation; inmates may waive their appearance at the hearing.

Comment: None.

Protocols: Written policy and procedure. Disciplinary guidelines.

Process Indicators: None.

Criminal Violations

5-ACI-3C-06
(Ref. 4-4231)

Written policy, procedure, and practice provide that, where an inmate allegedly commits an act covered by criminal law, the case is referred to appropriate court or law enforcement officials for consideration for prosecution.

Comment: Corrections and court or law enforcement officials should agree on the categories of offenses that are to be referred to them in order to eliminate minor offenses or those of no concern.

Protocols: Written policy and procedure.

Process Indicators: Incident reports. Documentation of referral.

Disciplinary Reports

5-ACI-3C-07
(Ref. 4-4232)

Written policy, procedure, and practice provide that when rule violations require formal resolution, staff members prepare a disciplinary report and forward it to the designated supervisor.

Comment: None.

Protocols: Written policy and procedure. Disciplinary forms.

Process Indicators: Completed disciplinary forms. Inmate records.

5-ACI-3C-08
(Ref. 4-4233)

Disciplinary reports prepared by staff members include, but are not limited to, the following information:

- **specific rule(s) violated**
- **a formal statement of the charge**
- **any unusual inmate behavior**
- **any staff witnesses**
- **any physical evidence and its disposition**
- **any immediate action taken**
- **reporting staff member's signature and date and time of report**

Comment: All relevant information should be recorded on a disciplinary report form and should be as specific and comprehensive as possible.

Protocols: Written policy and procedure. Report format.

Process Indicators: Completed reports.

Prehearing Action

5-ACI-3C-09
(Ref. 4-4234)

Written policy, procedure, and practice specify that, when an alleged rule violation is reported, an appropriate investigation is begun within 24 hours of the time the violation is reported and is completed without reasonable delay, unless there are exceptional circumstances for delaying the investigation.

Comment: Investigations of alleged rule violations should be commenced as soon as possible after the incident is reported. The investigating officer should be a staff member but not the officer who reported the incident.

Protocols: Written policy and procedure.

Process Indicators: Disciplinary action. Documentation of investigation and timing.

5-ACI-3C-10
(Ref. 4-4235)

Within the disciplinary procedures document there is provision for prehearing detention of inmates who are charged with a rule violation. The inmate's pre-hearing status is reviewed by the warden/superintendent or designee within 72 hours, including weekends and holidays.

Comment: Prehearing detention is the confinement of an inmate in an individual cell until an investigation is completed or a hearing scheduled. Such detention should not be punitive and should be used only when necessary to ensure the inmate's safety or the security of the institution. Documentation should be provided as to the reason for detention, and no inmate should remain in prehearing detention longer than necessary.

Protocols: Written policy and procedure.

Process Indicators: Documentation of review. Documentation of timing.

5-ACI-3C-11
(Ref. 4-4236)

Written policy, procedure, and practice provide that an inmate charged with a rule violation receives a written statement of the charge(s), including a description of the incident and specific rules violated. The inmate is given the statement at the same time that the disciplinary report is filed with the disciplinary committee but no less than 24 hours prior to the disciplinary hearing. The hearing may be held within 24 hours with the inmate's written consent.

Comment: None.

Protocols: Written policy and procedure. Disciplinary forms.

Process Indicators: Disciplinary records. Inmate records.

5-ACI-3C-12
(Ref. 4-4237)

Written policy, procedure, and practice provide that an inmate may waive the right to a hearing provided that the waiver is documented and reviewed by the chief executive officer or designee.

Comment: When inmates feel that a hearing is unnecessary, they should have the opportunity to waive this right. The disciplinary committee should follow stated guidelines for determination of sanctions.

Protocols: Written policy and procedure. Waiver form.

Process Indicators: Disciplinary records. Inmate records.

Disciplinary Hearing

Scheduling

5-ACI-3C-13
(Ref. 4-4238)

Written policy, procedure, and practice provide that inmates charged with rule violations are scheduled for a hearing as soon as practicable but no later than seven days, excluding weekends and holidays, after being charged with a violation. Inmates are notified of the time and place of the hearing at least 24 hours in advance of the hearing.

Comment: To ensure fairness and the integrity of the disciplinary process, inmates charged with rule violations should receive hearings as soon as possible unless the hearing is prevented by exceptional circumstances, unavoidable delays, or reasonable postponements. Reasons for all delays should be documented.

Protocols: Written policy and procedure.

Process Indicators: Disciplinary records.

5-ACI-3C-14
(Ref. 4-4239)

Written policy, procedure, and practice provide for postponement or continuance of the disciplinary hearing for a reasonable period and good cause.

Comment: Hearing postponement or continuance may be granted for such cause as preparation of a defense, illness or unavailability of the inmate, further investigation of factual matters relevant to the hearing, or pending criminal court prosecution. Delaying a hearing is also justifiable on the basis of factual recording of an inmate's unacceptable behavior during the hearing process or the inmate's refusal to participate in a reasonable manner.

Protocols: Written policy and procedure.

Process Indicators: Disciplinary records.

Conduct of Hearing

5-ACI-3C-15
(Ref. 4-4240)

Written policy, procedure, and practice provide that disciplinary hearings on rule violations are conducted by an impartial person or panel of persons. A record of the proceedings is made and maintained for at least six months.

Comment: To ensure objectivity, hearings for rule violations should be conducted by persons who were not directly involved in the incident.

Protocols: Written policy and procedure.

Process Indicators: Disciplinary records.

5-ACI-3C-16
(Ref. 4-4241)

Written policy, procedure, and practice provide that inmates charged with rule violations are present at their hearings unless they waive that right in writing or through their behavior. Inmates may be excluded during the testimony of any inmate whose testimony must be given in confidence; the reasons for the inmate's absence or exclusion are documented.

Comment: None.

Protocols: Written policy and procedure. Waiver form.

Process Indicators: Disciplinary records. Inmate records. Documentation of absence.

5-ACI-3C-17
(Ref. 4-4242)

Written policy, procedure, and practice provide that inmates have an opportunity to make a statement and present documentary evidence at the hearing and can request witnesses on their behalf; the reasons for denying such a request are stated in writing.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Disciplinary records. Inmate records. Inmate interviews.

5-ACI-3C-18
(Ref. 4-4243)

Written policy, procedure, and practice provide that a staff member or agency representative assists inmates at disciplinary hearings if requested. A representative is appointed when it is apparent that an inmate is not capable of collecting and presenting evidence effectively on his or her own behalf.

Comment: Staff members or agency representatives designated to assist inmates should be trained in and knowledgeable about facility rules and discipline, disciplinary procedures, and due process requirements. Some agencies designate a legal assistant or staff representative to assist inmates in hearings. While this meets due process safeguards, an additional intent is to provide staff assistance from a person with whom inmates are comfortable and who they feel they can trust. Therefore, inmates should be allowed to choose persons to represent them from an approved list of facility staff members. At all times, the burden is on the agency to indicate

reasons for not allowing a particular staff member to represent an inmate in a specific situation. Inmates may not cross-examine witnesses, but staff may question witnesses who have been requested by an inmate to present evidence.

Protocols: Written policy and procedure.

Process Indicators: Disciplinary records. Inmate interviews. Staff interviews.

Hearing Decisions

Basis for Decision

5-ACI-3C-19
(Ref. 4-4244)

Written policy, procedure, and practice provide that the disciplinary committee's decision is based solely on information obtained in the hearing process, including staff reports, the statements of the inmate charged, and evidence derived from witnesses and documents.

Comment: Witnesses requested by the inmate may be questioned by both the inmate's representative and committee members. Witnesses who cannot respond to questions in person can be asked to submit written statements. The inmate should be permitted to obtain and submit any relevant documents.

Protocols: Written policy and procedure.

Process Indicators: Disciplinary records. Inmate interviews. Staff interviews.

Hearing Record

5-ACI-3C-20
(Ref. 4-4245)

Written policy, procedure, and practice provide that a written record is made of the decision and the supporting reasons, and that a copy is given to the inmate. The hearing record and supporting documents are kept in the inmate's file and in the disciplinary committee's records.

Comment: The disciplinary hearing record should include the decision, the disposition, and the reason for the action, unless doing so would jeopardize institutional security.

Protocols: Written policy and procedure.

Process Indicators: Disciplinary records.

**5-ACI-3C-21
(Ref. 4-4246)**

Written policy, procedure, and practice provide that if an inmate is found not guilty of an alleged rule violation, the disciplinary report shall be so noted and may be removed from the inmate's files.

Comment: When an inmate is found guilty of only some of the rule violations he or she was originally charged with in connection with a single incident, and when that incident is described in a single disciplinary report, the inmate's record should show clearly the violations that were not proved. All disciplinary reports, regardless of disposition, may be kept and used for statistical or research purposes providing all identification is removed. Where there are multiple incidents, alleged rule violations for which an inmate is found not guilty must be separated and removed from the inmate's file. When multiple incidents/charges are listed on a single report, charges resulting in not-guilty findings may be marked over or blacked out.

Protocols: Written policy and procedure.

Process Indicators: Inmate files and records. Disciplinary records.

Review

**5-ACI-3C-22
(Ref. 4-4247)**

Written policy, procedure, and practice provide for review of all disciplinary hearings and dispositions by the warden/superintendent or designee to assure conformity with policy and regulations.

Comment: At the conclusion of the disciplinary hearing, the hearing record should be forwarded to the warden/superintendent or designee for review. This review should ensure that the hearing was conducted in accordance with stated procedures and that the action taken conforms with institutional regulations.

Protocols: Written policy and procedure.

Process Indicators: Documentation of review.

Appeal

**5-ACI-3C-23
(Ref. 4-4248)**

Written policy, procedure, and practice grant inmates the right to appeal decisions of the disciplinary committee to the warden/superintendent or designee. Inmates have up to 15 days of receipt of the decision to submit an appeal. The appeal is decided within 30 days of its receipt, and the inmate is promptly notified in writing of the results.

Comment: The appeal process should consider three factors: whether there was substantial compliance with institutional standards and procedures in handling inmate discipline; whether the disciplinary committee's decision was based on substantial evidence; and whether, under the circumstances, the sanction imposed was proportionate to the rule violation.

Protocols: Written policy and procedure.

Process Indicators: Disciplinary records.

3D. - PERFORMANCE STANDARD: INMATE RIGHTS

The facility protects the constitutional rights of offenders and seeks a balance between the expression of protected liberties and the preservation of institutional order.

OUTCOME MEASURES:

- (1) Number of grievances found in an inmate's favor divided by the number of grievances filed in the 12-month period.

Access to Courts

**5-ACI-3D-01
(Ref. 4-4274)**

Written policy, procedure, and practice ensure the right of inmates to have access to courts.

Comment: The right of access to the courts minimally provides that inmates have the right to present any issue, including the following: challenging the legality of their conviction or confinement; seeking redress for illegal conditions or treatment while under correctional control; pursuing remedies in connection with civil legal problems; and asserting against correctional or other government authority any other rights protected by constitutional or statutory provision or common law. Inmates seeking judicial relief are not subjected to reprisals or penalties because of the decision to seek such relief.

Protocols: Written policy and procedure.

Process Indicators: Facility logs. Inmate interviews. Attorney interviews.

Access to Counsel

**5-ACI-3D-02
(Ref. 4-4275)**

Written policy, procedure, and practice ensure and facilitate inmate access to counsel and assist inmates in making confidential contact with attorneys and their authorized representatives; such contact includes, but is not limited to, telephone communications, uncensored correspondence, and visits.

Comment: Institutional authorities should assist inmates in making confidential contact with attorneys and their authorized representatives; these representatives may include law students, special investigators, lay counsel, or other persons who have a legitimate connection with the legal issue being pursued. Provision should be made for visits during normal institutional hours, uncensored correspondence, telephone communications, and after-hours visits requested because of special circumstances.

Protocols: Written policy and procedure.

Process Indicators: Inmate interviews. Facility log. Attorney interviews. Observation.

Access to Law Library

5-ACI-3D-03
(Ref. 4-4276)

Written policy, procedure, and practice provide for the right of inmates to have access to an appropriate law library and to paper, typewriters or typing services, and other supplies and services related to legal matters. The law library includes, at a minimum, relevant and up-to-date constitutional, statutory, and case law materials, applicable court rules, and practice treatises. When an inmate is unable to make meaningful use of the law library on his or her own, the additional assistance necessary for effective access is provided.

Comment: The constitutional right of access to the courts requires that inmates who request assistance in preparing and filing legal papers receive the assistance necessary. This should include assistance from persons with legal training, law school legal assistance programs, public defender's offices, and law library facilities. State court rulings suggest that the law library should include, at a minimum, state and federal constitutions, state statutes and decisions, procedural rules and decisions and related commentaries, federal case law materials, court rules and practice treatises, and legal periodicals and indices.

Protocols: Written policy and procedure. Legal assistance/resources plan.

Process Indicators: Observation. Facility logs. Inmate interviews. Documentation of the additional assistance provided.

Access to Programs and Services

5-ACI-3D-04
(Ref. 4-4277)

Written policy, procedure, and practice prohibit discrimination based on an inmate's race, religion, national origin, sex, disability, or political views in making administrative decisions and in providing access to programs.

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

Protocols: Written policy and procedure.

Process Indicators: Inmate interviews. Facility records. Grievances.

5-ACI-3D-05
(Ref. 4-4278)

Written policy, procedure, and practice provide that male and female inmates housed in the same institution have separate sleeping quarters but equal access to all available services and programs. Neither sex is denied opportunities solely on the basis of their smaller number in the population.

Comment: Institutions housing males and females should be smaller than other institutions. Coeducational programming is not desirable in any maximum-security institution.

Protocols: Written policy and procedure. Program and service descriptions and eligibility requirements. Inmate handbook.

Process Indicators: Activity logs. Program records. Staff and inmate interviews.

Access to Media

5-ACI-3D-06 (Ref. 4-4279) **Written policy, procedure, and practice provide for reasonable access between inmates and the communications media, subject only to the limitations necessary to maintain order and security and protect inmates' privacy. Media requests for interviews and the inmate's consent are in writing.**

Comment: Except in emergencies such as disorders and escapes, inmates should have free access to the general public through the communications media or other legitimate intermediary.

Protocols: Written policy and procedure. Inmate handbook.

Process Indicators: Interviews. Signed inmate consent forms.

5-ACI-3D-07 (Ref. 4-4280) **Written policy, procedure, and practice provide that foreign nationals have access to the diplomatic representative of their country of citizenship.**

Comment: Staff assistance should be provided to enable foreign nationals to contact their diplomatic representative.

Protocols: Written policy and procedure.

Process Indicators: Inmate interviews. Staff interviews.

Protection from Harm

5-ACI-3D-08 (Ref. 4-4281) **(MANDATORY) Written policy, procedure, and practice protect inmates from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment.**

Comment: In situations where physical force or disciplinary detention is required, only the least drastic means necessary to secure order or control should be used. Administrative status should be used to protect inmates from themselves or other inmates.

Protocols: Written policy and procedure. Training curriculum.

Process Indicators: Facility logs. Incident reports. Inmate interviews. Staff training records.

5-ACI-3D-09
(Ref. 4-4281-1)

Written policy, procedure, and practice ensure that information is provided to offenders about sexual abuse/assault including:

- **prevention/intervention**
- **self-protection**
- **reporting sexual abuse/assault**
- **treatment and counseling**

The information is communicated orally and in writing, in a language clearly understood by the offender, upon arrival at the facility.

Comment: None.

Protocols: Written policy and procedure. Inmate handbook.

Process Indicators: Intake logs and inmate sign-in sheets for orientation.

5-ACI-3D-10
(Ref. 4-4281-2)

Inmates are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly.

Comment: None.

Protocols: Written policy and procedure. Screening format.

Process Indicators: Documentation of screening conducted within 24 hours of arrival. Staff interviews. Inmate interviews. Classification and housing records.

5-ACI-3D-11
(Ref. 4-4281-3)

Written policy, procedure, and practice require that an investigation is conducted and documented whenever a sexual assault or threat is reported.

Comment: The agency should report occurrences/allegations of sexual assault or threat in accordance with the laws of the jurisdiction. The investigation may be limited by what is allowed by the laws of the jurisdiction.

Protocols: Written policy and procedure.

Process Indicators: Documentation of reported sexual assault or threat. Investigation report. Staff interviews.

5-ACI-3D-12
(Ref. 4-4281-4)

Written policy, procedure, and practice require that inmates identified as high risk with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional. Inmates with a history of sexually assaultive behavior are identified, monitored, and counseled.

Comment: None.

Protocols: Written policy and procedure. Mental health assessment instruments.

Process Indicators: Completed mental health assessments. Case records.

5-ACI-3D-13
(Ref. 4-4281-5)

Written policy, procedure, and practice provide that inmates identified as at risk for sexual victimization are assessed by a mental health or other qualified professional. Inmates at risk for sexual victimization are identified, monitored, and counseled.

Comment: None.

Protocols: Written policy and procedure. Mental health assessment instruments.

Process Indicators: Completed mental health assessments. Case records.

5-ACI-3D-14
(Ref.4-4281-6)

Written policy, procedure, and practice ensure that sexual conduct between staff and inmates, volunteers, or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of staff awareness, e.g. annual in-service training curriculum.

5-ACI-3D-15
(Ref. 4-4281-7)

Written policy, procedure, and practice provide that inmates who are victims of sexual abuse have the option to report the incident to a designated staff member as well as others: duty officer/3rd party reporting/or safe helpline.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Inmate handbook. Record of reports.

5-ACI-3D-16
(Ref. 4-4281-8)

Written policy, procedure, and practice provide that all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule of document retention.

Comment: None.

Protocols: Written policy and procedure. A records retention schedule.

Process Indicators: Copies of case records detailing allegation of abuse. Medical and counseling reports.

Protection from Unreasonable Searches

5-ACI-3D-17
(Ref. 4-4282)

Written policy, procedure, and practice govern all searches and preservation of evidence when an inmate is suspected of a new crime. Such searches are authorized only by the warden/superintendent or designee unless immediate action is necessary; in such cases the warden/superintendent or designee is fully informed as soon as possible after the search.

Comment: Searches directed at solving a possible new crime should include provisions for the preservation of evidence as well as the legal protection of individual rights afforded under the Fourth Amendment. Regulations should specify the circumstances and manner in which such searches are to be conducted.

Protocols: Written policy and procedure.

Process Indicators: Facility logs and records. Documentation of prior approval of searches.

Freedom in Personal Grooming

5-ACI-3D-18
(Ref. 4-4283)

Written policy, procedure, and practice allow freedom in personal grooming except when a valid interest justifies otherwise.

Comment: Inmates should be permitted freedom in personal grooming as long as their appearance does not conflict with the institution's requirements for safety, security, identification, and hygiene. All regulations concerning personal grooming should be the least restrictive necessary.

Protocols: Written policy and procedure. Grooming regulations. Inmate handbook.

Process Indicators: Documentation of instances in which personal grooming choices were denied. Observation. Inmate interviews.

Grievance Procedures

5-ACI-3D-19
(Ref. 4-4284)

There is a written inmate grievance procedure that is made available to all inmates and that includes at least one level of appeal.

Comment: A grievance procedure is an administrative means for the expression and resolution of inmate problems. The institution's grievance mechanism should include provisions for the following: written responses to all grievances, including the reasons for the decision; response within a prescribed, reasonable time limit, with special provisions for responding to emergencies; supervisory review of grievances; participation by staff and inmates in the procedure's design and operation; access by all inmates, with guarantees against reprisals; applicability over a broad range of issues; and means for resolving questions of jurisdiction.

Protocols: Written policy and procedure. Grievance procedure. Inmate handbook.

Process Indicators: Grievance records. Inmate interviews.

4. Special Management Housing and Restrictive Housing

GOAL: In general, inmates who threaten the secure and orderly management of the institution, posing a threat to others or a danger to themselves, are removed from the general population and placed in designated units. Such assignments are made appropriately and justifiably and offenders placed into such categories are treated justly, humanely, in a constitutionally correct manner and prepared for return to less restrictive units.

4A. - PERFORMANCE STANDARD: SPECIAL MANAGEMENT

Inmates who pose a threat are separated from general population as defined by the agency and placed in a cell in a special management unit/cell for periods of time less than 22 hours per day. (Special Management may include administrative status, protective custody or disciplinary detention.)

OUTCOME MEASURES:

- (1) Average number of offenders in Special Management Housing per month over the past 12 months divided by the average daily population in the past 12 months.

General Policy and Practice

5-ACI-4A-01
(Ref. 4-4400)

(MANDATORY) When an offender is transferred to special management housing, health care staff will be informed immediately and will provide a screening and review, as indicated by the protocols established by the health authority. Unless medical attention is needed more frequently, each offender in special management housing receives a daily visit from a qualified health care professional. The visit ensures that offenders have access to the health care system. The presence of a health care provider in special management housing is announced and recorded. The frequency of physician visits to special management housing is determined by the health authority.

Comment: Health care providers' visits are intended to be screening rounds and are not meant to be clinical encounters. Those offenders who request sick call are evaluated by a health care provider who determines the appropriate setting for further medical attention or examination. Health care providers may request that

an offender be removed from a cell or housing area for medical attention or examination. All sick call encounters are documented in the offender's health record.

Protocols: Written policy and procedure.

Process Indicators: Health records. Completed logs. Duty assignment roster for health care providers. Observation. Interviews.

**5-ACI-4A-02
(Ref. 4-4140)**

Special management units provide living conditions that approximate those of the general inmate population; all exceptions are clearly documented. Special management cells/rooms permit the inmates assigned to them to converse with and be observed by staff members.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Inmate interviews.

**5-ACI-4A-03
(Ref. 4-4141)**

All cells/rooms in Special Management Housing provide a minimum of 80 square feet, and shall provide 35 square feet of unencumbered space for the first occupant and 25 square feet of unencumbered space for each additional occupant.

Comment: Special management housing inmates are confined in cells/rooms for more extended periods during the day. Therefore the cell/room must provide additional space for in-cell activity.

Protocols: Facility plans/specifications.

Process Indicators: Observation. Measurement. Inmate interviews.

**5-ACI-4A-04
(Ref. 4-4249)**

When special management housing units exist, written policy and procedure govern their operation for the supervision of inmates under administrative status, protective custody, and disciplinary detention.

Comment: Administrative status: The classification committee or, in an emergency, the warden/superintendent may place in administrative status an inmate whose continued presence in the general population poses a serious threat to life, property, self, staff, or other inmates, or to the security or orderly running of the institution. Inmates in administrative status because of behavioral problems should be provided with programs conducive to their well-being. Inmates pending investigation for a trial on a criminal act or pending transfer can also be placed in administrative status; this status may be for relatively extensive periods of time.

Protective custody: Inmates requesting or requiring protection from the general population may be placed in protective custody. Inmates in protective custody should be allowed to participate in as many as possible of the programs afforded the general population, providing such participation does not threaten institutional

security. Each protective custody case should be reviewed frequently with the goal of terminating the separate housing assignment as soon as possible.

Disciplinary Status: The disciplinary committee may place inmates with serious rule violations in disciplinary detention only after an impartial hearing has determined (1) that other available alternative dispositions are inadequate to regulate the inmate's behavior within acceptable limits and (2) that the inmate's presence in the general inmate population poses a serious threat to the orderly operation or security of the institution.

Total isolation as punishment for a rule violation is not an acceptable practice; when exceptions occur, they should be justified by clear and substantiated evidence and should be fully documented.

Protocols: Written policy and procedure. Special management procedures.

Process Indicators: Observation. Inmate interviews. Staff interviews. Facility records. Inmate records.

Admission and Review of Status

5-ACI-4A-05
(Ref. 4-4251)

Written policy, procedure, and practice provide that an inmate is admitted to the special management housing unit for protective custody only when there is documentation that protective custody is warranted and no reasonable alternatives are available.

Comment: Protective custody should be used only for short periods of time, except when an inmate needs long-term protection and the facts are well documented. Admission to protective custody should be fully documented with a consent form signed by the inmate.

Protocols: Written policy and procedure.

Process Indicators: Documentation of reasons for admitting inmates to protective custody status, or denying status. Inmate records.

5-ACI-4A-06
(Ref. 4-4252)

Written policy, procedure, and practice provide that an inmate is placed in disciplinary detention for a rule violation only after a hearing by the disciplinary committee or hearing examiner.

Comment: None.

Protocols: Written policy and procedure. Disciplinary procedures.

Process Indicators: Hearing records. Inmate records. Interviews.

5-ACI-4A-07
(Ref. 4-4253)

Written policy, procedure, and practice provide for a review of the status of inmates in special management housing by the classification committee or other authorized staff group every seven days for the first two months and at least every 30 days thereafter.

Comment: A hearing should be held to review the status of any inmate who spends more than seven continuous days in special management housing whether the reasons for the placement still exist.

Protocols: Written policy and procedure. Review process.

Process Indicators: Documentation of reviews and outcomes. Inmate records.

5-ACI-4A-08
(Ref. 4-4254)

Written policy, procedure, and practice specify the review process used to release an inmate from administrative status and protective custody.

Comment: An inmate should be released by action of the appropriate authority.

Protocols: Written policy and procedure. Review process.

Process Indicators: Documentation of review process and outcomes.

5-ACI-4A-09
(Ref. 4-4255)

There is a sanctioning schedule for institutional rule violations. Continuous confinement for more than 30 days requires the review and approval of the warden/superintendent or designee. Inmates held in disciplinary status for periods exceeding 60 days are provided the same program services and privileges as inmates in administrative status and protective custody.

Comment: The time an inmate spends in disciplinary status should be proportional to the offense committed, taking into consideration the inmate's prior conduct, specific program needs, and other relevant factors.

Protocols: Written policy and procedure. Sanctioning schedule.

Process Indicators: Documentation that sanctioning schedule has been communicated to inmates. Inmate interviews. Documentation of facility administrator review and approval. Inmate records.

5-ACI-4A-10
(Ref. 4-4256)

Written policy, procedure, and practice provide that a qualified mental health professional personally interviews and prepares a written report on any inmate remaining in special management housing for more than 30 days. If confinement continues beyond 30 days, a mental health assessment by a qualified mental health professional is made at least every 30 days for inmates who have an identified mental health need and every three months for all other inmates—more frequently if prescribed by the chief medical authority.

Comment: Inmates whose movements are restricted in special management housing may develop symptoms of acute anxiety or other mental problems; regular psychological assessment is necessary to ensure the mental health of any inmate confined in such a unit beyond 30 days.

Protocols: Written policy and procedure. Report format.

Process Indicators: Documentation of interviews. Written report. Mental health assessment. Inmate records. Interviews.

Supervision

5-ACI-4A-11
(Ref. 4-4257)

Written policy, procedure, and practice require that all special management inmates are personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates are under continuing or continuous observation.

Comment: None.

Protocols: Written policy and procedure. Staffing plan. Log format.

Process Indicators: Facility records and logs. Documentation of cell checks.

5-ACI-4A-12
(Ref. 4-4258)

Written policy, procedure, and practice provide that inmates in special management housing receive daily visits from the senior correctional supervisor in charge, daily visits from a qualified health care official (unless medical attention is needed more frequently), and visits from members of the program staff upon request.

Comment: Because they are restricted from normal movement within the institution, it is imperative that inmates in special management are visited regularly by key staff members who can ensure that their health and well-being are maintained.

Protocols: Written policy and procedure. Log format.

Process Indicators: Documentation of senior correctional supervisor visits and health care visits. Inmate interviews. Completed logs.

**5-ACI-4A-13
(Ref. 4-4259)**

Written policy and procedure govern the selection criteria, supervision, and rotation of staff who work directly with inmates in special management housing on a regular and daily basis.

Comment: Procedures should be established to supervise and evaluate the on-the-job performance of all staff who work with inmates in special management housing, and there should be administrative procedures for promptly removing ineffective staff. Officers assigned to these positions should have completed their probationary period. The need for rotation should be based on the intensity of the assignment.

Protocols: Written policy and procedure. Staff schedule.

Process Indicators: Documentation of supervision and rotation of staff. Inmate interviews. Staff interviews.

**5-ACI-4A-14
(Ref. 4-4260)**

Written policy, procedure, and practice provide that staff operating special management housing units maintain a permanent log.

Comment: The log should contain the following information for each inmate admitted to special management: name, number, housing location, date admitted, type of infraction or reason for admission, tentative release date, and special medical or psychiatric problems or needs. The log also should be used to record all visits by officials who inspect the units or counsel the inmates, all unusual inmate behavior, and all releases.

Protocols: Written policy and procedure. Log format.

Process Indicators: Completed logs. Inmate records.

General Conditions of Confinement

**5-ACI-4A-15
(Ref. 4-4261)**

Written policy, procedure, and practice provide that all inmates in special management housing are provided prescribed medication, clothing that is not degrading, and access to basic personal items for use in their cells unless there is imminent danger that an inmate or any other inmate(s) will destroy an item or induce self-injury.

Comment: Inmates in special management housing should be provided basic items needed for personal hygiene as well as items such as eyeglasses and writing materials. Clothing should be that of the general population unless an adjustment is necessary for self-protection, such as removal of a belt to prevent a suicide attempt, and any clothing adjustment should be justified in writing by an appropriate official. If a supervisor judges that there is imminent danger that an inmate will destroy an item or use it to induce self-injury, the inmate may be deprived of the item; in such cases, every effort should be made to supply a substitute for the item or to permit the inmate to use the item under the supervision of an officer.

Protocols: Written policy and procedure.

Process Indicators: Inmate records. Completed logs. Inmate interviews.

5-ACI-4A-16
(Ref. 4-4262)

Written policy, procedure, and practice provide that inmates in special management housing have the opportunity to shave and shower at least three times per week.

Comment: Inmates in special management should have the opportunity to maintain an acceptable level of personal hygiene unless these procedures cause an undue security hazard. If conditions permit, the inmates should be able to shower daily.

Protocols: Written policy and procedure. Activity/service schedule.

Process Indicators: Completed logs. Documentation of exceptions.

5-ACI-4A-17
(Ref. 4-4263)

Written policy, procedure, and practice provide that inmates in special management housing receive laundry, barbering, and hair care services and are issued and exchange clothing, bedding, and linen on the same basis as inmates in the general population. Exceptions are permitted only when found necessary by the senior officer on duty; any exception is recorded in the unit log and justified in writing.

Comment: None.

Protocols: Written policy and procedure. Activity/service schedule.

Process Indicators: Completed logs. Documentation of exceptions.

5-ACI-4A-18
(Ref. 4-4264)

Alternative meal service may be provided to an inmate in special management housing who uses food or food service equipment in a manner that is hazardous to self, staff, or other inmates. Alternative meal service is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs with the written approval of the warden/superintendent, or designee and responsible health authority, or designee. The substitution period shall not exceed seven days.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of approval. Completed logs. Inmate interviews.

5-ACI-4A-19
(Ref. 4-4265)

Written policy, procedure, and practice provide that whenever an inmate in special management housing is deprived of any usually authorized item or activity, a report of the action is filed in the inmate's case record and forwarded to the chief security officer.

Comment: The report should identify the inmate, item or activity deprived of, and the reasons for the action. The report should be forwarded to the chief security officer as soon as possible; approval for removing all of an inmate's personal items should be obtained in advance from the warden/superintendent or designee. No item or activity should be withheld for the purpose of punishment or for longer than necessary to ensure the safety and well-being of the inmate and others.

Protocols: Written policy and procedure.

Process Indicators: Completed logs. Inmate's case record. Staff interviews. Inmate interviews.

Programs and Services

Mail

5-ACI-4A-20
(Ref. 4-4266)

Written policy, procedure, and practice provide that inmates in special management housing can write and receive letters on the same basis as inmates in the general population.

Comment: Letters should be delivered promptly. Any item rejected consistent with policy and procedure should be returned to the sender, and the inmate should be advised of the reason for the rejection.

Protocols: Written policy and procedure.

Process Indicators: Completed logs. Observation. Inmate interviews.

Visiting

5-ACI-4A-21
(Ref. 4-4267)

Written policy, procedure, and practice provide that inmates in special management housing have opportunities for visitation unless there are substantial reasons for withholding such privileges.

Comment: Every effort should be made to notify approved visitors of any restrictions on visiting; if time allows, the burden of this notification may be placed on the inmate.

Protocols: Written policy and procedure.

Process Indicators: Completed logs. Inmate interviews. Staff interviews.

Access to Legal and Reading Materials

**5-ACI-4A-22
(Ref. 4-4268)** **Written policy, procedure, and practice provide that inmates in special management housing have access to legal materials.**

Comment: To ensure legal rights, inmates in special management housing should have access to both personal legal materials and available legal reference materials. Reasonable arrangements should be made to assist the inmates in meeting court deadlines.

Protocols: Written policy and procedure.

Process Indicators: Completed logs. Staff interviews. Inmate interviews.

**5-ACI-4A-23
(Ref. 4-4269)** **Written policy, procedure, and practice provide that inmates in special management housing have access to reading materials.**

Comment: Inmates in special management housing should be provided a sufficient quantity of reading materials and have an opportunity to borrow reading materials from the institution's library.

Protocols: Written policy and procedure.

Process Indicators: Completed logs. Staff interviews. Inmate interviews.

Exercise Outside of Cell

**5-ACI-4A-24
(Ref. 4-4270)** **Written policy, procedure, and practice provide that inmates in special management housing receive a minimum of one hour of exercise per day outside their cells, five days per week, unless security or safety considerations dictate otherwise.**

Comment: Inmates in special management housing should be provided with the opportunity to exercise in an area designated for this purpose, with opportunities to exercise outdoors, weather permitting, unless security or safety considerations dictate otherwise. A written record should be kept of each inmate's participation in the exercise program. Reasons for the imposition of constraints should be documented.

Protocols: Written policy and procedure.

Process Indicators: Completed logs. Staff interviews. Inmate interviews.

Telephone Privileges

**5-ACI-4A-25
(Ref. 4-4271)** **Written policy, procedure, and practice provide that inmates in administrative status or protective custody are allowed telephone privileges.**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Completed logs. Staff interviews. Inmate interviews.

**5-ACI-4A-26
(Ref. 4-4272)** **Written policy, procedure, and practice provide that an inmate in disciplinary status is allowed limited telephone privileges unless phone restrictions have been invoked by the warden/superintendent or designee. Restrictions would not apply to calls related specifically to access to the attorney of record.**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Completed logs. Staff interviews. Inmate interviews.

Administrative Status/Protective Custody

**5-ACI-4A-27
(Ref. 4-4273)** **Written policy, procedure, and practice provide that inmates in administrative status and protective custody have access to programs and services that include, but are not limited to, the following: educational services, commissary services, library services, social services, counseling services, religious guidance, and recreational programs.**

Comment: Although services and programs cannot be identical to those provided to the general population, there should be no major differences for reasons other than danger to life, health, or safety. Inmates in special management housing should have the opportunity to receive treatment from professionals such as social workers, psychologists, counselors, and psychiatrists. The standard also applies to inmates held in disciplinary status for more than 60 days.

Protocols: Written policy and procedure.

Process Indicators: Completed logs. Staff interviews. Inmate interviews.

4B. - PERFORMANCE STANDARD: RESTRICTIVE HOUSING

Inmates who pose a direct and clear threat to the safety of persons or a clear threat to the safe and secure operation of the facility are separated from general population and placed in restrictive housing units/cells for periods of time 22 hours per day or greater.

OUTCOME MEASURES:

- (1) Average number of offenders in Restricted Housing per month over the past 12 months divided by the average daily population in the past 12 months.
- (2) Average number of offenders in Extended Restricted Housing per month over the past 12 months divided by the average daily population in the past 12 months.
- (3) Number of offenders released from Restrictive Housing by the appropriate authority within 24-hours in the past 12 months divided by the total placed in Restrictive Housing in the past 12 months.
- (4) Number of offenders in Extended Restrictive Housing that were released directly into the community from either Restrictive Housing or Extended Restrictive Housing within the past 12 months divided by the total number of offenders released in the past 12 months.

Admission

5-ACI-4B-01
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure and practice provide that the placement of an inmate in Restrictive Housing shall be limited to those circumstances that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility. The policy governing the placement of an inmate in Restrictive Housing shall include:

- **the relationship between the threat the inmates poses and the behaviors articulated in the policy.**
- **the impact that Restrictive Housing may have on medical and mental health conditions exhibited by the inmate and the possible alternatives that may be available to compensate for such conditions.**
- **a description of alternatives that may be available to safely deal with the threat posed by the inmate other than restricted housing.**

Comment: Offenders who pose a threat to staff, other inmates, or themselves may be removed from the general population for the safety and security of the institution. An official review must occur within 24 hours.

Protocols: Written policy and procedure.

Process Indicators: Inmate records. Incident reports.

5-ACI-4B-02
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that the warden/superintendent, authorized designee or shift supervisor can order immediate removal from general population when it is necessary to protect the inmate or others. The action will be approved, denied, or modified within 24 hours by an appropriate and higher authority who is not involved in the initial placement.

Comment: Inmates who pose a threat to staff, other inmates, or themselves may be removed from general population for the safety and security of the institution. Those reviewing an inmates' removal from general population are not to be involved in the initial removal of the inmate to maintain impartiality.

Protocols: Written policy and procedure.

Process Indicators: Documentation of review and approval/disapproval of placement or removal. Incident reports. Documentation of removal. Documentation showing review within 24 hours by appointed authority not involved.

General Policy and Practice

5-ACI-4B-03
NEW Aug. 2018

(Effective NLT October 1, 2020) When Restrictive Housing units exist, written policy and procedure govern their operation.

Comment: None.

Protocols: Written policy and procedure. Post orders.

Process Indicators: None.

Conditions of Confinement

5-ACI-4B-04
NEW Aug. 2018

(Effective NLT October 1, 2020) Restrictive Housing units provide living conditions that approximate those of the general inmate population; all exceptions are clearly documented. Restrictive Housing cells permit the inmates assigned to them to converse with and be observed by staff members. Space is available either inside the Restrictive Housing unit or external to the unit for treatment staff consultation with Restrictive Housing inmates.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Inmate interviews. Completed logs. Documentation of exceptions.

5-ACI-4B-05
NEW Aug. 2018

(Effective NLT October 1, 2020) Restrictive Housing units have either outdoor uncovered or outdoor covered exercise areas. The minimum space requirements for outdoor exercise areas for Restrictive Housing units are as follows:

- **Group yard modules:** 330-square feet of unencumbered space can accommodate two inmates. For each additional 150-square feet of unencumbered space, an additional inmate may use the exercise area simultaneously. (Formula: for each 150-square feet of unencumbered space exceeding the base requirement of 180-square feet for the first inmate, equals the maximum number of inmates who may use the recreation area space simultaneously). No more than five inmates are to use a group module at one time.
- **Individual yard modules:** 180-square feet of unencumbered space. In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire should be available to the inmates who desire to take advantage of their authorized exercise time.

Comment: None.

Protocols: Facility plans/specifications.

Process Indicators: Measurement. Observation. Inmate interviews.

5-ACI-4B-06
NEW Aug. 2018

(Effective NLT October 1, 2020) All cells/rooms in Restrictive Housing provide a minimum of 80- square feet, and shall provide 35-square feet of unencumbered space for the first occupant and 25-square feet of unencumbered space for each additional occupant.

Comment: None.

Protocols: Facility plans/specifications.

Process Indicators: Measurement. Observation. Inmate interviews.

5-ACI-4B-07
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide any time served in prehearing detention is to be credited to the determinant Restrictive Housing sanction.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Inmate records. Dispositional records of disciplinary committee or hearing examiner. Disciplinary action. Disciplinary records.

Review

5-ACI-4B-08
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide for a review of the status of inmates in Restrictive Housing by the classification committee or other authorized staff every seven days for the first 60 days and at least every 30 days thereafter.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Inmate records. Documentation of review and outcomes.

5-ACI-4B-09
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice specify the review process used to release an inmate from Restrictive Housing.

Comment: An inmate should be released by action of the appropriate authority.

Protocols: Written policy and procedure.

Process Indicators: Release documentation. Documentation of review.

Mental Health Appraisal

5-ACI-4B-10
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that a mental health practitioner/provider completes a mental health appraisal within seven days of placement. This may include a mental health screening that has been completed by health care personnel at the time the offender is placed in restrictive housing. If confinement continues beyond 30 days, a behavioral health assessment by a mental health practitioner/provider is completed at least every 30 days for offenders with a diagnosed behavioral health disorder and more frequently if clinically indicated. For offenders without a behavioral health disorder, an assessment is completed every 90 days and more frequently if clinically indicated. The behavioral health assessment will be conducted in a manner that ensures confidentiality.

Comment: Inmates whose movements are restricted in Restrictive Housing units may develop symptoms of acute anxiety or other mental problems; regular psychological assessment is necessary to ensure the behavioral health of any inmate confined in such a unit beyond 30 days.

Protocols: Written policy and procedure. Standardized (behavioral health) reporting forms.

Process Indicators: Inmate health records. Observation. Interviews. Documentation of completed appraisal. Documentation of completed assessment.

Supervision

5-ACI-4B-11
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice require that all Restrictive Housing inmates are personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior or self-harm receive more frequent observation; suicidal inmates are under continuous observation. Observation shall be documented on a log. A qualified mental health professional will determine the type of observation (minimal to constant).

Comment: An inmate companion program for use in the observation process is acceptable provided that the inmate companion is trained and monitored and is not a replacement for observation by staff.

Protocols: Written policy and procedure. Post orders.

Process Indicators: Staff plans/logs. Review sheets. Observation forms. Unit record/log documenting cell checks. Documentation of type of observation determined.

5-ACI-4B-12
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that inmates in Restrictive Housing receive daily visits from the senior correctional supervisor in charge, daily health care rounds from a qualified health care professional (unless medical attention is needed more frequently), and visits from members of the program staff at least weekly.

Comment: Because they are restricted from normal movement within the institution, it is imperative that inmates in Restrictive Housing are visited regularly by key staff members who can ensure that their health and well-being are maintained.

Protocols: Written policy and procedure.

Process Indicators: Logs documenting daily visits and rounds. Inmate interviews.

5-ACI-4B-13
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy and procedure govern the selection criteria, specialized training, supervision, and rotation of security staff who work directly with inmates in Restrictive Housing on a regular and daily basis.

Comment: Specialized training should include but not be limited to Crisis Intervention Training, Stress Management and Correctional Behavioral Health Certification.

Protocols: Written policy and procedure.

Process Indicators: Staff roster. Training records of staff assigned to the unit.

5-ACI-4B-14
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that all inmates in Restrictive Housing are provided medication as prescribed.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Completed medication administration records. Doctor's orders.

5-ACI-4B-15
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that all inmates in Restrictive Housing are provided suitable clothing, and access to basic personal items for use in their cells unless there is imminent danger that an inmate or any other inmate(s) will destroy an item or induce self-injury.

Comment: Inmates in Restrictive Housing should be provided basic items needed for personal hygiene as well as items such as eyeglasses and writing materials. Clothing should be that of the general population unless an adjustment is necessary for self-protection, such as removal of a belt to prevent a suicide attempt, and any clothing adjustment should be justified in writing by an appropriate official. If a supervisor judges that there is imminent danger that an inmate will destroy an item or use it to induce self-injury, the inmate may be deprived of the item; in such cases, every effort should be made to supply a substitute for the item or to permit the inmate to use the item under supervision of an officer.

Protocols: Written policy and procedure.

Process Indicators: Complete property/service logs. Cell inspection documentation. Inmate interviews.

5-ACI-4B-16
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that inmates in Restrictive Housing have the opportunity to shave and shower at least three times per week. In instances where inmates are not allowed to shave or shower, these instances must be documented and reviewed by the senior correctional supervisor in charge.

Comment: Inmates in Restrictive Housing should have the opportunity to maintain an acceptable level of personal hygiene unless these procedures cause an undue security hazard. If conditions permit, the inmates should be able to shower daily. Issued personal hygiene equipment should be controlled and accounted for.

Protocols: Written policy and procedure.

Process Indicators: Completed logs. Unit schedule. Documentation of exceptions, and review by supervisor.

5-ACI-4B-17
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that inmates in Restrictive Housing receive laundry and hair care services and are issued and exchange clothing, bedding, and linen on the same basis as inmates in the general population. Exceptions are permitted only when found necessary by the senior officer on duty; any exception is recorded in the unit log and justified in writing.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Completed logs. Unit schedule. Documentation of exceptions signed by senior officer.

5-ACI-4B-18
NEW Aug. 2018

(Effective NLT October 1, 2020) Alternative meal service may be provided to an inmate in Restrictive Housing who uses food or food service equipment in a manner that is hazardous to self, staff, or other inmates. Alternative meal service is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs with the written approval of the warden/superintendent, or designee and facility health care authority or designee. The substitution period shall not exceed seven days unless it is extended with the review of the authorizing administrator and the approval of the health care practitioner.

Comment: Health assessment/evaluation should be done within 7 days to ensure that the inmate is not malnourished

Protocols: Written policy and procedure.

Process Indicators: Completed unit log. Incident reports. Inmate records. Documentation of written approval. Documentation of review after seven days.

5-ACI-4B-19
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that whenever an inmate in Restrictive Housing is deprived of any usually authorized item or activity; a report of the action is filed in the inmate's case record and forwarded to the chief security officer.

Comment: The report should identify the inmate, item or activity deprived of, and the reasons for the action. The report should be forwarded to the chief security officer as soon as possible; approval for removing all of an inmate's personal items should be obtained in advance from the warden/superintendent or designee. No items or activity should be withheld for the purpose of punishment or for longer than necessary to ensure the safety and well-being of the inmate and others.

Protocols: Written policy and procedure.

Process Indicators: Documented report of action and inmate record.

Programs and Services

Mail

5-ACI-4B-20
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that inmates in Restrictive Housing can write and receive letters on the same basis as inmates in the general population.

Comment: Letters should be delivered promptly. Any item rejected consistent with policy and procedure should be returned to sender, and the inmate should be advised of the reason for rejection.

Protocols: Written policy and procedure.

Process Indicators: Documents maintained for any instance of exceptions. Inmate interviews. Mail log.

Visiting

5-ACI-4B-21
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that inmates in Restrictive Housing have opportunities for visitation unless there are substantial documented reasons for withholding such privileges.

Comment: Every effort should be made to notify approved visitors of any restrictions on visiting; if time allows, the burden of this notification may be placed on the inmate.

Protocols: Written policy and procedure.

Process Indicators: Documentation of visitation denial. Visitation log.

Access to Legal and Reading Materials

5-ACI-4B-22
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that inmates in Restrictive Housing have access to legal materials.

Comment: To ensure legal rights, inmates in Restrictive Housing should have access to both personal legal materials and available legal reference materials. Reasonable arrangements should be made to assist the inmates meeting court deadlines.

Protocols: Written policy and procedure.

Process Indicators: Logbook of legal material usage. Observation. Inmate interviews.

5-ACI-4B-23
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that inmates in Restrictive Housing have access to reading materials.

Comment: Inmates in Restrictive Housing should be provided a sufficient quantity of reading materials and have an opportunity to borrow reading materials from the institution's library.

Protocols: Written policy and procedure.

Process Indicators: Logbook for reading material usage. Observation. Inmate interviews.

Exercise Out of Cell

5-ACI-4B-24
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that inmates in Restrictive Housing receive a minimum of one hour of exercise outside their cells, five days per week, unless security or safety considerations dictate otherwise.

Comment: Inmates in Restrictive Housing should be provided with the opportunity to exercise in an area designated for this purpose, with opportunities to exercise outdoors, weather permitting, unless security or safety considerations dictate otherwise. A written record should be kept of each inmate's participation in the exercise program. Reasons for imposition of constraints should be documented.

Protocols: Written policy and procedure.

Process Indicators: Recreation logbook. Documentation of denial.

Telephone Privileges

5-ACI-4B-25
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that inmates in Restrictive Housing are allowed at minimum telephone privileges to access the judicial process and family emergencies as determined by the facility administrator or designee unless security or safety considerations dictate otherwise.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Phone log. Documentation of denial.

Access to Programs

5-ACI-4B-26
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that inmates in Extended Restrictive Housing have access to programs and services that include, but are not limited to the following: educational services, commissary services, library services, social services, behavioral health and treatment services, religious guidance, and recreational programs.

Comment: Although services and programs cannot be identical to those provided to the general population, there should be no major differences for reasons other than danger to life, health, or safety.

Protocols: Written policy and procedure.

Process Indicators: Program listings with descriptions. Program and Extended Restrictive Housing Rosters. Sign-in logs. Unit logs. Commissary receipts.

Orientation

5-ACI-4B-27
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide that new inmates assigned directly to Restrictive Housing receive written orientation materials and/or translations in their own language. When a literacy problem exists, a staff member assists the inmate in understanding the material. Completion of orientation is documented by a statement signed and dated by the inmate.

Comment: Orientation should include written materials about the institution's programs, rules, and regulations, and discussion. Orientation should also be used to observe inmate behavior and to identify special problems. Inmates who are unable to read and write should be assisted through case management services provided by the facility.

Protocols: Written policy and procedure.

Process Indicators: Signed statement. Orientation materials. Completed logs. Intake records. Inmate interviews.

Health Care Screening

5-ACI-4B-28
NEW Aug. 2018

(Effective NLT October 1, 2020) (MANDATORY) When an offender is transferred to Restrictive Housing, health care personnel will be informed immediately and will provide a screening and review as indicated by the protocols established by the health authority.

The mental health portion of the screening should include at a minimum, but is not limited to:

Inquiry into:

- whether the offender has a present suicide ideation
- whether the offender has a history of suicidal behavior
- whether the offender is presently prescribed psychotropic medication
- whether the offender has a current mental health complaint
- whether the offender is being treated for mental health problems
- whether the offender has a history of inpatient and outpatient psychiatric treatment
- whether the offender has a history of treatment for substance abuse

Observation of:

- general appearance and behavior
- evidence of abuse and/or trauma
- current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of offender:

- no mental health referral
- referral to mental health care service
- referral to appropriate mental health care service for emergency treatment

If the results of the inmate screening indicates the inmate is at imminent risk for serious self-harm, suicide, exhibits debilitating symptoms of a SMI, or requires emergency medical care, a health care professional shall be contacted for appropriate assessment and treatment.

Unless medical attention is needed more frequently, each offender in Restrictive Housing receives a daily visit from health care personnel to ensure that offenders have access to the health care system. The presence of health care personnel in Restrictive Housing is announced and recorded. The health authority determines the frequency of physician visits to Restrictive Housing units.

Unless mental health attention is needed more frequently, each offender in Restrictive Housing shall receive a weekly visit from mental health staff to ensure that offenders have access to the behavioral health system. The presence

of a mental health staff in Restrictive Housing is announced and recorded. The mental health authority determines the frequency of mental health professionals to Restrictive Housing units

Comment: Inmates whose movements are restricted in Restrictive Housing units may develop symptoms of acute anxiety or other mental problems; regular psychological assessment is necessary to ensure the behavioral health of any inmate confined in such a unit beyond 30 days. The assessment and treatment may require diversion from Restrictive Housing by a health care professional. Health care personnel' and mental health staff' visits are intended to be screening rounds and are not meant to be clinical encounters. Those offenders who request sick call are evaluated by health care personnel who determine the appropriate setting for further attention and examination. Health care providers may request that an offender be removed from a cell or housing area for medical attention or examination. All sick call encounters are documented in the offender's health record.

Protocols: Policies and procedures.

Process Indicators: Completed logs. Sign-in and sign-out sheets. Cell check logs. Observation. Health care staff schedule.

Release

**5-ACI-4B-29
NEW Aug. 2018
Revised Jan. 2019**

(Effective NLT October 1, 2020) Written policy, procedure and practice require that the agency will attempt to ensure offenders are not released directly into the community from Extended Restrictive Housing. In the event that the release of an offender directly from Extended Restrictive Housing into the community is imminent, the facility will document the justification and receive agency level or designee approval (does not apply to immediate court order release).

In addition to required release procedures (see 5-ACI-5F-05) the following must be taken at a minimum:

- **development of a release plan that is tailored to specific needs of the offender (does not apply to immediate court order release)**
- **notification of release to state and local law enforcement**
- **notify releasing offender of applicable community resources**
- **victim notification (if applicable/there is a victim)**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of release and approval. Release plan. Documentation of notification.

Seriously Mentally III

5-ACI-4B-30
NEW Aug. 2018

(Effective NLT October 1, 2020) An individual diagnosed with a serious mental illness will not be placed in Extended Restrictive Housing, unless the multidisciplinary service team determines there is an immediate and present danger to others or the safety of the institution. There must be an active individualized treatment plan that includes weekly monitoring by mental health staff, treatment as necessary, and steps to facilitate the transition of the offender back into general population.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Placement assessment form. Review forms. Completed logs. Medical records.

Step Down Programs

5-ACI-4B-31
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice require that step down programs are offered to Extended Restrictive Housing inmates to facilitate the reintegration of the inmate into general population or the community. These programs shall include, at a minimum, the following:

- pre-screening evaluation
- monthly evaluations using a multidisciplinary approach to determine the inmate's compliance with program requirements
- subject to monthly evaluations; to gradually increasing out-of-cell time to gradually increasing group interaction to gradually increasing education and programming opportunities to gradually increasing privileges
- a step-down transition compliance review
- post-screening evaluation

*See definition for multidisciplinary services team and multidisciplinary treatment teams

**Definition of Step-Down Program: A program that includes a system of review and establishes criteria to prepare an inmate for transition to general population or the community. Individualized programs involve a coordinated, multidisciplinary team approach that includes mental health, case management, and security practitioners. Medical personnel will be part of the multidisciplinary team when inmates who have chronic care or other significant medical accommodation needs participate in this program.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Inmate interviews. Pre-screening evaluation. Completed step-down compliance review forms. Completed logs. Completed monthly evaluations.

Females in Restrictive Housing

5-ACI-4B-32 (Effective NLT October 1, 2020) Female inmates determined to be pregnant
NEW Aug. 2018 will not be housed in Extended Restrictive Housing.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Inmate interviews. Staff interviews. Completed logs. Observation.

Under the age of 18

5-ACI-4B-33 (Effective NLT October 1, 2020) Confinement of offenders under the age of 18
NEW Aug. 2018 years of age in Extended Restrictive Housing is prohibited.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Inmate interviews. Staff interviews. Completed logs. Housing assignments. Observation.

Gender Identity

5-ACI-4B-34 (Effective NLT October 1, 2020) An inmate will not be placed in Restrictive
NEW Aug. 2018 Housing on the basis of Gender Identity alone.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Inmate interviews. Staff interviews. Housing assignments. Observation.

5. Institutional Services

Goal: Internal assignment to housing and program services should meet the basic needs of the offender consistent with the safe operation of the facility and should prepare the offender for successful reintegration into society upon release as appropriate.

5A. - PERFORMANCE STANDARD: RECEPTION AND ORIENTATION

All incoming inmates undergo thorough screening and assessment at admission and receive a thorough orientation to the institution's procedures, rules, programs, and services.

Admission

5-ACI-5A-01
(Ref. 4-4285)

Written policies and procedures govern the admission of inmates new to the system. These procedures include, at a minimum, the following:

- determining that the inmate is legally committed to the institution
- thorough searching of the individual and possessions
- disposing of personal property
- showering and hair care, if necessary
- issuing of clean, laundered clothing as needed
- photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics
- medical, dental, and mental health screening
- assigning to housing unit
- recording basic personal data and information to be used for mail and visiting list
- explaining mail and visiting procedures
- assisting inmates in notifying their next of kin and families of admission
- assigning of registered number to the inmate
- giving written orientation materials to the inmate
- documenting any reception and orientation procedure completed at a central reception facility

Comment: Staff should explain the procedures being undertaken at each step in the admissions process. When necessary, these procedures should be reviewed for inmates transferred from within the system.

Protocols: Written policy and procedure. Intake and admission forms. Screening forms. Staff training curriculum.

Process Indicators: Observation. Inmate records/files. Intake and admission records.

**5-ACI-5A-02
(Ref. 4-4286)**

Written policy, procedure, and practice require the preparation of a summary admission report for all new admissions. The report includes, at a minimum, the following information:

- legal aspects of the case
- summary of criminal history, if any
- social history
- medical, dental, and mental health history
- occupational experience and interests
- educational status and interests
- vocational programming
- recreational preference and needs assessment
- psychological evaluation
- staff recommendations
- preinstitutional assessment information

Comment: The summary admission report is the first document in the inmate's cumulative case record and identifies areas for follow-up. This document may be duplicated and used by the classification committee and other staff in developing the inmate's program.

Protocol: Written policy and procedure. Intake and admission forms.

Process Indicator: Observation. Inmate records/files. Intake and admission records.

Reception and Orientation

**5-ACI-5A-03
(Ref. 4-4287)**

Written policy, procedure, and practice provide for a reception program for new inmates upon admission to the correctional system. Except in unusual circumstances, initial reception and orientation of inmates is completed within 30 calendar days after admission.

Comment: The daily program in the reception unit should include interviews, tests, and other admissions-related activities, including distribution of information on programs and services. New inmates should be provided reading materials, be permitted to attend religious services, receive exercise on the same schedule as the general population, and perform work assignments on the reception unit.

Protocols: Written policy and procedure. Orientation information and process. Inmate handbook.

Process Indicators: Observation. Intake records. Inmate interviews.

New Inmates

5-ACI-5A-04
(Ref. 4-4288)

Written policy, procedure, and practice provide that new inmates receive written orientation materials and/or translations in their own language. These materials may also be provided electronically, but inmates in special management housing and restrictive housing must be provided information in a written format so that their access to information is not impeded by their custody status. When a literacy problem exists, a staff member assists the inmate in understanding the material. Completion of orientation is documented by a statement signed and dated by the inmate.

Comment: Orientation should include formal classes, distribution of written materials about the institution's programs, rules, and regulations, and discussion. Orientation should also be used to observe inmate behavior and to identify special problems. The use of electronic kiosks is allowed as a means of providing the inmate handbook. Agencies using such kiosks should implement strategies to allow access to this information by general population inmates without interference by facility staff without a valid security-related reason. Inmates who are unable to read and write should be assisted through case management services provided by the facility.

Protocols: Written policy and procedure. Inmate handbook.

Process Indicators: Observation. Intake records. Inmate interviews. Orientation Materials.

4-4289

Deleted January 2006

Transfers

5-ACI-5A-05
(Ref. 4-4290)

Written policy, procedure, and practice ensure that inmates transferred from other institutions within the correctional system receive an orientation to the new institution. Except in unusual circumstances, reception and orientation for inmates transferred from another institution within the system is completed within seven calendar days after admission.

Comment: Every institution has procedures, rules, and regulations unique to its purposes, physical plant, and security status. Inmates transferred within the correctional system should be provided with the necessary information about the new institution.

Protocols: Written policy and procedure. Orientation information and process. Inmate handbook.

Process Indicators: Observation. Transfer logs. Intake records. Orientation documentation.

4-4291

Deleted January 2006

Personal Property

**5-ACI-5A-06
(Ref. 4-4292)** **Written policy and procedure govern the control of personal property and funds belonging to inmates and are made available to inmates upon admission and when updated.**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Intake records.

**5-ACI-5A-07
(Ref. 4-4293)** **Written policy, procedure, and practice specify the personal property inmates can retain in their possession.**

Comment: Policy should allow inmates to keep personal property items that do not threaten institutional order, safety, or security.

Protocols: Written policy and procedure.

Process Indicators: List of approved personal property items. Inmate interviews.

**5-ACI-5A-08
(Ref. 4-4294)** **Written policy and procedure govern the control and safeguarding of inmate personal property. Personal property retained at the institution is itemized in a written list that is kept in the permanent case file; the inmate receives a current copy of this list.**

Comment: All personal property retained at the institution should be accurately inventoried and securely stored. The inventory list should be signed by the inmate and a receipt given to the inmate for all funds and possessions stored. The property should be available if required by the inmate and should be returned at the time of release, with a receipt signed by the inmate acknowledging return of the property.

Protocols: Written policy and procedure.

Process Indicators: Property logs. Inmate acknowledgement form.

5B. - PERFORMANCE STANDARD: CLASSIFICATION

Inmates are classified to the most appropriate level of custody and programming both on admission and upon review of their status.

Classification Plan

5-ACI-5B-01
(Ref. 4-4295)

Written policy, procedure, and practice provide for a written inmate classification plan. The plan specifies the objectives of the classification system and methods for achieving them, and it provides a monitoring and evaluation mechanism to determine whether the objectives are being met.

Comment: The classification system should consider an assessment of risk and the efficient management of the inmate population. No inmate should receive more surveillance or assistance than required or be kept in a more secure status than potential risk requires.

Protocols: Written policy and procedure.

Process Indicators: Classification forms and format. Methodology for validating process.

5-ACI-5B-02
(Ref. 4-4296)

The classification system specifies the level of custody required and provides for a regular review of each classification.

Comment: A correctional system should provide at least three levels of custodial control. All inmates should be assigned to the least restrictive custody level necessary.

Protocols: Written policy and procedure.

Process Indicators: Classification records. Documentation of verification of the process and review.

5-ACI-5B-03
(Ref. 4-4297)

The classification plan provides for maximum involvement of representatives of relevant institutional programs and the inmate concerned in classification reviews.

Comment: The classification process requires the cooperation and input of both the inmate and the institution's program personnel. Inmates should participate in assessing their needs and selecting programs to meet those needs.

Protocols: Written policy and procedure. Classification forms and formats.

Process Indicators: Classification records. Inmate interviews.

5-ACI-5B-04
(Ref. 4-4298)

The institution or parent agency solicits and uses pre-institutional assessment information regarding the inmate's progress and adjustment.

Comment: Information on any inmate who has had contact with the criminal justice system (for instance, in local detention facilities or work release programs) should be solicited and incorporated in the institution's classification decision.

Protocols: Written policy and procedure. Classification plan. Assessment forms.

Process Indicators: Inmate records. Documentation of assessment. Interviews.

5-ACI-5B-05
(Ref. 4-4299)

At initial classification, each inmate is assigned to a staff member to ensure supervision and personal contact; a unit management team may perform this function.

Comment: Each inmate should be assigned to a staff member such as a counselor or to a unit management team to be assured access to at least one employee for advice and assistance. The staff member or team is expected to maintain continuing personal contact with the inmate.

Protocols: Written policy and procedure. Classification forms.

Process Indicators: Classification records.

Classification Status Reviews

5-ACI-5B-06
(Ref. 4-4300)

The written plan for inmate classification specifies that each inmate's classification status is reviewed at least every 12 months.

Comment: The classification (program) review includes review of all matters affecting the inmate's status, including custody. Schedules for classification reviews vary according to the type of institution, inmate population profile, average length of sentence, and so on. Institutions serving younger individuals and those with relatively short sentences should conduct classification reviews at least every three months.

Protocols: Written policy and procedure. Classification plan.

Process Indicators: Classification records. Documentation of status review.

5-ACI-5B-07
(Ref. 4-4301)

The classification plan specifies criteria and procedures for determining and changing an inmate's program status; the plan includes at least one level of appeal.

Comment: Program status decisions include level of custody, transfer to another institution, and other program changes but do not include disciplinary action.

Protocols: Written policy and procedure. Classification plan.

Process Indicators: Classification records. Documentation of periodic review and appeal. Inmate interviews. Inmate handbook.

5-ACI-5B-08
(Ref. 4-4302)

Written policy, procedure, and practice require that unless precluded for security or other substantial reasons, all inmates appear at their classification hearing and are given notice 48 hours prior to the hearing; such notice may be waived by the inmate in writing.

Comment: Inmates should have sufficient time and assistance, if requested, to prepare for their classification hearings.

Protocols: Written policy and procedure. Inmate handbook.

Process Indicators: Hearing records. Inmate records. Inmate interviews.

5-ACI-5B-09
(Ref. 4-4303)

Written policy, procedure, and practice specify the conditions under which an inmate can initiate a review of progress and program status.

Comment: Inmates should be allowed to initiate reviews that determine the extent of their progress and the effectiveness of their programming.

Protocols: Written policy and procedure. Classification plan. Inmate handbook.

Process Indicators: Inmate records. Documentation of inmate review.

Preparole Progress Report

5-ACI-5B-10
(Ref. 4-4304)

The classification plan specifies that prior to a parole hearing a progress report is made available to the paroling authority. The report includes a current and complete history of the inmate's activities in the institution and a proposed parole plan.

Comment: The progress report should include the inmate's plans for parole.

Protocols: Written policy and procedure. Classification plan. Forms and formats.

Process Indicators: Inmate records. Documentation of progress report. Documentation of inmate parole plan.

Special Needs Inmates

5-ACI-5B-11
(Ref. 4-4305)

Written policy, procedure, and practice provide for identification of special needs inmates.

Comment: Special needs inmates include, but are not limited to, drug addicts and drug abusers, alcoholics and alcohol abusers, inmates who are emotionally disturbed or suspected of being mentally ill, the intellectually disabled, and those who pose a high risk or require protective custody. Procedures should identify the number, type, and frequency of commitment for special needs inmates, and special programs should be instituted for their appropriate management when the numbers or frequency of commitment warrant. Every possible effort should be made to place the mentally ill and intellectually disabled in a noncorrectional setting.

Protocols: Written policy and procedure.

Process Indicators: Observation. Facility logs. Inmate interviews.

Adjudicated Youth and Status Offenders

5-ACI-5B-12 (Ref. 4-4306) (MANDATORY) Written policy, procedure, and practice provide that adjudicated delinquent offenders and youths charged with offenses that would not be crimes if committed by adults do not reside in the institution.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Observation. Staff interviews. Inmate interviews. Intake records.

Youthful Offenders

5-ACI-5B-13 (Ref. 4-4307) If youthful offenders are housed in the facility, written policy, procedure, and practice provide that they are housed in a specialized unit for youthful offenders except when:

- a violent, predatory youthful offender poses an undue risk of harm to others within the specialized unit; and/or
- a qualified medical or mental-health specialist documents that the youthful offender would benefit from placement outside the unit.

Written policy, procedure, and practice provide for the preparation of a written statement of the specific reasons for housing a youthful offender outside the specialized unit and a case-management plan specifying what behaviors need to be modified and how the youthful offender may return to the unit. The statement of reasons and case-management plan must be approved by the warden or his or her designee. Cases are reviewed at least quarterly by the case manager, the warden or his or her designee, and the youthful offender to determine whether a youthful offender should be returned to the specialized unit.

Comment: ACA policy prohibits confinement of youthful offenders in an adult facility; however, where the laws of the jurisdiction require such confinement, the provisions of the standard must be met.

Protocols: Written policy and procedure. Youthful offender plan. Facility plans/specifications.

Process Indicators: Facility logs and records. Inmate records. Staff interviews. Documentation of decisions and actions with individual youthful offenders.

5-ACI-5B-14
(Ref. 4-4308)

Written policy, procedure, and practice provide for the direct supervision of youthful offenders housed in the specialized unit to ensure safety and security.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Staff interviews. Post orders.

5-ACI-5B-15
(Ref. 4-4309)

Written policy, procedure, and practice provide for classification plans for youthful offenders that determine level of risk and program needs developmentally appropriate for adolescents. Classification plans shall include consideration of physical, mental, social, and educational maturity of the youthful offender.

Comment: None.

Protocols: Written policy and procedure. Youthful offender classification plan.

Process Indicators: Classification records.

5-ACI-5B-16
(Ref. 4-4310)

Written policy, procedure, and practice require that adequate program space be provided to meet the physical, social, and emotional needs of youthful offenders and allows for their personal interactions and group-oriented activities.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Staff interviews.

5-ACI-5B-17
(Ref. 4-4311)

Youthful offenders shall not have physical contact with any adult inmate through use of a shared dayroom, shower area, or sleeping quarters. In areas outside the housing units, agencies shall either: (1) maintain sight and sound separation between youthful offenders or (2) provide direct staff supervision when youthful inmates and adult offenders have sight, sound, or physical contact.

Comment: None

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Facility logs. Staff and youthful offender interviews.

**5-ACI-5B-18
(Ref. 4-4312)**

Written policy, procedure, and practice require that program personnel who work with youthful offenders from the specialized unit be trained in the developmental, safety, and other specific needs of youthful offenders. Written job descriptions and qualifications require training for staff specifically assigned to the unit or staff who are responsible for programming of youthful offenders in the specialized unit before being assigned to work with youthful offenders. The training should include but not be limited to the following areas:

- adolescent development
- educational programming
- cultural awareness
- crisis prevention and intervention
- legal issues
- housing and physical plant
- policies and procedures
- the management of, and programming for, sex offenders
- substance-abuse services
- cognitive-behavioral interventions, including anger management, social-skills training, problem solving, and resisting peer pressure
- suicide prevention
- nutrition
- mental-health issues
- gender-specific issues
- case-management planning and implementation

Comment: None.

Protocols: Written policy and procedure. Job description. Training curriculum. Staff plan.

Process Indicators: Staff credentials. Staff training records. Staff deployment records.

**5-ACI-5B-19
(Ref. 4-4312-1)**

Written policy, procedure, and practice provide for a system that identifies and monitors the movements and activities of inmates who pose a significant concern to the safety, security, and orderly management of correctional institutions. This system should ensure that appropriate staff are made aware of these inmates and that procedures exist to ensure information is current and communicated in a timely fashion.

Comment: Inmates who pose a significant concern include but are not limited to disruptive gang members, domestic and international terrorists, and other inmates the facility determines are security threats.

Protocols: Written policy and procedure. Classification plan.

Process Indicators: Documentation of staff training. Completed logs. Inmate records.

5C. - PERFORMANCE STANDARD: FOOD SERVICE

Meals are nutritionally balanced, well-planned, and prepared and served in a manner that meets established governmental health and safety codes.

Food Service Management

5-ACI-5C-01 **Food service operations are supervised by a full-time staff member who is experienced in food service management.**
(Ref. 4-4313)

Comment: The food service manager should have the resources, authority, and responsibility to provide complete food service for the institution, including three nutritionally adequate, palatable, and attractive meals a day produced under sanitary conditions and at reasonable costs. The food service manager should have a minimum of three years' experience in food service management.

Protocols: Written policy and procedure. Job description(s).

Process Indicators: Documentation of food service personnel experience and credentials.

Budgeting and Purchasing

5-ACI-5C-02 **Written policy, procedure, and practice specify the food service budgeting, purchasing, and accounting practices including, but not limited to, the following systems:**
(Ref. 4-4314)

- **food expenditure cost accounting designed to determine cost per meal per inmate**
- **estimation of food service requirements**
- **purchase of supplies at wholesale and other favorable prices and conditions, when possible**
- **determination of and responsiveness to inmate eating preferences**
- **refrigeration of food, with specific storage periods**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of food service practices (record, logs, menus, budgets). Inmate interviews. Observation.

**5-ACI-5C-03
(Ref. 4-4315)**

Written policy, procedure, and practice require that accurate records are maintained of all meals served.

Comment: A uniform system should be established to record the number, cost, and type of meals served inmates, employees, guests, and visitors. Employees, guests, and visitors should be served the same food inmates are served. Food service records should include published menus, information on waste, food costs, and nutritional accounting, and notation of food products raised or produced in the system.

Protocols: Written policy and procedure. Format for records.

Process Indicators: Documentation of meals served.

Dietary Allowances

**5-ACI-5C-04
(Ref. 4-4316)**

(MANDATORY) There is documentation that the institution's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure that they meet the nationally recommended allowances for basic nutrition. Menu evaluations are conducted at least quarterly by institution food service supervisory staff to verify adherence to the established basic daily servings.

Comment: Dietary allowances, as adjusted for age, sex, and activity, should meet or exceed the recommended dietary allowances published by the National Academy of Sciences. A qualified nutritionist or dietician is a person registered or eligible for registration by the American Dietetic Association or who has the documented equivalent in education, training, or experience, with evidence of relevant continuing education.

Protocols: Written policy and procedure. Recommended dietary allowances.

Process Indicators: Annual reviews. Nutritionist or dietician qualifications. Documentation of quarterly menu evaluations. Staff interviews.

Menu Planning

**5-ACI-5C-05
(Ref. 4-4317)**

Written policy, procedure, and practice require that food service staff plan menus in advance and substantially follow the plan and that the planning and preparing of all meals take into consideration food flavor, texture, temperature, appearance, and palatability. Menu substitutions are recorded.

Comment: All menus, including special diets, should be planned, dated, and available for review at least one week in advance. Any substitutions in the meals actually served should be noted and should be of equal nutritional value. A file of tested recipes adjusted to a yield appropriate for the facility's size should be maintained on the premises. Food should be served as soon as possible after preparation and at an appropriate temperature. Clinical diets should be approved by a qualified nutritionist or dietician and documented accordingly.

Protocols: Written policy and procedure.

Process Indicators: Observation. Staff and inmate interviews. Record of meals served. Completed menu plans. Documentation of menu substitutions.

Therapeutic Diets

5-ACI-5C-06
(Ref. 4-4318)

Therapeutic diets are provided, as prescribed, by appropriate clinicians. A therapeutic diet manual is available in health services and food services for reference and information. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten annually, or more often, as clinically indicated.

Comment: Therapeutic diets are prepared and served to offenders according to the orders of the treating clinician or as directed by the responsible health authority. Therapeutic diets should be kept as simple as possible and should conform as closely as possible to the foods served other offenders.

Protocols: Written policy and procedure. Diet manual. Diet request form.

Process Indicators: Health records. Diet records or forms. Observation. Interviews.

5-ACI-5C-07
(Ref. 4-4319)

Written policy, procedure, and practice provide for special diets for inmates whose religious beliefs require the adherence to religious dietary laws.

Comment: Religious diets should be approved by the chaplain. Religious diet prescriptions should be specific and complete, furnished in writing to the food service manager, and rewritten monthly. Special diets should be kept as simple as possible and should conform as closely as possible to the foods served other inmates.

Protocols: Written policy and procedure. Special diets.

Process Indicators: Documentation of chaplain's approval. Diet manual. Inmate records.

5-ACI-5C-08
(Ref. 4-4320)

Written policy precludes the use of food as a disciplinary measure.

Comment: All inmates and staff except those on special medical or religious diets should eat the same meals. Food should not be withheld, nor the standard menu varied, as a disciplinary sanction for an individual inmate. The standard does not preclude rewarding groups of inmates with special foods in return for special services or under special circumstances.

Protocols: Written policy and procedure. Meal schedules.

Process Indicators: Records of meals served. Facility records and logs. Inmate interviews.

Health and Safety Regulations

5-ACI-5C-09
(Ref. 4-4321)

(MANDATORY) There is documentation by an independent, outside source that food service facilities and equipment meet established governmental health and safety codes; corrective action is taken on deficiencies, if any.

Comment: Food service facilities and equipment should meet all standards and requirements set by qualified professional and/or governmental bodies. Food service personnel should be trained in accident prevention, first aid, use of safety devices, floor care, knife storage, and use of fire extinguishers. They should attend regular meetings to discuss accident prevention and analyze major accidents to prevent recurrence.

Protocols: Written policy and procedure. Health and safety codes.

Process Indicators: Documentation of compliance with codes. Inspection reports, completed forms, including documentation that identified deficiencies were corrected.

5-ACI-5C-10
(Ref. 4-4321-1)

All staff, contractors, and inmate workers who work in the food service department are trained in the use of food service equipment and in the safety procedures to be followed in the food service department.

Comment: None.

Protocols: Written policy and procedure. Training curriculum.

Process Indicators: Training records. Inmate records. Observation. Staff and inmate interviews.

5-ACI-5C-11
(Ref. 4-4322)

(MANDATORY) Written policy, procedure, and practice provide for adequate health protection for all inmates and staff in the institution, and inmates and other persons working in the food service, including the following:

- where required by the laws and/or regulations applicable to food service employees in the community where the facility is located, all persons involved in the preparation of food receive a pre-assignment medical examination and periodic reexaminations to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils; all examinations are conducted in accordance with local requirements.
- when the institution's food services are provided by an outside agency or individual, the institution has written verification that the outside provider complies with the state and local regulations regarding food service.
- all food handlers are instructed to wash their hands upon reporting to duty and after using toilet facilities.
- inmates and other persons working in food service are monitored each day for health and cleanliness by the director of food services (or designee).

Comment: All food service personnel should be in good health and free from communicable disease and open infected wounds; have clean hands and fingernails; wear hair nets or caps; wear clean, washable garments; and employ hygienic food-handling techniques. Federal facilities should apply appropriate regulations such as those of the U.S. Public Health Service.

Protocols: Written policy and procedure. Laws, statutes, and regulations.

Process Indicators: Documentation of medical examination and reexaminations. Inmate and staff interviews. Observation. Documentation of daily monitoring for health and cleanliness.

Inspections

Food Products

**5-ACI-5C-12
(Ref. 4-4323)**

When required by statute, food products that are grown or produced within the system are inspected and approved by the appropriate government agency. There is a distribution system that ensures prompt delivery of foodstuffs to institution kitchens.

Comment: All such foodstuffs should meet or surpass government inspection levels, and the distribution system should ensure that they are delivered when fresh and in a condition for optimum food service.

Government inspection of food grown in inmate gardens and used in food service is not required where the garden is not part of a larger agriculture operation and the inmate does not work full-time at food production for use by the inmate population; all garden-grown food should, however, be inspected by food service personnel prior to use.

Protocols: Written policy and procedure. Laws and regulations.

Process Indicators: Observation. Documentation of inspections and approval. Distribution system.

Facilities and Equipment

5-ACI-5C-13
(Ref. 4-4324)

(MANDATORY) Written policy, procedure, and practice require weekly inspections of all food service areas, including dining and food preparation areas and equipment, by administrative, medical, or dietary personnel; these may include the person supervising food service operations or his/her designee. Refrigerator and water temperatures are checked daily by administrative, medical, or dietary personnel.

Comment: All areas and equipment related to food preparation (for instance, ranges, ovens, refrigerators, mixers, dishwashers, garbage disposals) require frequent inspections to ensure their sanitary and operating condition. Water temperature on the final dishwasher rinse should be 180 degrees Fahrenheit; between 140 degrees Fahrenheit and 160 degrees Fahrenheit is appropriate if a sanitizer is used on the final rinse. The person conducting the inspection should have some training in food service operations.

Protocols: Written policy and procedure. Inspection forms and formats.

Process Indicators: Observation. Measurement. Inspection reports, completed forms. Documentation of daily temperature checks.

5-ACI-5C-14
(Ref. 4-4325)

Written policy, procedure, and practice provide that stored shelf goods are maintained at 45 degrees to 80 degrees Fahrenheit, refrigerated foods at 35 degrees to 40 degrees Fahrenheit, and frozen foods at 0 degrees Fahrenheit or below, unless national or state health codes specify otherwise.

Comment: None.

Protocols: Written policy and procedure. Health codes.

Process Indicators: Observation. Measurement. Documentation of daily temperature.

5-ACI-5C-14
(Ref. 4-4325)
Revised January 2020

(Effective NLT July 1, 2021) Written policy, procedure, and practice provide that stored shelf goods are maintained at 45 degrees to 80 degrees Fahrenheit, refrigerated foods at 35 degrees to 40 degrees Fahrenheit, and frozen foods at 0 degrees Fahrenheit or below, unless national or state health codes specify otherwise. Temperatures are checked and recorded daily.

Comment: None.

Protocols: Written policy and procedure. Health codes.

Process Indicators: Observation. Measurement. Documentation of daily temperature.

Meal Service

**5-ACI-5C-15
(Ref. 4-4326)**

Written policy, procedure, and practice provide that meals are served under conditions that minimize regimentation, although there should be direct supervision by staff members.

Comment: Cafeteria facilities are preferable to inmate waiter service. The dining area should provide normal group eating facilities, and conversation should be permitted during dining hours. When possible, there should be “open” dining hours, thus eliminating traditional waiting lines and forced seating by housing, assignment, and so on. Full cutlery services should be provided based on a control system. All meals should be served under the direct supervision of staff.

Protocols: Written policy and procedure.

Process Indicators: Observation. Inmate interviews.

4-4327

Deleted January 2012

**5-ACI-5C-16
(Ref. 4-4328)**

Written policy, procedure, and practice require that at least three meals (including two hot meals) are provided at regular meal times during each 24-hour period, with no more than 14 hours between the evening meal and breakfast. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met.

Comment: When inmates are not routinely absent from the institution for work or other purposes, at least three meals should be provided at regular times during each 24-hour period.

Protocols: Written policy and procedure. Meal schedules.

Process Indicators: Record of meals served and times served. Facility records and logs. Inmate interviews.

5D. - PERFORMANCE STANDARD: SANITATION AND HYGIENE

The institution's sanitation and hygiene program protects the health and safety of staff and offenders.

Sanitation Inspections

5-ACI-5D-01
(Ref. 4-4329)

(MANDATORY) The facility complies with all applicable health codes and regulations of the governing jurisdiction, and there is documentation by an independent, outside source that any past deficiencies noted in annual inspections have been corrected. Copies of all inspections will be forwarded to both the facility or program administrator and the health authority. The following facility inspections are required:

- weekly sanitation inspections of all facility areas by a qualified departmental staff member
- comprehensive and thorough monthly inspections by a safety or sanitation specialist
- at least annual inspections by federal, state, and/or local sanitation and health officials or other qualified person(s)

Comment: The safety/sanitation specialist responsible for conducting monthly inspections may be an institutional staff member who is trained in the application of jurisdictional codes and regulations. Periodically and on an as-needed basis, this individual is provided assistance from specialists regarding safety and sanitation requirements and inspections. Training for this individual may be provided through the agency's central office specialist(s) or by other applicable agencies.

Protocols: Written policy and procedure. Sanitation and safety inspection checklists. Health codes and regulations.

Process Indicators: Completed inspection checklists and reports. Documentation of corrective action. Documentation of all inspections forwarded to both the facility or program administrator and the health authority.

Water Supply

5-ACI-5D-02
(Ref. 4-4330)

(MANDATORY) The institution's potable water source and supply, whether owned and operated by the public water department or the institution, is certified by an independent, outside source to be in compliance with jurisdictional laws and regulations.

Comment: None.

Protocols: Written policy and procedure. Laws and regulations.

Process Indicators: Documentation of approval by outside source. Documentation of credentials of person/agency providing approval.

Waste Disposal

5-ACI-5D-03
(Ref. 4-4331)

(MANDATORY) The institution provides for a waste disposal system, in accordance with an approved plan by the appropriate regulatory agency.

Comment: Liquid and solid wastes should be collected, stored, and disposed of in a manner that will avoid nuisance and hazards and protect the health and safety of inmates and staff.

Protocols: Written policy and procedure. Written plan. Internal health/sanitation inspection checklists that include solid waste issues.

Process Indicators: Plan that has been approved by regulatory agency. Trash disposal contract. Completed inspection reports/forms. Observation.

Housekeeping

5-ACI-5D-04
(Ref. 4-4332)

(MANDATORY) The institution provides for the control of vermin and pests.

Comment: Pest control professionals should be readily available to the institution to conduct regular monthly inspections and eradicate by whatever means is effective any insects, rodents, or vermin found.

Protocols: Written policy and procedure. Control plan.

Process Indicators: Pest control contracts. Maintenance agreements. Trash disposal contracts. Inspection reports. Pest control service schedule.

5-ACI-5D-05
(Ref. 4-4333)

A written housekeeping plan for all areas of the facility's physical plant provides for daily housekeeping and regular maintenance by assigning specific duties and responsibilities to staff and inmates.

Comment: Effective housekeeping requires the development of a definite cleaning schedule with personnel and inmates assigned specific duties. Cleaning activities should be supervised at all times to ensure that the work performed is proper and thorough.

Protocols: Written policy and procedure. Housekeeping plan. Maintenance plan. Inmate handbook (describing inmate responsibilities).

Process Indicators: Facility logs. Observation. Inmate and staff interviews.

Clothing and Bedding Supplies

5-ACI-5D-06 (Ref. 4-4334) **The store of clothing, linen, and bedding exceeds that required for the facility's inmate population.**

Comment: More clothing, linen, and bedding should be available than needed at any one time, so there is no delay in replacing items.

Protocols: Written policy and procedure.

Process Indicators: Inventory logs. Observation. Staff interviews.

5-ACI-5D-07 (Ref. 4-4335) **Written policy specifies accountability for inmate clothing and bedding.**

Comment: The issue of all clothing and bedding should be recorded, and inmates should be held accountable for its use.

Protocols: Written policy and procedure. Inmate rules/handbook.

Process Indicators: Inmate records. Documentation of inmate discipline. Interviews.

Clothing Issue

5-ACI-5D-08 (Ref. 4-4336) **Written policy, procedure, and practice provide for the issue of suitable clothing to all inmates. Clothing is properly fitted, climatically suitable, durable, and presentable.**

Comment: A standard wardrobe should be provided at the time of admission and should include, as appropriate, shirts, blouses, dresses, trousers, skirts, belts, undergarments, slippers, socks, shoes, coats, jackets, and headwear. In addition to the standard issue of inmate clothing, civilian attire should be available in limited quantities for leisure, visiting, work release, and furloughs. Clothing provided should not be degrading or humiliating. Since the definition of these may be culturally determined, consideration should be given to the effect of clothing provided.

Protocols: Written policy and procedure.

Process Indicators: Observation. Inmate interviews. Documentation of cleaning and storage. Documentation of clothing issue.

5-ACI-5D-09 (Ref. 4-4337) **Written policy, procedure, and practice provide for the issue of special and, when appropriate, protective clothing and equipment to inmates assigned to the institution's food service, hospital, farm, garage, physical plant maintenance shops, and other special work details.**

Comment: Inmates assigned to special work areas should be clothed in accordance with the requirements of their work assignment and, when appropriate, be furnished with suitable protective equipment (disposable face masks and gloves, protective helmets, goggles, and so forth).

Protocols: Written policy and procedure.

Process Indicators: Documentation of clothes issuance. Inmate interviews. Inmate job assignment/description.

**5-ACI-5D-10
(Ref. 4-4338)**

Inmates are provided the opportunity to have three complete sets of clean clothing per week. The facility may provide this clean clothing in several ways, including access to self-serve washer facilities, central clothing exchange, or a combination of the two. Wash basins in cells or rooms are not compliant.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Observation. Inmate interviews. Documentation of clothing issue. Laundry schedule.

**5-ACI-5D-11
(Ref. 4-4339)**

The institution provides for the thorough cleaning and, when necessary, disinfecting of inmate personal clothing before storage or before allowing the inmate to keep and wear personal clothing.

Comment: Inmate personal clothing should be cleaned and disinfected to prevent odors and pests and should be stored outside of the inmate housing area.

Protocols: Written policy and procedure.

Process Indicators: Observation. Inmate interviews. Staff interviews. Laundry schedule.

Bedding and Linen Issue

**5-ACI-5D-12
(Ref. 4-4340)**

Written policy, procedure, and practice provide for the issue of suitable, clean bedding and linen, including two sheets, pillow and pillowcase, one mattress, not to exclude a mattress with integrated pillow, and sufficient blankets to provide comfort under existing temperature controls. There is provision for linen exchange, including towels, at least weekly. Blanket exchange must be available at least quarterly.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of issue and exchange.

Bathing and Personal Hygiene

5-ACI-5D-13
(Ref. 4-4341)

There are sufficient bathing facilities in the housing areas to permit inmates in the general population to shower at least three times per week.

Comment: Inmates in special jobs, such as food, medical, sanitation, or mechanical services, should be encouraged to bathe daily, and ideally each inmate should be permitted to shower daily.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Inmate interviews.

5-ACI-5D-14
(Ref. 4-4342)

Articles necessary for maintaining proper personal hygiene are available to all offenders and provided to those who are indigent. Each offender should be provided soap, toilet paper, and a tooth brush, and toothpaste, denture cleaner and adhesives, if needed. Shaving equipment should be made available upon request, and the special hygiene needs of all offenders should be met.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Observation. Inmate interviews. Documentation that items are provided.

Hair Care Services

5-ACI-5D-15
(Ref. 4-4343)

Written policy, procedure, and practice provide that hair care services that comply with applicable health requirements are available to inmates.

Comment: Large facilities should designate a room for hair care services; small facilities can use any multipurpose room. In all cases, hair should be cut under sanitary conditions and in an area that permits observation by staff. Equipment should be stored securely when not in use.

Protocols: Written policy and procedure. Applicable health requirements.

Process Indicators: Record of hair care services provided to inmates. Documentation of compliance with applicable health regulations.

5E. - PERFORMANCE STANDARD: SOCIAL SERVICES

Professional services including individual and family counseling, family planning and parent education; and programs for inmates with drug and alcohol addiction problems, meet the needs of identified inmates.

OUTCOME MEASURES

- (1) Where a substance use disorder treatment program exists, the number of treatment slot available divided by the average daily population in the past 12 months.
- (2) Where a substance use disorder treatment program exists, the number of completers of the program divided by the average daily population in the past 12 months.
- (3) Where a sex offender treatment/management program exists, the number of program slot divided by the average daily population in the past 12 months.
- (4) Where a sex offender treatment/management program exists, the number of completers divided by the average daily population in the past 12 months.

Scope of Services

5-ACI-5E-01
(Ref. 4-4428)

There is a social service program that provides a range of resources appropriate to the needs of inmates, including individual and family counseling, family planning, and parental education, and community services.

Comment: Social services provide guidance and professional assistance to inmates with family and personal problems; some services may be provided through contractual arrangements with community agencies.

Protocols: Written policy and procedure.

Process Indicators: List of program resources. Facility logs. Inmate interviews. Observation.

5-ACI-5E-02
(Ref. 4-4429)

Written policy, procedure, and practice prohibit discrimination on the basis of disability in the provision of services, programs, and activities administered for program beneficiaries and participants.

Comment: Services, programs, and activities include, but are not limited to, the following:

- academic and vocational education (including developmental and rehabilitative programs)
- work programs/work release programs (by providing reasonable accommodations or alternatives for offenders with disabilities so that the benefits of these programs, including sentence-reduction credits, are available to offenders with disabilities)
- recreation, exercise, and activities

- mail, telephone, visiting
- library
- religious programs
- reception and orientation
- transportation services (to provide for safety and security, and to avoid undue discomfort, in light of the offenders' disabilities)
- classification
- food service
- sanitation and hygiene
- health care
- social services
- release
- discipline, grievance procedures, and due process proceedings
- safety and emergency procedures
- access to media, courts, counsel, and law library
- commissary/canteen
- volunteer programs
- psychological and psychiatric services

Protocols: Written policy and procedure.

Process Indicators: Facility records. Inmate interviews.

**5-ACI-5E-03
(Ref. 4-4429-1)**

Written policy, procedure, and practice provide for staff and offender access to an appropriately trained and qualified individual who is educated in the problems and challenges faced by offenders with physical and/or mental impairments, programs designed to educate and assist disabled offenders, and all legal requirements for the protection of offenders with disabilities.

Comment: An *appropriately trained and qualified individual*, as used in this standard, is one who has been designated by the warden, superintendent, or other authority, to coordinate efforts to comply with and carry out responsibilities defined by the Americans with Disabilities Act. That individual should develop relationships with, and use the expertise of institutional staff, advocacy groups, nonprofit organizations, agencies of government, and others that have relevant knowledge and experience.

Protocols: Written policy and procedure.

Process Indicators: Documentation of training and qualifications. Observation. Staff and inmate interviews.

5-ACI-5E-04
(Ref. 4-4430)

Written policy, procedure, and practice provide that institutional staff identify at least annually the needs of the inmate population to ensure that the necessary programs and services are available, including programs and services to meet the needs of inmates with specific types of problems.

Comment: The review should include an evaluation of academic, vocational, library, religious, and leisure-time programs and services.

Protocols: Written policy and procedure.

Process Indicators: Facility logs. Documentation of annual review. Facility services and programs schedule. Observation. Inmate interviews.

5-ACI-5E-05
(Ref. 4-4431)

Community social service resources are used to augment social services provided in the institution.

Comment: None.

Protocols: Written policy and procedure. List of community social service resources.

Process Indicators: Documentation of community social resources utilized. Interviews.

Program Coordination and Supervision

5-ACI-5E-06
(Ref. 4-4432)

The social services program is administered and supervised by a qualified, trained person with a minimum of a bachelor's degree in the social or behavioral sciences or a related field.

Comment: The social services program supervisor should have an undergraduate degree in the social or behavioral sciences, such as psychology, social work, or counseling to handle the administrative and programming responsibilities. A graduate degree may be an appropriate requirement for this position.

Protocols: Written policy and procedure.

Process Indicators: Documentation of credentials. Training record. Personnel record.

Counseling

5-ACI-5E-07
(Ref. 4-4433)

A planned, organized counseling program is provided by persons qualified by either formal education or training.

Comment: Employees assigned to full-time counselor positions should have sufficient training and experience to provide effective guidance to inmates. These full-time employees should work solely in the social service, social work, and counseling specialties and do not include correctional officers and other staff who work closely with inmates and may provide informal counseling.

Protocols: Written policy and procedure.

Process Indicators: Documentation of program specifications. Credentials. Personnel record.

5-ACI-5E-08
(Ref. 4-4434)

The institution has a formal mechanism to determine appropriate levels of social services staffing. The mechanism used to determine such staffing levels includes at a minimum:

- **type of inmate population served**
- **type of institution**
- **legal requirements**
- **goals to be accomplished**

The institution's use of a "team" approach and use of paraprofessionals, volunteers, and students also may influence the numbers of professional staff required.

Comment: Social services programs can assist offenders with family and personal problems through supportive guidance and professional assistance. A counseling program that is coordinated with the overall facility rehabilitation program can be effective in resolving personal and interpersonal problems.

Protocols: Written policy and procedure. Staffing analysis.

Process Indicators: Staffing plan. Facility rosters. Staff interviews.

5-ACI-5E-09
(Ref. 4-4435)

Written policy, procedure, and practice provide that staff are available to counsel inmates upon request; provision is made for counseling and crisis intervention services.

Comment: Staff members should make time available, on a regularly scheduled basis, for appointments with inmates who request them. Treatment offerings should include group therapy and group and individual counseling. Because inmates may have problems that require immediate attention, at least one staff member should be available 24 hours a day. Crisis intervention services should be available on an as-needed basis to assist disturbed inmates.

Protocols: Written policy and procedure. Staffing plan. Contracts for services.

Process Indicators: Program records. Inmate interviews.

Counseling for Pregnant Inmates

5-ACI-5E-10
(Ref. 4-4436)

Written policy, procedure, and practice require that comprehensive counseling and assistance are provided to pregnant inmates in keeping with their expressed desires in planning for their unborn children.

Comment: Counseling and social services should be available from either facility staff or community agencies to assist inmates in making decisions such as whether to keep their child, give the child up for adoption, or consent to an abortion. The written policy and defined procedures should be developed based on a formal legal opinion.

Protocols: Written policy and procedure. Staffing plan. Contracts for service.

Process Indicators: Inmate interviews. Inmate records.

Substance Abuse Programs

5-ACI-5E-11
(Ref. 4-4437)

Written policy, procedure, and practice provide for substance abuse programs, to include monitoring and drug testing for inmates with drug and alcohol addiction problems.

Comment: None.

Protocols: Written policy and procedure. Contracts for services.

Process Indicators: Program records. Observation. Inmate interviews.

**5-ACI-5E-12
(Ref. 4-4438)**

Where a substance use disorder treatment program exists, written policy, procedure, and practice provide that the alcohol and drug abuse treatment program has a written treatment philosophy within the context of the total corrections system, as well as goals and measurable objectives. These documents are reviewed at least annually and updated as needed.

Comment: None.

Protocols: Written policy and procedure. Treatment philosophy. Goals and objectives.

Process Indicators: Staff interviews. Documentation of annual review and updates.

**5-ACI-5E-13
(Ref. 4-4439)**

Where a substance use disorder treatment program exists, written policy, procedure, and practice provide for an appropriate range of primary treatment services for alcohol and other drug abusing inmates that include, at a minimum, the following:

- inmate diagnosis
- identified problem areas
- individual treatment objectives
- treatment goals
- counseling needs
- drug education plan
- relapse prevention and management
- culturally sensitive treatment objectives, as appropriate
- the provision of self-help groups as an adjunct to treatment
- prerelease and transitional service needs
- coordination efforts with community supervision and treatment staff during the prerelease phase to ensure a continuum of supervision and treatment

Comment: None.

Protocols: Written policy and procedure. Program plan. Contracts for services.

Process Indicators: Program records. Inmate records.

**5-ACI-5E-14
(Ref. 4-4440)**

Where a substance use disorder treatment program exists, written policy, procedure, and practice provide that the facility uses a coordinated staff approach to deliver treatment services. This approach to service delivery shall be documented in treatment planning conferences and individual treatment files.

Comment: None.

Protocols: Written policy and procedure. Treatment delivery plan. Format for inmate treatment files.

Process Indicators: Review of inmate treatment files. Minutes/notes from treatment planning conferences. Staff interviews. Observation.

**5-ACI-5E-15
(Ref. 4-4441)**

Where a substance use disorder treatment program exists, written policy, procedure, and practice provide incentives for targeted treatment programs to increase and maintain the inmate's motivation for treatment.

Comment: These incentives may include a variety of options such as preferences in housing, clothing, award certificates, or other items consistent with the goals of the facility.

Protocols: Written policy and procedure. Incentive plan.

Process Indicators: Inmate interviews. Documentation of incentives provided to individual inmates.

5F. - PERFORMANCE STANDARD: REENTRY

The institution provides a structured program to help inmates make a satisfactory transition upon their release from incarceration.

OUTCOME MEASURES:

- (1) The number of offenders who have completed their reentry plan, as defined by the agency, in the past 12 months divided by the number of inmates released in the past 12 months.

Release Preparation

**5-ACI-5F-01
(Ref. 4-4442)**

Written policy, procedure, and practice provide that all inmates have access to a program of release preparation prior to their release to the community.

Comment: Inmates should have the opportunity to prepare for release and to understand the purpose and function of parole supervision. Programs to prepare inmates for release could include the following: lectures and discussions addressing the concerns of soon-to-be-released inmates; individual counseling focusing on the inmate's particular needs; prerelease visits by parole officers and family members; and graduated release through short furloughs.

Protocols: Written policy and procedure. Release preparation curriculum and materials.

Process Indicators: Documentation of provision of release preparation services to eligible inmates. Inmate interviews. Observation.

Temporary and Graduated Release

5-ACI-5F-02
(Ref. 4-4443)

If a temporary release program is in place, it should include but not be limited to the following:

- **written operational procedures**
- **careful screening and selection procedures**
- **written rules of conduct and sanctions**
- **a system of supervision to minimize inmate abuse of program privileges**
- **a complete recordkeeping system**
- **a system for evaluating program effectiveness**
- **efforts to obtain community cooperation and support**

Comment: All temporary release programs should be staffed and funded adequately and operated according to a detailed written plan. Participation should be restricted to inmates who are eligible for release within one year and others deemed suitable, and selection should be based on an assessment of the potential benefits to the inmate and the safety of the community. Sanctions commensurate with rule violations should be specified, ranging reprimand to removal from the program.

Protocols: Written policy and procedure. Rules. Evaluation system.

Process Indicators: Release program records. Evaluation findings and documentation of actions taken to improve program. Documentation of efforts to obtain community cooperation and support.

5-ACI-5F-03
(Ref. 4-4444)

Written policy, procedure, and practice include graduated release through a systematic decrease in supervision and corresponding increase in inmate responsibility as part of the classification program.

Comment: When possible, provision should be made for work or study release, extended visits to family and community, or placement in a prerelease center or halfway house. Supervision should be decreased systematically, and the inmate's progress should be evaluated on the basis of specified behavioral criteria rather than on sentence, time served, or subjective judgments regarding attitude.

Protocols: Written policy and procedure.

Process Indicators: Inmate records. Inmate program plans.

Escorted Leaves

**5-ACI-5F-04
(Ref. 4-4445)** **Written policy, procedure, and practice provide for escorted leaves into the community.**

Comment: Inmates should be allowed escorted leaves of absence from the institution to obtain medical care not available in the institution, to visit a critically ill family member or attend the funeral of a family member, to participate in community events as a member of a group or team, or to participate in other community activities that can have a positive influence on the inmate.

Protocols: Written policy and procedure. Staff training curriculum.

Process Indicators: Documentation of staff training and qualifications. Transport logs. Staff and inmate interviews.

Final Release

**5-ACI-5F-05
(Ref. 4-4446)** **Written procedures for releasing inmates at the end of their term include, but are not limited to, the following:**

- **verification of identity**
- **verification of release papers**
- **completion of release arrangements, including notification of the parole authorities in the jurisdiction of release, if required**
- **return of personal effects or contraband**
- **check to see that no facility property leaves the facility**
- **arrangements for completion of any pending action, such as grievances or claims for damages or lost possessions**
- **medical screening and arrangements for community follow-up where needed**
- **instructions on forwarding of mail**

Comment: The release process should ensure that all matters relating to the facility are completed. If released to another agency or facility, everyone involved should understand what is to occur with respect to timing, expectations, forwarding of records, and responsibility for completing the transfer.

Protocols: Written policy and procedure. Release forms and procedures.

Process Indicators: Completed release forms and documents. Facility records and logs. Inmate records. Observation.

**5-ACI-5F-06
(Ref. 4-4447)**

Written policy, procedure, and practice provide that consistent with the law and legal practices within the jurisdiction, there is a system for providing notification and information to the registered victim(s) regarding the offenders in the victim's case.

Comment: An increasing number of jurisdictions are requiring notification of the victims of criminal act(s) prior to release of the person(s) convicted of the crime. When such legislation exists, the facility should provide the staff with a clear set of instructions to implement the legislation.

Protocols: Written policy and procedure. Statute, if applicable.

Process Indicators: Documentation of notification to victim(s).

**5-ACI-5F-07
(Ref. 4-4447-1)**

Written policy, procedure and practice provide that designated staff are responsible for coordination of victims' programs and that curriculum is established for providing training to staff involved with victims' issues. This curriculum includes the following topics:

- **specific services available to crime victims**
- **changes in laws impacting victims**
- **way(s) of gaining access to the services**
- **confidentiality of victim information**
- **way(s) for victims to communicate complaints and other concerns**
- **program-evaluation measures, which include victim input regarding the effectiveness of services and ways for them to make suggestions regarding agency policies and practices intended to assist crime victims**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Training curriculum. Staff training record. Documentation of victims' programs offered.

5-ACI-5F-08
NEW Aug. 2018

(Effective NLT October 1, 2020) Where a facilitated victim offender dialogue program exists, written policy, procedure and practice provide that there is a program initiated and requested only by a victim or victim/survivor that provides an opportunity for such victims or survivors to meet face-to-face or by other means with the inmate responsible for their victimization in a safe, secure, and confidential setting after thorough preparation with, and with the assistance of a properly trained facilitator.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Facilitator training record. Documentation of programs offered.

6. Health Care

GOAL: Each offender receives appropriate physical and behavioral health care necessary to foster the restoration and maintenance of acceptable levels of wellness.

6A. - PERFORMANCE STANDARD: ACCESS TO SERVICES

Offenders have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.

OUTCOME MEASURES

- (1) Number of offenders diagnosed with a MRSA infection within the past twelve (12) months divided by the average daily population.
- (2) Number of offenders diagnosed with active tuberculosis in the past twelve (12) months divided by the average daily population.
- (3) Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months divided by the Number of offenders administered tests for TB infection in the past twelve (12) months as part of periodic or clinically-based testing, but not intake screening.
- (4) Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months divided by number of offenders treated for latent tuberculosis infection in the past twelve (12) months.
- (5) Number of offenders diagnosed with Hepatitis C viral infection at a given point in time divided by Total offender population at that time.
- (6) Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.
- (7) Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time divided by Total number of offenders diagnosed with HIV infection at that time.
- (8) Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml total number of treated offenders with HIV infection that were reviewed.
- (9) Number of offenders with an active individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time divided by the total offender population at that time.
- (10) Number of offender admissions to off-site hospitals in the past twelve (12) months divided by average daily population.
- (11) Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months divided by the average daily population in the past 12 months.

- (12) Number of offender specialty consults completed during the past twelve (12) months divided by Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.
- (13) Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg divided by total number of offenders with hypertension who were reviewed.
- (14) Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent divided by Total number of diabetic offenders who were reviewed.
- (15) The number of completed dental treatment plans within the past twelve (12) months divided by the average daily population during the reporting period.

Access to Care

5-ACI-6A-01
(Ref. 4-4344)

(MANDATORY) At the time of admission/intake all inmates are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an inmate's ability to pay. This information is communicated orally and in writing, and is conveyed in a language that is easily understood by each inmate. When a literacy or language problem prevents an inmate from understanding written information, a staff member or translator assists the inmate.

Comment: No member of the correctional staff should approve or disapprove offenders' requests for health care services. The facility should follow the policy of explaining access procedures orally to offenders unable to read. When the facility frequently has non-English speaking offenders, procedures should be explained and written in their language.

Protocols: Written policy and procedure. Offender handbook. Grievance procedure.

Process Indicators: Documentation that offenders are informed about health care and the grievance system. Offender grievances. Interviews.

4-4344-1

(MANDATORY) Deleted January 2016

5-ACI-6A-02
(Ref. 4-4345)

When medical copayment fees are imposed, the program ensures that, at a minimum, the following are observed:

- **all offenders are advised, in writing, at the time of admission to the facility of the guidelines of the copayment program.**
- **needed offender health care is not denied due to lack of available funds.**
- **copayment fees shall be waived when appointments or services, including follow-up appointments, are initiated by medical staff.**

Comment: Offenders should receive appropriate health care based on need, without regard to financial status. Fees imposed should not be so excessive as to discourage offenders from seeking needed medical care.

Protocols: Written policy and procedure. Offender handbook.

Process Indicators: Forms. Interviews. Financial records.

Clinical Services

5-ACI-6A-03
(Ref. 4-4346)

There is a process for all offenders to initiate requests for health services on a daily basis. These requests are triaged daily by qualified health care professionals or health trained personnel. A priority system is used to schedule clinical services. Clinical services are available to offenders in a clinical setting at least five days a week and are performed by a health care practitioner or other qualified health care professional.

Comment: A priority system addresses routine, urgent, and emergent complaints and conditions. Health care request forms must be readily available to all offenders. Clinical services include sick call, nursing assessments, and chronic care.

Protocols: Written policy and procedure. Sick call request form.

Process Indicators: Offender health records. Completed sick call request forms. Clinical provider schedules. Observation. Interviews.

Continuity of Care

5-ACI-6A-04
(Ref. 4-4347)

Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated. Offender health care records should be reviewed by the facility's qualified health care professional upon arrival from outside health care entities including those from inside the correctional system.

Comment: When health care is transferred to providers in the community, appropriate information should be shared with the new providers in accordance with consent requirements.

Protocols: Written policy and procedure. Referral transfer form.

Process Indicators: Completed referral transfer forms. Offender health records. Facility logs. Documentation of review of health care records by facility health care professional. Interviews.

Referrals

5-ACI-6A-05
(Ref. 4-4348)

Offenders who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually.

Comment: Treatment of an offender's condition should not be limited by the resources and services available within a facility. Health care staff should collaborate with security personnel in determining conditions of transportation and necessary security precautions when an offender needs to be transported to another facility or provider.

Protocols: Written policy and procedure. Referral consult form.

Process Indicators: Health records. Completed referral consult records. Documentation of annual list review. Transportation logs. Interviews.

Transportation

5-ACI-6A-06
(Ref. 4-4349)

A transportation system that assures timely access to services that are only available outside the correctional facility is required. Such a system needs to address the following issues:

- **prioritization of medical need**
- **urgency (for example, an ambulance versus a standard transport)**
- **use of a medical escort to accompany security staff, if indicated**
- **transfer of medical information**

The safe and timely transportation of offenders for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility (for example, hospital, health care provider, or another correctional facility) is the joint responsibility of the facility or program administrator and the health services administrator.

Comment: It is essential that the medical and the custody staff work cooperatively in the design and implementation of the medical-transport system. Consideration should balance issues of security as well as medical or psychological concerns about the use of restraint devices that may affect the offender's health condition or access to care.

Protocols: Written policy and procedure. Transport form and log.

Process Indicators: Offender health records. Completed transport forms and log entries. Observation. Interviews.

Treatment Plan

5-ACI-6A-07
(Ref. 4-4350)

A written individual treatment plan is required for offenders requiring health care supervision, including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, and is developed by the appropriate health care practitioner for each offender requiring a treatment plan.

Comment: Offenders requiring treatment plans include the following: the chronically ill, offenders with serious communicable diseases, the physically disabled, pregnant offenders, the terminally ill, offenders with serious mental health needs, and the developmentally disabled.

Protocols: Written policy and procedure. Treatment plan format.

Process Indicators: Offender health records. Interviews.

Emergency Plan

5-ACI-6A-08
(Ref. 4-4351)

(MANDATORY) There is a written plan for access to 24-hour emergency medical, dental, and mental health services availability. The plan includes:

- on-site emergency first aid and crisis intervention
- emergency evacuation of the offender from the facility
- use of an emergency medical vehicle
- use of one or more designated hospital emergency rooms or other appropriate health facilities
- emergency on-call or available 24 hours per day, physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
- security procedures providing for the immediate transfer of offenders, when appropriate
- emergency medications, supplies and medical equipment

Comment: In the event that primary health services are not available, and particularly in emergency situations, back-up facilities or providers should be predetermined. The plan may include the use of an alternative hospital emergency service or a physician on-call service.

Protocols: Written policy and procedure.

Process Indicators: Designated facility. Provider lists. Transportation logs. Interviews.

Infirmary Care

5-ACI-6A-09
(Ref. 4-4352)

Offenders are provided access to infirmary care either within the correctional setting or off site. If infirmary care is provided onsite, it includes, at a minimum, the following:

- definition of the scope of infirmary care services available
- a physician on call or available 24-hours per day
- health care personnel with access to a physician or a registered nurse and are on duty 24-hours per day when patients are present
- all offenders/patients are within sight or sound of a staff member
- an infirmary care manual that includes nursing care procedures
- compliance with applicable state statutes and local licensing requirements

Comment: An infirmary is an area within the correctional setting or a specific area of a health care facility separate from other housing areas, where offenders are housed and provided health care. Admission and discharge from this area is controlled by medical orders or protocols.

Protocols: Written policy and procedure. Nursing manual.

Process Indicators: Admission and inpatient records. Staffing schedules. Documentation of compliance with licensing requirements and regulations. Observations. Interviews.

Pregnancy Management

5-ACI-6A-10
(Ref. 4-4353)

(MANDATORY) If female offenders are housed, access to pregnancy management is specific as it relates to the following:

- pregnancy testing
- routine prenatal care
- high-risk prenatal care
- management of the chemically addicted pregnant inmate
- postpartum follow up
- unless mandated by state law, birth certificates/registry does not list a correctional facility as the place of birth

Comment: Management should include family planning services prior to release.

Protocols: Written policy and procedure. Inmate handbook.

Process Indicators: Health record entries. Laboratory records. Interviews.

5-ACI-6A-11
(Ref. 4-4353-1)

Where nursing infants are allowed to remain with their mothers, provisions are made for a nursery, staffed by qualified persons, where the infants are placed when they are not in the care of their mothers.

Comment: Qualified persons may include offenders who have been trained in the competencies required for nursery care and who are working under appropriate supervision.

Protocols: Written policy and procedure.

Process Indicators: Offender interviews. Training records. Observation.

Communicable Disease and Infection Control Program

5-ACI-6A-12
(Ref. 4-4354)

(MANDATORY) There is a written program to address the management of communicable and infectious diseases in offenders. The program plan shall include procedures for:

- prevention to include immunizations, when applicable
- surveillance (identification and monitoring)
- offenders' education and staff training
- treatment to include medical isolation, when indicated
- follow-up care
- reporting requirements to applicable local, state, and federal agencies
- confidentiality/protected health information
- appropriate safeguards for offenders and staff
- post-exposure management protocols particularly for HIV and viral hepatitis infection

Communicable disease and infection-control activities are discussed and reviewed at least quarterly by a multidisciplinary team that includes clinical, security, and administrative representatives.

Comment: Because of the serious nature, methods of transmission, and public sensitivity, communicable and infectious diseases require special attention. Agencies work with the responsible public health authority in establishing policy and procedures.

Protocols: Written policy and procedure. Treatment guidelines.

Process Indicators: Offender health records. Offender education records. Staff training records. Documentation of quarterly meetings and review. Observation. Interviews.

5-ACI-6A-13
(Ref. 4-4354-1)

The management of offenders with Methicillin Resistant Staphylococcus Aureus (MRSA) infection includes requirements identified in the communicable disease and infection control program. In addition, the program for MRSA management shall include procedures for:

- evaluating and treating infected inmates in accordance with an approved practice guideline
- medical isolation, when indicated
- follow-up care, including arrangements with appropriate health care authorities for continuity of care if offenders are relocated prior to the completion of therapy

Comment: None.

Protocols: Written policy and procedure. Treatment guidelines.

Process Indicators: Offender health records. Completed medical isolation logs. Observation. Interviews.

**5-ACI-6A-14
(Ref. 4-4355)**

(MANDATORY) Management of tuberculosis (TB) in offenders includes procedures as identified in the communicable disease and infection control program. In addition, the program for TB management shall include procedures for:

- **when and where offenders are to be screened/tested**
- **treatment, of latent tuberculosis infection and tuberculosis disease**
- **medical isolation, when indicated**
- **follow-up care, including arrangement with applicable departments of health for continuity of care if offender is released prior to completion of therapy**

Comment: Plans for the management of tuberculosis may be based on incidence and prevalence of the disease within the correctional agency's population and the surrounding community.

Protocols: Written policy and procedure. Treatment guidelines.

Process Indicators: Offender health records. Completed screening/testing form. Completed medical isolation logs. Observation. Interviews.

**5-ACI-6A-15
(Ref. 4-4356)**

(MANDATORY) Management of hepatitis A, B, and C in offenders includes procedures as identified in the communicable disease and infection control program. In addition, the program for hepatitis management shall include procedures for:

- **when and where offenders are to be tested/screened**
- **hepatitis A and B immunization, when applicable**
- **treatment protocols**
- **when and under what conditions offenders are to be separated from the general population**

Comment: None.

Protocols: Written policy and procedure. Treatment guidelines.

Process Indicators: Offender health records. Completed screening/testing form. Observation. Interviews.

5-ACI-6A-16
(Ref. 4-4357)

(MANDATORY) Management of HIV infection in offenders includes procedures as identified in the communicable disease and infection control program. In addition, the program for HIV management shall include:

- **when and where offenders are to be HIV tested**
- **pre- and post-test counseling**
- **immunization and other prevention measures, when applicable**
- **treatment protocols**
- **confidentiality/protected health information**
- **when and under what conditions offenders are to be separated from the general population**

Comment: None.

Protocols: Written policy and procedure. Treatment guidelines.

Process Indicators: Offender health records. Counseling documentation. Observation. Interviews.

5-ACI-6A-17
(Ref. 4-4358)

(MANDATORY) There is a plan for the management of biohazardous waste and for the decontamination of medical and dental equipment.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of waste pick up. Spore count logs. Cleaning logs.

Chronic Care

5-ACI-6A-18
(Ref. 4-4359)

(MANDATORY) There is a plan for the treatment of offenders with chronic conditions such as hypertension, diabetes, serious mental illness and other diseases that require periodic care and treatment. The plan must address:

- **the monitoring of medications**
- **laboratory testing**
- **the use of chronic care clinics**
- **health record forms**
- **the frequency of specialist consultation and review**

Comment: Professionally recognized chronic care guidelines are available from disease-specific organizations and various medical and physician associations.

Protocols: Written policy and procedure. Chronic care protocols and forms.

Process Indicators: Offender health records. Chronic care logs. Specialist schedules.

Dental Care

5-ACI-6A-19
(Ref. 4-4360)

Routine and emergency dental care is provided to each offender under the direction and supervision of a licensed dentist. There is a defined scope of available dental services, including emergency dental care, which includes the following:

- **a dental screening (excluding intra-system transfers) upon admission by a qualified health care professional or health trained personnel**
- **a full dental examination (excluding intra-system transfers) by a dentist within 30 days**
- **oral hygiene, oral disease education, and self-care instruction are provided by a qualified health care provider within 30 days**
- **a defined dental tooth and hygiene charting system that identifies the oral health condition and specifies the priorities for treatment by category is completed**
- **consultation and referral to dental specialists, including oral surgery is provided, when necessary**

Comment: Dental screening is an assessment of dental pain, swelling, or functional impairment. As part of the initial health screening, a dentist or health care personnel properly trained and designated by the dentist should perform dental screenings. The dental program should also provide offenders with instruction on the proper brushing of teeth and other dental hygiene measures.

The dental examination should remain current upon patient request, include a periodontal examination (Periodontal Screening and Recording [PSR] or Community Periodontal Index of Treatment Needs [CPITN]) and taking or reviewing and updating of the patient's dental and related history. An examination of the hard and soft tissues of the oral cavity by means of an illuminator light, mouth mirror, and explorer should be performed. Current dental radiographs (X-rays) should be available, if deemed necessary, for proper diagnosis. The result of the dental examination and dental treatment plan are recorded on an appropriate uniform dental record using a numbered system such as the Federation Dental International System.

Protocols: Written policy and procedure. Dental screening and examination forms.

Process Indicators: Dental records. Admission logs. Referral and consultation records. Dental request forms. Staff interviews.

5-ACI-6A-19
(Ref. 4-4360)
Revised January 2020

(Effective NLT July 1, 2021) There is a defined scope of available dental services upon admission, which includes the following:

- **Dental Screening upon initial admission into the System by a qualified health care professional or health trained professional.**
- **Oral hygiene, oral disease education and self-care instruction that are provided by qualified health care personnel within 30 days of initial admission into the System.**

- **Dental Intake Assessment by a dentist within 30 days of initial admission into the System to assess dental pain, infection, disease, or impairment of function and establish the overall dental/oral condition. Consultation and referral to appropriate specialists are provided when medically necessary.**

Comment: A defined dental charting system identifying hard and soft tissues such as odontogram or an appropriate uniform dental record using a numbered system such as the Federation Dental International System. Radiographs as deemed necessary by Standards.

1. Indicating caries, disease or abnormalities
2. Indicating pre-existing restoration and missing teeth (if a Panoramic Radiograph is not available).
3. Periodontal Screening and Recording (PSR) or a recognized periodontal health assessment
4. Priority system-highest priority indicated
5. Medical history review

Agency policy and procedures should be consistent with the American Dental Association.

**5-ACI-6A-19-1
NEW
January 2020**

(Effective NLT July 1, 2021) Emergent, urgent, and routine dental care is provided to each offender under the direction and supervision of a licensed dentist. There is a defined scope of available dental services with related timeframes. Dental examination and treatment include the following:

- **Appropriate uniform dental record using a numbered system such as the Federation Dental International System.**
- **A medical history, current medications**
- **Current vital signs prior to invasive procedure**
- **Appropriate Radiographs**
- **Periodontal Screening and Recording (PSR) or a recognized periodontal health assessment**
- **Priority of Treatment**
- **Treatment Provided within acceptable designated timeframes by Priority**
- **Consultation and referral to appropriate specialists is provided when medically necessary.**

Comment: Emergent- life threatening

Urgent- interfere with normal daily activities (toothache)

Routine- not of immediate attention Agency policy and procedures should be consistent with the American Dental Association.

Protocols: Written policy and procedure. Dental screening and examination forms.

Process Indicators: Dental records. Admission logs. Referral and consultation records. Dental request forms. Staff interviews.

Health Education

5-ACI-6A-20 (Ref. 4-4361) An ongoing program of health education and wellness information is provided to all offenders.

Comment: Health education and wellness topics may include but are not to be limited to information on access to health care services, dangers of self-medication, personal hygiene and dental care, prevention of communicable diseases, substance abuse, smoking cessation, family planning, self-care for chronic conditions, self-examination, relapse prevention regarding mental illness, coping with mental illness, healthy lifestyle choices and the benefits of physical fitness.

Protocols: Written policy and procedure.

Process Indicators: Program and class schedules. Attendance rosters. Interviews. Curriculum and lesson plans. Examples of pamphlets, brochures, or other written handouts.

Health Screens

5-ACI-6A-21 (Ref. 4-4362) (MANDATORY) Intake health screening for offender transfers, excluding intra-system, commences upon the offender's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority. The screening includes at least the following:

Inquiry into:

- any past history of serious infectious or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness), and medications
- current illness and health problems, including communicable diseases and mental illness
- dental problems
- use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions)
- the possibility of pregnancy and history of problems (female only); and other health problems designated by the responsible physician
- Any past history of mental illness, thoughts of suicide or self-injurious behavior attempts

Observation of the following:

- behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating

- **body deformities, ease of movement, and so forth**
- **condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos and needle marks, or other indications of drug abuse**

Medical disposition of the offender:

- **general population**
- **general population with prompt referral to appropriate health care service**
- **referral to appropriate health care service for emergency treatment**

Offenders who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention, are referred. When they are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance. When screening is conducted by trained custody staff, procedures will require a subsequent review of positive findings by the licensed health care staff. Written procedures and screening protocols are established by the responsible physician in cooperation with the facility manager. Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

Comment: *Health screening* is a system of structured inquiry and observation to (1) prevent newly arrived offenders who pose a health or safety threat to themselves or others from being admitted to the general population; (2) identify offenders who require immediate medical attention.

Receiving screening can be performed at the time of admission by health care personnel or by a health-trained correctional officer. Facilities that have reception and diagnostic units or a holding room must conduct receiving screening on all offenders on their arrival at the facility as part of the admission procedures.

Protocols: Written policy and procedure. Screening forms.

Process Indicators: Offender health records. Completed screening forms. Transfer logs. Interviews.

**5-ACI-6A-22
(Ref. 4-4363)**

(MANDATORY) All intrasystem transfer offenders receive a health screening by health-trained or qualified health care personnel which commences on their arrival at the facility. All findings are recorded on a screening form approved by the health authority. At a minimum, the screening includes the following:

Inquiry into:

- **whether the offender is being treated for a medical or dental problem**
- **whether the offender is presently on medication**
- **whether the offender has a current medical or dental complaint**

Observation of:

- **general appearance and behavior**
- **physical deformities**
- **evidence of abuse or trauma**

Medical disposition of offenders:

- **to general population**
- **to general population with appropriate referral to health care service**
- **referral to appropriate health care service for emergency treatment**

Comment: Health screening of intrasystem transfers is necessary to detect offenders who pose a health or safety threat to themselves or others and who may require immediate health care.

Protocols: Written policy and procedure. Screening form.

Process Indicators: Offender health records. Completed screening forms. Transfer logs. Interviews.

**5-ACI-6A-23
(Ref. 4-4363-1)**

Written policy, procedure, and practice provide for early identification and treatment of offenders with alcohol and drug abuse problems through a standardized battery assessment. This battery shall be documented and include, at a minimum, the following:

- **screening and sorting**
- **clinical assessment and reassessment**
- **medical assessment for appropriate drug and alcohol program assignment to the needs of the individual inmates**
- **referrals**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Offender health records. Documentation of battery assessment.

**5-ACI-6A-24
(Ref. 4-4364)**

All in-transit offenders receive a health screening by health-trained or qualified health care personnel on entry into the agency system. Findings are recorded on a screening form that will accompany the offender to all subsequent facilities until the offender reaches his or her final destination. Health screens will be reviewed at each facility by health-trained or qualified health care personnel. Procedures will be in place for continuity of care.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Offender health records. Completed screening forms. Transfer logs. Interviews.

Health Appraisal

5-ACI-6A-25
(Ref. 4-4365)

(MANDATORY) A comprehensive health appraisal for each offender, excluding intrasystem transfers, is completed as defined below, after arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, a new health appraisal is not required, except as determined by the designated health authority. Health appraisals include the following:

Within 14 days after arrival at the facility:

- review of the earlier receiving screen
- collection of additional data to complete the medical, dental, mental health, and immunization histories
- laboratory or diagnostic tests to detect communicable disease, including sexually transmitted diseases and tuberculosis
- record of height, weight, pulse, blood pressure, and temperature
- other tests and examinations, as appropriate

Within 14 days after arrival for inmates with identified significant health care problems:

- medical examination, including review of mental and dental status (for those inmates with significant health problems discovered on earlier screening such as cardiac problems, diabetes, communicable diseases, and so forth)
- review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act
- initiation of therapy, when appropriate
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Within 30 days after arrival for inmates without significant health care problems:

- medical examination, including review of mental and dental status (for those inmates without significant health care concerns identified during earlier screening—no identified acute or chronic disease, no identified communicable disease, and so forth)
- review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act
- initiation of therapy, when appropriate

- **development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation**

Comment: Test results, particularly for communicable diseases, should be received and evaluated before an offender is assigned to housing in the general population. Information regarding the offender's physical and mental status may also dictate housing and activity assignments. When appropriate, additional investigation should be conducted into alcohol and drug abuse and other related problems.

Protocols: Written policy and procedure. Health appraisal form.

Process Indicators: Offender health records. Completed health appraisal forms. Transfer logs. Interviews.

5-ACI-6A-25
(Ref. 4-4365)
Revised Aug. 2019

(Effective NLT January 1, 2021) (MANDATORY) A comprehensive health appraisal for each inmate, excluding intrasystem transfers, is completed by qualified health care personnel within 14 days after arrival at the facility. If there is documented evidence of a health appraisal and evidence of review by qualified staff within the previous 90 days, a new health appraisal is not required except as determined by the designated health authority. Health appraisal data collection and recording includes the following:

- 1. a uniform process as determined by the health authority**
- 2. documentation of review of the earlier receiving screening**
- 3. recording of height, weight, pulse, blood pressure, and temperature by health-trained or qualified health personnel**
- 4. collection of additional data to complete the medical, dental, mental health, and immunization histories by health-trained or qualified health personnel**
- 5. medical examination, including review of mental and dental status by qualified health personnel**
- 6. laboratory and/or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis**
- 7. other tests and examinations as appropriate**
- 8. development and implementation of treatment plan, including recommendations concerning housing, job assignment, and program participation**
- 9. initiation of therapy, when appropriate**
- 10. review of the results of the medical examination, tests, and identification of problems by a physician or mid-level practitioner, as allowed by law.**

Comment: Test results, particularly for communicable diseases, should be received and evaluated before an offender is assigned to housing in the general population. Information regarding the offender's physical and mental status may also dictate housing and activity assignments. When appropriate, additional investigation should be conducted into alcohol and drug abuse and other related problems.

Protocols: Written policy and procedure. Health appraisal form.

Process Indicators: Offender health records. Completed health appraisal forms. Transfer logs. Interviews.

5-ACI-6A-26

Deleted August 2019

Periodic Examinations

5-ACI-6A-27
(Ref. 4-4367)

The conditions for periodic health examinations for offenders are determined by the health authority.

Comment: All offenders should receive a thorough physical examination.

Protocols: Written policy and procedure.

Process Indicators: Offender health records. Completed health appraisal forms.

Mental Health Program

5-ACI-6A-28
(Ref. 4-4368)

(MANDATORY) The mental health program is approved by the appropriate mental health authority and includes at a minimum:

- screening on intake
- outpatient services for the detection, diagnosis, and treatment of mental illness, to include medication management and/or counseling, as appropriate
- crisis intervention and the management of acute psychiatric episodes
- stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting
- elective therapy services and preventive treatment, where resources permit
- provision for referral and admission to mental health facilities for offenders whose psychiatric needs exceed the treatment capability of the facility
- procedures for obtaining and documenting informed consent
- follow up with offenders who return from an inpatient psychiatric facility

Comment: None.

Protocols: Written policy and procedure. Treatment guidelines.

Process Indicators: Offender health records. Completed screening forms. Observation. Interviews.

5-ACI-6A-29
NEW Aug. 2018

(Effective NLT October 1, 2020) A system of documented internal review will be developed and implemented by the (Mental) Health Authority to monitor and improve mental health care/delivery of services. This monitoring can be incorporated into the internal review developed for health care and should include:

- participating in a multidisciplinary quality improvement committee which includes a QMHP as a member.
- collecting, trending, and analyzing of data combined with planning, intervening and reassessing services
- evaluating defined data, which will result in more effective access to care, improved quality of care, and better utilization of resources
- reviewing all suicides or suicide attempts and other serious incidents, (e.g.: assaults, restraints/involuntary medications) involving inmates identified with a serious mental illness
- review clinical care issues, implementing measurable corrective action plans to address and resolve important problems and concerns identified specific to mental health issues, and incorporating findings of internal review activities into the organization's educational and training activities
- maintaining appropriate records of internal review activities
- requiring a provision that records of internal review activities comply with legal requirements on confidentiality of records

Comment: Reports can be facilitated by regular participation of the facility or program administrator, health administrator, and responsible mental health authority.

Protocols: Written policy and procedure. Treatment guidelines.

Process Indicators: Offender health records. Completed screening forms. Observation. Interviews.

Mental Health Crisis Intervention Training

5-ACI-6A-30
NEW Aug. 2018

(Effective NLT October 1, 2020) Each staff, inclusive of correctional staff, assigned to a multidisciplinary services team is trained to respond to mental health related crises. This training is conducted at least annually and is established by the Mental Health Authority in cooperation with the facility or program administrator and includes instruction on:

- recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
- methods for accessing health/mental health staff during a mental health crisis
- implementation of suicide/self-injurious prevention interventions
- procedures for placement of patient in a level of care in accordance with his/her mental health needs

Comment: None.

Protocols: Written policy and procedure. Training curriculum.

Process Indicators: Staff training records. Staff interviews.

4-4369

Deleted January 2006

Mental Health Screen

5-ACI-6A-31
(Ref. 4-4370)

(MANDATORY) All intersystem and intra-system transfer offenders will receive an initial mental health screening at the time of admission to the facility by a mental health trained or qualified mental health care provider. The mental health screening includes, but is not limited to:

Inquiry into:

- whether the offender has a present suicidal ideation
- whether the offender has a history of suicidal behavior
- whether the offender is presently prescribed psychotropic medication
- whether the offender has a current mental health complaint
- whether the offender is being treated for mental health problems
- whether the offender has a history of inpatient and outpatient mental health treatment
- whether the offender has any recent use of alcohol or addictive substance use, to include frequency of use, amount used and last time used.
- whether the offender has a history of substance use disorder treatment

Observation of:

- general appearance and behavior
- level of consciousness (alertness, orientation)
- evidence of abuse and/or trauma
- current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of offender:

- to the general population
- to the general population with appropriate referral to mental health care service
- referral to appropriate mental health care service for emergency treatment

Comment: None.

Protocols: Written policy and procedure. Mental health screening form.

Process Indicators: Offender health records. Completed mental health screening forms. Transfer logs. Interviews.

Mental Health Appraisal

**5-ACI-6A-32
(Ref. 4-4371)**

(MANDATORY) All intersystem offender transfers will undergo a mental health appraisal by a qualified mental health professional within 14 days of admission to a facility. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health appraisals include, but are not limited to:

- review of available historical records of inpatient and outpatient psychiatric treatment
- review of history of treatment with psychotropic medication
- review of history of psychotherapy, psycho-educational groups, and classes or support groups
- review of history of substance use and treatment
- review of educational and special education history
- review of history of sexual or physical abuse-victimization and predatory behavior and/or sexual offenses
- review of history of suicidal or violent behavior
- review of history of cerebral trauma or seizures
- assessment of current mental status, symptoms, condition, and response to incarceration
- assessment of current suicidal potential and person-specific circumstances that increase suicide potential
- assessment of violence potential and person-specific circumstances that increase violence potential
- assessment of drug and alcohol use and/or addiction
- use of additional assessment tools, as indicated
- referral to treatment, as indicated
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Comment: None.

Protocols: Written policy and procedure. Mental health appraisal form.

Process Indicators: Offender health records. Completed mental health appraisal forms. Transfer logs. Interviews.

**5-ACI-6A-32
(Ref. 4-4371)
Revised Aug. 2019**

(Effective NLT January 1, 2021) (MANDATORY) Inmates who are referred as a result of the mental health screening or by staff referral will receive a mental health appraisal by a qualified mental health person within 14 days of admission to the facility or the referral. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health examinations include, but are not limited to the following:

1. review of the mental health screening
2. historical review of the following:
 - a. available historical records of inpatient and outpatient psychiatric treatment
 - b. treatment with psychotropic medication
 - c. psychotherapy, psycho-educational groups, and classes or support groups
 - d. educational status
 - e. drug and alcohol use/abuse; treatment
 - f. sexual abuse-victimization and predatory behavior
3. assessment of current mental status and condition, including
 - a. current suicidal potential and person-specific circumstances that may increase suicide potential
 - b. violence potential and person-specific circumstances that may increase violence potential
 - c. drug and alcohol abuse and/or addiction
4. use of additional assessment tools, as indicated
5. development and implementation of a treatment plan, as indicated, including recommendations concerning housing, job assignment, and program participation.
6. referral to treatment, as indicated

Comment: None.

Protocols: Written policy and procedure. Mental health appraisal form.

Process Indicators: Offender health records. Completed mental health appraisal forms. Transfer logs. Interviews.

Mental Health Evaluations

**5-ACI-6A-33
(Ref. 4-4372)**

Offenders referred for mental health treatment will receive a comprehensive evaluation by a qualified mental health practitioner. The evaluation is to be completed within 14 days of the referral request date and include at least the following:

- review of mental health screening and appraisal data
- direct observations of behavior
- collection and review of additional data from individual diagnostic interviews and tests, as appropriate (assessing personality, intellect, and coping abilities)
- compilation of the individuals' mental health history
- development of an overall treatment/management plan with appropriate referral to include transfer to mental health facility for offenders whose psychiatric needs exceed the treatment capability of the facility

Comment: Comprehensive individual psychological evaluations should be performed when there is a reasonable expectation that such evaluation will serve a therapeutic or dispositional function useful to the overall interests of the offender. Written reports describing the results of the assessment should be prepared and all information should be appropriately filed.

Protocols: Written policy and procedure. Mental health referral form.

Process Indicators: Offender health records. Completed referral forms. Interviews with mental health provider(s). Clinic visit records. Completed progress notes.

**5-ACI-6A-34
NEW Aug. 2018**

(Effective NLT October 1, 2020) (MANDATORY) The following shall be provided to inmates receiving treatment for a diagnosed mental disorder at the time of release from the facility:

- **arrange for continuity of care if receiving psychotropic medication**
- **make arrangements in accordance with available resources for continuity of care for inmates determined by the mental health or health care staff who need involuntary inpatient commitment**
- **provide inmate with a list of available community resources**
- **for inmates with a serious mental illness make every effort to coordinate a linkage with community provider and exchange clinically relevant information with appropriate community provider as needed**

Comment: None

Protocols: Written policy and procedures.

Process Indicators: Offender health records. Inmate release records. Interviews.

Suicide Prevention and Intervention

**5-ACI-6A-35
(Ref. 4-4373)**

(MANDATORY) There is a written suicide-prevention plan that is approved by the health authority and reviewed by the facility or program administrator. The plan includes staff and offender critical-incident debriefing that covers the management of suicidal incidents, suicide watch, and suicides. It ensures a review of suicidal incidents, suicide watch, and suicides by administration, security, and health services. All staff with responsibility for offender supervision are trained on an annual basis in the implementation of the program. Mental health staff should be involved in the development of the plan and the training which should include but not be limited to:

- **identifying the warning signs and symptoms of impending suicidal behavior**
- **understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors**
- **responding to suicidal and depressed offenders**
- **communication between correctional and health care personnel**
- **referral procedures**

- **housing observation and suicide watch level procedures**
- **follow-up monitoring of offenders who make a suicide attempt**
- **population specific factors, pertaining to suicide risk in the facility**

Comment: The plan should include specific procedures for handling intake, screening, identifying, and supervising of a suicide-prone offender and be signed and reviewed annually.

Protocols: Written policy and procedure. Training curriculum. Suicide watch logs or forms.

Process Indicators: Offender health records. Staff training records. Completed logs or forms. Critical incident debriefings. Observations. Interviews.

5-ACI-6A-36
NEW Aug. 2018

(Effective NLT October 1, 2020) In the event of an inmate death by suspected suicide then a psychological autopsy will be completed by a Qualified Mental Health Practitioner who is capable as determined by the Mental Health Authority in conducting a psychological autopsy. This is a retrospective reconstruction of the individual's life with an emphasis on the risk factors that may have contributed to the individual's death.

Comment: The psychological autopsy should address the assessment of risk and protective factors, motivation, intent and mental health care while determining if changes to policy, procedure or practice are needed.

Protocols: Written policy and procedure.

Process Indicators: Documentation of qualifications. Documentation of the completed psychological autopsy.

Mental Illness and Developmental Disability

5-ACI-6A-37
(Ref. 4-4374)

Offenders with serious mental illness or a severe developmental disability receive a mental health evaluation and, where appropriate, are referred for placement in noncorrectional facilities or in units specifically designated for handling this type of individual.

Comment: Offenders with serious mental illness or a developmental disability are vulnerable to abuse by other offenders and require specialized care. These individuals may be a danger to self or others or be incapable of attending to their basic physiological needs.

Protocols: Written policy and procedure.

Process Indicators: Offender health records. Referral logs. Interviews.

5-ACI-6A-38
NEW Aug. 2018

(Effective NLT October 1, 2020) A Mental Health Residential Treatment Unit is available for those inmates with impairment in behavioral functioning associated with a serious mental illness and/or impairment in cognitive functioning. The severity of the impairment does not require inpatient level of care, but the inmate demonstrates a historical and current inability to function adequately in the general population. There should be a specific mission/goal of the program, sufficient qualified staff to meet needs of program, screening process for the program, Individual Treatment Plans for inmates in the program, safe housing to meet the therapeutic needs of the inmate and transition plan upon discharge from the residential treatment unit.

Comment: None

Protocols: Written policy and procedures.

Process Indicators: Unit logs. Offender health records. Interviews.

5-ACI-6A-39
NEW Aug. 2018

(Effective NLT October 1, 2020) Inpatient Care Unit is for those who are in need of inpatient mental health treatment. These units should have 24 hour services such as nursing and availability of a QMHP, behavioral health trained correctional officers, and clinical programming. Individual Treatment Plans which will define the types and frequency of contacts with mental health staff for inmates in the program, housing to meet the therapeutic needs of the inmate and transition plan upon discharge from the inpatient care unit.

Comment: None.

Protocols: Written policy and procedures.

Process Indicators: Offender health records. Interviews.

Prostheses and Orthodontic Devices

5-ACI-6A-40
(Ref. 4-4375)

Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when medically necessary, as determined by the responsible health care practitioner being governed by institutional policy respecting treatment classification, resource availability and treatment planned time-frames.

Comment: Offenders may be required to provide copayments for these devices.

Protocols: Written policy and procedure.

Process Indicators: Purchase records. Offender health records. Interviews.

Withdrawal Management

5-ACI-6A-41
(Ref. 4-4376)

(MANDATORY) Withdrawal management is done only under medical supervision in accordance with local, state, and federal laws. Withdrawal management from alcohol, opiates, hypnotics, stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community treatment center. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. Offenders experiencing severe, life-threatening intoxication (an overdose), or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available.

Comment: Medical treatment should include current medications that are indicated to prevent serious withdrawal symptoms, and within the facility include periodic monitoring with documentation of decompensation and/or significant changes which require additional intervention or referral to a qualified outside facility.

Protocols: Written policy and procedure. Community contract agreements.

Process Indicators: Health records. Transfer records. Interviews.

Management of Chemical Dependency

5-ACI-6A-42
(Ref. 4-4377)

Offenders have access to substance disorder information, education, and/or treatment programs for substance use disorders. When a substance use disorder treatment program exists, the clinical management of program participants includes, at a minimum, the following:

- a standardized needs assessment administered to determine the level of substance use treatment needs and criminogenic risks/needs
- an individualized treatment plan developed and implemented by a clinician or multidisciplinary team with appropriate training, and certification or licensure (where required by statute), in substance use disorders treatment
- pre-release education related to the risk of return to substance use
- program participant involvement in aftercare discharge plans.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Offender health records. Interviews. Prerelease, preventive, or education curriculum.

5-ACI-6A-42
(Ref. 4-4377)
Revised Aug. 2019

(Effective NLT February 1, 2021) Offenders have access to information, education, and/or treatment programs for substance use disorders. When a substance use disorder treatment program exists, the clinical management of program participants includes at a minimum, the following:

- A standardized needs assessment administered to determine the level of substance use treatment needs and criminogenic risks/needs.
- An individualized treatment plan developed and implemented by a clinician or multidisciplinary team with appropriate training, and certification or licensure (where required by statute), in substance use disorders treatment.
- Pre-release education related to the risk of return to substance use.
- Program participant involvement in aftercare discharge plans.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Offender health records. Interviews. Prerelease, preventive, or education curriculum.

Pharmaceuticals

5-ACI-6A-43
(Ref. 4-4378)

(MANDATORY) Proper management of pharmaceuticals includes the following provisions:

- a formulary is available
- a formalized process for obtaining nonformulary medications
- prescription practices, including requirements that:
 - (1) medications are prescribed only when clinically indicated as one facet of a program of therapy
 - (2) a prescribing provider reevaluates a prescription prior to its renewal
- procedures for medication procurement, receipt, distribution, storage, dispensing, administration, and disposal
- secure storage and perpetual inventory of all controlled substances, syringes, and needles
- the proper management of pharmaceuticals is administered in accordance with state and federal law
- administration of medication by persons properly trained and under the supervision of the health authority and facility or program administrator or designee
- accountability for administering or distributing medications in a timely manner and according to physician orders

Comment: The formulary should include all prescription and nonprescription medications that have been approved by the medical director and/or health authority for use in the facility. Controlled substances are those classified as Schedule II-V by the Drug Enforcement Agency or applicable state laws. The pharmacy should be managed by a pharmacist or health-trained personnel approved by the health authority.

Protocols: Written policy and procedure. Federal and state laws and regulations. Format for documentation of medication, inventory, and storage of medication.

Process Indicators: Offender health records. Completed medication administration forms. Completed inventory forms. Completed storage forms. Documentation of compliance with federal and state laws. Observation. Staff training records.

Nonprescription Medication

5-ACI-6A-44
(Ref. 4-4379)

The facility health authority or program administrator will approve list of non-prescription (over the counter) medications that are available outside of health services from the facilities commissary or canteen. Policies and procedures are approved jointly by the facility or program administrator and the health authority.

Comment: Approved medications may be purchased through the commissary or the canteen.

Protocols: Written policy or procedure.

Process Indicators: List of commissary or canteen items. Documentation of approval. Interviews.

6B. - PERFORMANCE STANDARD: STAFF TRAINING

The provision of health services should be done in a professionally acceptable manner including the requirement that all staff be adequately trained and qualified and can demonstrate competency in their assigned duties.

OUTCOME MEASURES:

- (1) Number of health care staff with lapsed licensure or certification during a twelve (12) month period divided by Number of licensed or certified staff during a twelve (12) month period.
- (2) Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job divided by Number of new health care staff during the twelve (12) month period.
- (3) Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months divided by the number of employees.
- (4) Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months divided by the number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.

Health Authority

5-ACI-6B-01
(Ref. 4-4380)

(MANDATORY) The facility has a designated health authority with responsibility for ongoing health care services pursuant to a written agreement, contract, or job description. Such responsibilities include:

- **establish a mission statement, which defines the scope of health care services**
- **develop mechanisms, including written agreements, when necessary, to assure that the scope of services are provided and properly monitored**
- **develop a facility's operational health policies and procedures**
- **identify the type of health care staff needed to provide the determined scope of services**
- **establish systems for the coordination of care among multidisciplinary health care providers and**
- **develop a quality management program**

The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician. The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program.

Comment: The health authority and health services administrator may be the same person. The responsibility of the health authority includes arranging for all levels of health services, assuring the quality of all health services, and assuring that of-

fenders have access to them. Health services provides for the physical and mental well-being of the offender population and should include providing medical and dental services, mental health services, nursing care, personal hygiene, dietary services, health education; and attending to environmental conditions. While overall responsibility may be assumed at the central office level, it is essential that each facility have an onsite health services administrator. The health authority and health services administrator may be the same person.

Protocols: Written policy and procedure.

Process Indicators: Written agreement or contract. Job description. Personnel records. Documentation of health authority designation. Billing records. Interviews. Mission statement.

Provision of Treatment

5-ACI-6B-02
(Ref. 4-4381)

(MANDATORY) Clinical decisions are the sole province of the responsible health care practitioner and are not countermanded by non-clinicians.

Comment: The provision of health care is a joint effort of administrators and health care providers and can be achieved only through mutual trust and cooperation. The health authority arranges for the availability of health care services; the responsible clinician determines what services are needed; the official responsible for the facility provides the administrative support for making the services accessible to offenders.

Protocols: Written policy and procedure.

Process Indicators: Health record entries. Inmate grievances. Interviews.

Personnel Qualifications

5-ACI-6B-03
(Ref. 4-4382)

(MANDATORY) If the facility provides health care services, they are provided by qualified health care staff whose duties and responsibilities are governed by written job descriptions, contracts, or written agreements approved by the health authority. Verification of current credentials and job descriptions are on file in the facility.

Comment: Job descriptions should include qualifications and specific duties and responsibilities. Verification consists of copies of credentials or a letter confirming credential status from the state licensing or certification body. Standing medical orders are for the definitive treatment of identified conditions and for the on-site emergency treatment of any person having such condition. Direct orders are those written specifically for the treatment of one person's particular condition.

Protocols: Written policy and procedure. Standing orders.

Process Indicators: Written agreement or contract. Job description. Copies of credentials or licensure. Documentation of compliance with standing orders. Health record entries. Interviews.

5-ACI-6B-04
(Ref. 4-4383)

When institutions do not have qualified health care staff, health-trained personnel coordinate the health delivery services in the institution under the joint supervision of the responsible health authority and warden or superintendent.

Comment: The health-trained staff member (who is other than a nurse, midlevel practitioner, or emergency medical technician) may be full-time or part-time. Coordination duties may include reviewing receiving screening forms for needed follow-up, readying offenders and their records for sick call, and assisting in carrying out orders regarding such matters as diets, housing, and work assignments.

Protocols: Written policy and procedure. Training curriculum.

Process Indicators: Job description for health-trained personnel. Offender health records. Observation. Interviews. Training records.

4-4384

Deleted January 2006

4-4385

Deleted January 2008

Employee Health

5-ACI-6B-05
(Ref. 4-4386)

All direct care staff are screened for tuberculosis infection and disease prior to job assignment and periodically in accordance with recommendations from applicable local, state, and federal public health authorities.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Personnel records. Staff interviews. Documentation of recommendations from applicable local, state, and federal public health officials.

5-ACI-6B-06
(Ref. 4-4387)

All direct care staff are offered the hepatitis B vaccine series in accordance with the institution's exposure control plan.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Personnel records. Staff interviews. Exposure control plan.

Emergency Plans

5-ACI-6B-07
(Ref. 4-4388)

(MANDATORY) All health care staff in the facility are trained in the implementation of the facility's emergency plans. Health care staff are included in facility's emergency drills, as applicable.

Comment: Emergency plans include those for fire, natural disaster, power outage, hostage situation, riot, and other disturbances.

Protocols: Written policy and procedure.

Process Indicators: Training curriculum. Training records. Facility logs. Staff interviews.

Emergency Response

5-ACI-6B-08
(Ref. 4-4389)

(MANDATORY) Designated correctional and all health care staff are trained to respond to health-related situations within a four minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following:

- recognition of signs and symptoms, and knowledge of action required in potential emergency situations
- administration of basic first aid
- certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization
- methods of obtaining assistance
- signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
- procedures for patient transfers to appropriate medical facilities or health care providers
- suicide intervention

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

Protocols: Written policy and procedure. Training curriculum.

Process Indicators: Staff training records. Certificates. Staff interviews.

First Aid

5-ACI-6B-09
(Ref. 4-4390)

First aid kits are available in designated areas of the facility based on need and an automatic external defibrillator is available for use at the facility. The health authority approves the contents, number, location, and procedures for monthly inspection of the kits(s) and develops written procedures for the use of the kits by nonmedical staff.

Comment: The availability and placement of first aid kits are determined by the designated health authority in conjunction with the facility administrator.

Protocols: Written policy and procedure.

Process Indicators: List of first aid kit contents. Documentation of inspections. Observation.

Volunteers

5-ACI-6B-10
(Ref. 4-4391)

If volunteers are used in the delivery of health care, there is a documented system for selection, training, staff supervision, facility orientation, and a definition of tasks, responsibilities, and authority that is approved by the health authority. Volunteers may only perform duties consistent with their credentials and training. Volunteers agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information.

Comment: Facility orientation should include topics such as: fire, safety, security, and contraband.

Protocols: Written policy and procedure.

Process Indicators: Signed volunteer agreement forms. Observation. Volunteer interviews.

Students and/or Interns

5-ACI-6B-11
(Ref. 4-4392)

Any students, interns, or residents delivering health care in the facility, as part of a formal training program, work under staff supervision, commensurate with their level of training. There is a written agreement between the facility and training, or educational facility that covers the scope of work, length of agreement, and any legal or liability issues. Students or interns agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information.

Comment: None.

Protocols: Written policy and procedure. Written agreement.

Process Indicators: Signed agreements and contracts. Observation. Interviews.

Offender Assistants

5-ACI-6B-12
(Ref. 4-4393)

Unless prohibited by state law, offenders (under staff supervision) may perform familial duties commensurate with their level of training. These duties may include:

- providing peer support and education
- performing hospice activities
- assisting impaired offenders on a one-on-one basis with activities of daily living
- serving as a suicide companion or buddy if qualified and trained through a formal program that is part of suicide-prevention plan

- **handling dental instruments for the purpose of sanitizing and cleaning, when directly supervised and in compliance with applicable tool-control policies, while in a dental assistant’s training program certified by the state department of education or other comparable appropriate authority**

Offenders are not to be used for the following duties:

- **performing direct patient care services**
- **scheduling health care appointments**
- **determining access of other offenders to health care services**
- **handling or having access to surgical instruments, syringes, needles, medications, or health records**
- **operating diagnostic or therapeutic equipment except under direct supervision (by specially trained staff) in a vocational training program**

Comment: No offender, or group of offenders, is given control or authority over other offenders in the health care area.

Protocols: Written policy and procedure.

Process Indicators: Observation. Offender training records. Interviews.

Mental Health Staff

**5-ACI-6B-13
NEW Aug. 2018**

(Effective NLT October 1, 2020) All mental health staff receives 12 hours of continuing professional education or staff development in clinical skills annually in such areas as, for example:

- **mental health needs of inmate population (special needs)**
- **behavior management techniques**
- **mental health issues with female population**
- **aging/palliative care**
- **trauma-informed care**
- **confidentiality of mental health record**
- **suicide/self-injury prevention**
- **signs and symptoms of mental illness, substance abuse/relapse and neuro-cognitive disorders/neurodevelopmental disabilities**
- **assessment and diagnosis of mental disorders**
- **crisis intervention**

Comment: These may be obtained on site such as in-service trainings, case reviews or other organized programs, online or self-study programs.

Protocols: Written policy and procedures.

Process Indicators: Training curriculum. Staff training records. Interviews.

6C. - PERFORMANCE STANDARD: OFFENDER TREATMENT

Offenders are treated humanely, fairly, and in accordance with established policy and all applicable laws.

OUTCOME MEASURES:

- (1) Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months divided by number of evaluated offender grievances related to health care services in the past twelve (12) months.
- (2) Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period divided by the number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.
- (3) Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months divided by Number of offender adjudicated lawsuits related to health care delivery in the past twelve (12) months.

Grievances

**5-ACI-6C-01
(Ref. 4-4394)**

There is a system for resolving offender grievances relating to health care concerns.

Comment: None.

Protocols: Written policy and procedure. Grievance reporting forms.

Process Indicators: Grievance records. Interviews.

Notification

**5-ACI-6C-02
(Ref. 4-4395)**

There is a process by which the individuals designated by the offender are notified in case of serious illness, serious injury, or death, unless security reasons dictate otherwise. If possible, permission for notification is obtained from the offender.

Comment: The persons to be notified should be designated in writing as part of the facility's admissions procedures. Whenever possible, the facility should obtain the offender's consent prior to notifying any designated individuals.

Protocols: Written policy and procedure.

Process Indicators: Notification records.

Confidentiality

5-ACI-6C-03
(Ref. 4-4396)

(MANDATORY) The principle of confidentiality applies to offender health records and information about offender health status.

- the active health record is maintained separately from the confinement case record
- access to the health record is in accordance with state and federal law
- to protect and preserve the integrity of the facility, the health authority shares with the superintendent/warden information regarding an offender's medical management
- the circumstances are specified when correctional staff should be advised of an offender's health status. Only that information necessary to preserve the health and safety of an offender, other offenders, volunteers/visitors, or the correctional staff is provided
- policy determines how information is provided to correctional/classification staff/volunteers/visitors to address the health needs of the offender as it relates to housing, program placement, security, and transport
- the release of health information complies with the Health Insurance Portability and Accountability Act (HIPAA), where applicable, in a correctional setting

Comment: The principle of confidentiality protects offender patients from disclosure of confidences entrusted to a health care provider during the course of treatment.

Protocols: Written policy and procedure.

Process Indicators: Observation. Interviews.

Informed Consent

5-ACI-6C-04
(Ref. 4-4397)

(MANDATORY) Informed consent standards in the jurisdiction are observed and documented for offender care in a language understood by the offender. In the case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any offender may refuse (in writing) medical, dental, and mental health care.

Comment: If the offender refuses to sign the refusal form, it must be signed by at least two witnesses. The form must then be sent to the medical department and reviewed by a qualified health care professional. If there is a concern about decision-making capacity, an evaluation should be done, especially if the refusal is for critical or acute care.

Protocols: Written policy and procedure. Consent or authorization forms.

Process Indicators: Offender health records. Completed consent forms. Completed refusal forms. Interviews. Observation.

Elective Procedures

5-ACI-6C-05 **There are guidelines that govern elective procedures for surgery for offenders.**
(Ref. 4-4398)

Comment: Health care staff should have a procedure for decisions on elective surgery needed to correct a substantial functional deficit or if an existing pathological process threatens the well-being of the inmate over a period of time.

Protocols: Written policy and procedure.

Process Indicators: Offender health records. Interviews.

Special Needs

5-ACI-6C-06 **There is consultation between the facility and program administrator (or a**
(Ref. 4-4399) **designee) and the responsible health care practitioner (or designee) prior to**
taking action regarding chronically ill, physically disabled, geriatric, seriously
mentally ill, or developmentally disabled offenders in the following areas:

- housing assignments
- program assignments
- disciplinary measures
- transfers to other facilities

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.

Comment: Maximum cooperation between custody personnel and health care providers is essential so that both groups are aware of decisions and movements regarding mentally ill and developmentally disabled offenders.

Protocols: Written policy and procedure.

Process Indicators: Documentation of consultation between administrator and practitioner. Offender health records. Interviews.

5-ACI-6C-07
NEW Aug. 2018

(Effective NLT October 1, 2020) Within the scope of their professional credentialing, mental health staff will provide behavioral health consultations with the facility leadership and multidisciplinary staff regarding those inmates with mental illness.

- QMHP will provide consultation pertinent to disciplinary proceedings
- assist health staff with inmates who have comorbid medical issues
- assist in the decision making for an inmate's placement in programs and housing assignments

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of consultation. Offender records.

Involuntary Administration

5-ACI-6C-08
(Ref. 4-4401)

(MANDATORY) The involuntary administration of psychotropic medication(s) to an offender is governed by applicable laws and regulations of the jurisdiction. When administered, the following conditions must be met:

- authorization is by a physician who specifies the duration of therapy
- less restrictive intervention options have been exercised without success as determined by the physician or psychiatrist
- details are specified about why, when, where, and how the medication is to be administered
- monitoring occurs for adverse reactions and side effects
- treatment plan goals are prepared for less restrictive or less invasive treatment alternatives with return to voluntary treatment, as soon as clinically feasible.

Comment: None.

Protocols: Written policy and procedure. Laws and regulations.

Process Indicators: Offender health records. Interviews.

Research

5-ACI-6C-09
(Ref. 4-4402)

(MANDATORY) Written agency policy permits inmate participation in medical or pharmaceutical research. Facilities electing to perform such biomedical research will be in compliance with all state and federal guidelines.

Comment: None

Protocols: Written policy and procedure. State and federal guidelines.

Process Indicators: Offender health records. Interviews.

Privacy

5-ACI-6C-10
(Ref. 4-4403)

Health care encounters, including medical and mental health interviews, examinations, and procedures, should be conducted in a setting that respects the offenders' privacy.

Comment: When possible offenders should be provided a same-sex escort except in emergency health care situations.

Protocols: Written policy and procedure. Facility specifications.

Process Indicators: Observation. Interviews.

5-ACI-6C-11
(Ref. 4-4403-1)

If Telehealth is used for patient encounters, the plan includes policies for:

- **patient consent**
- **confidentiality/protected health information**
- **documentation**
- **integration of the report of the consultation into the primary health care record**

Comment: None.

Protocols: Written police and procedure. Telehealth contract agreement. Consent or authorization forms.

Process Indicators: Offender health records. Completed consent forms. Interviews.

Transfer

5-ACI-6C-12
(Ref. 4-4404)

A transfer that results in an offender's placement in a non-correctional facility or in a special unit within the facility or agency, specifically designated for the care and treatment of the severely mentally ill or developmentally disabled follows due process procedures as specified by federal, state, and local law prior to the move being effected. In emergency situations, a hearing is held as soon as possible after the transfer.

Comment: The following are generally accepted as due process procedures: written notice to the offender of the proposed transfer; a hearing for the offender, with the right (unless limited for good cause) to call and cross examine witnesses; a decision by an independent official not involved in treatment of the offender, with a statement of the reasons for transfer; and an independent adviser to assist the offender facing transfer.

Protocols: Written policy and procedure. Federal, state and local law.

Process Indicators: Offender health records. Transfer logs. Interviews.

Use of Restraints

5-ACI-6C-13
(Ref. 4-4405)

(MANDATORY) The use of restraints for medical and psychiatric purposes is defined, at a minimum by the following:

- conditions under which restraints may be applied
- types of restraints to be applied
- identification of a qualified medical or mental health care practitioner who may authorize the use of restraints after reaching the conclusion that less restrictive measures would not be successful
- monitoring procedures for offenders in restraints
- length of time restraints are to be applied
- documentation of efforts for less restrictive treatment alternatives as soon as possible
- an after-incident review

Comment: Written policy should identify the authorization needed and when, where, and how restraints may be used and for how long.

Protocols: Written policy and procedure. Monitoring form.

Process Indicators: Offender health records. Restraint logs. Completed monitoring forms. List of providers authorized to order restraints. Interviews.

Sexual Assault

5-ACI-6C-14
(Ref. 4-4406)

(MANDATORY) Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence, or if these procedures are performed in-house, the following guidelines are used:

- a history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victim's consent, the examination includes the collection of evidence from the victim, using a kit approved by the appropriate authority
- provision is made for testing of sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, other diseases) and counseling, as appropriate
- prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate
- following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up. A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant

Comment: None.

Protocols: Written policy and procedure. Referral documents.

Process Indicators: Completed referral forms. Medical records. Classification records.

Exercise

**5-ACI-6C-15
(Ref. 4-4407)**

Exercise areas are available to meet exercise and physical therapy requirements of individual offender treatment plans.

Comment: None.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Documentation of opportunity for exercise. Movement schedules and logs. Observation. Interviews.

Offender's Death

**5-ACI-6C-16
(Ref. 4-4425)**

Authorities having jurisdiction are promptly notified of an offender's death. Procedures specify and govern the actions to be taken in the event of the death of an offender.

Comment: The medical examiner or coroner should be notified of the offender's death immediately. A postmortem examination should be performed if the cause of death is unknown, if the death occurred under suspicious circumstances, or if the offender was not under current medical care.

Protocols: Written policy and procedure.

Process Indicators: Documentation of actions taken.

6D. - PERFORMANCE STANDARD: PERFORMANCE IMPROVEMENT

Health care services are evaluated and continually improved.

OUTCOME MEASURES:

- (1) Number of problems identified by quality assurance program that were corrected during a twelve (12) month period divided by the number of problems identified by quality assurance program during a twelve (12) month period.
- (2) Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.
- (3) Number of offender suicide attempts in the past twelve (12) months divided by average daily population
- (4) Number of offender suicides in the past twelve (12) divided by average daily population.
- (5) Number of unexpected natural deaths in the past twelve (12) months divided by Total number of deaths in the same reporting period.
- (6) Number of serious medication errors in the past twelve (12) months.

Quarterly Meetings

**5-ACI-6D-01
(Ref. 4-4408)**

The health authority meets with the facility or program administrator at least quarterly and submits quarterly reports on the health services system and health environment, and submits plans to address issues raised.

Comment: Minutes of the quarterly administrative meetings may be used to meet the requirements for a quarterly report. The report should address topics such as the effectiveness of the health care system, a description of any environmental factors that need improvement, changes effected since the last reporting period, and, if needed, recommended corrective action. The health authority should report immediately any condition that poses a danger to staff or offender health and safety.

Protocols: Written policy and procedure.

Process Indicators: Documentation of meetings. Quarterly reports. Interviews.

4-4409

Deleted January 2016

Internal Review and Quality Assurance

5-ACI-6D-02
(Ref. 4-4410)

(MANDATORY) A system of documented internal review will be developed and implemented by the health authority. The necessary elements of the system will include:

- participating in a multidisciplinary quality improvement committee
- collecting, trending, and analyzing of data combined with planning, intervening, and reassessing
- evaluating defined data, which will result in more effective access, improved quality of care, and better utilization of resources
- onsite monitoring of health service outcomes on a regular basis through:
 - a) chart reviews by the responsible physician or his or her designee, including investigation of complaints and quality of health records
 - b) review of prescribing practices and administration of medication practices
 - c) systematic investigation of complaints and grievances
 - d) monitoring of corrective action plans
- reviewing all deaths in custody, suicides or suicide attempts, and illness outbreaks
- implementing measures to address and resolve important problems and concerns identified (corrective action plans)
- reevaluating problems or concerns to determine objectively whether the corrective measures have achieved and sustained the desired results
- incorporating findings of internal review activities into the organization's educational and training activities
- maintaining appropriate records (in other words, meeting minutes) of internal review activities
- issuing a quarterly report to be provided to the health services administrator and facility or program administrator of the findings of internal review activities
- requiring a provision that records of internal review activities comply with legal requirements on confidentiality of records

Comment: Reports can be facilitated by regular participation of the facility or program administrator, health administrator, and responsible physician. Consider having a physician as the supervisor of the program.

Protocols: Written policy and procedure. Record review format.

Process Indicators: Documentation of completed record review. Quality improvement committee minutes. Quarterly report. Interviews.

Peer Review

5-ACI-6D-03
(Ref. 4-4411)

(MANDATORY) A documented peer review program for all health care practitioners/providers and a documented external peer review program will be utilized for all physicians, psychologists, and dentists every two years.

Comment: The credentialing and privileging process is an integral part of assuring the competence of the providers for the inmate patients they treat. This should be routine every two years with an ability to have an immediate review if problems of practice arise. Immediate reviews are serious and only should be permitted by a careful decision of the most senior physician responsible for the system or institution. A mechanism for patient care complaints, observations by other health services providers, security, or other nonmedical providers should be established so that the responsible physician can call a panel of independent physicians to review the practice and practice patterns of the physician on whom the complaint(s) has (have) been made. The investigation and its findings are confidential in most states by statute. The responsible physician should receive the report, take indicated action, and be prepared to demonstrate to the auditors, within the confines of confidentiality, the process, process indicators, and the actions available (for example, termination of the physician, required education in an area, prohibition against seeing a type of disease entity without another physician, and so forth). It is important that the auditors appreciate that the process is real and meaningful and that peer review is not simply a paper trail without substance.

Protocols: Written policy and procedure. Written agreements or contract.

Process Indicators: Signed agreements or contracts. Peer review reports.

Staffing

5-ACI-6D-04
(Ref. 4-4412)

The facility uses a health care staffing analysis to determine the essential positions needed to perform the health services mission and provide the defined scope of services. A staffing plan is developed and implemented from this analysis. There is an annual review of the staffing plan by the health authority to determine if the number and type of staff is adequate.

Comment: Adequate staffing is based on variables such as facility size and configuration, location, and offender type. The staffing analysis is used to determine the types and numbers of staff needed to provide a defined scope of services (medical, dental, mental health, and infirmary).

Protocols: Written policy and procedure. Health care staffing analysis.

Process Indicators: Staffing plan. Documentation of annual review.

Health Records

5-ACI-6D-05
(Ref. 4-4413)

The health record file (paper and/or electronic) is complete and contains the following items filed in a uniform manner:

- patient identification on each sheet
- a completed receiving screening form
- health appraisal data forms
- a problem summary list
- a record of immunizations
- all findings, diagnoses, treatments, and dispositions
- a record of prescribed medications and their administration records, if applicable
- laboratory, x-ray, and diagnostic studies
- the place, date, and time of health encounters
- health service reports (for example, emergency department, dental, mental health, telemedicine, or other consultations)
- an individualized treatment plan, when applicable
- progress reports
- a discharge summary of hospitalization and other termination summaries
- a legible signature (includes electronic) and the title of the provider (may use ink, type, or stamp under the signature)
- consent and refusal forms
- release of information forms

The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping are approved by the health authority. The health record is made available to, and is used for documentation by, all practitioners.

Comment: The receiving screening form should become a part of the record at the time of the first health encounter.

Protocols: Policy and procedure. Health record forms.

Process Indicators: Completed health records. Documentation of approval by health authority. Interviews.

Transfers

5-ACI-6D-06
(Ref. 4-4414)

Non-emergency offender transfers require the following:

- health record confidentiality to be maintained
- summaries, originals, or copies of the health record accompany the offender to the receiving facility. Health conditions, treatments, and allergies should be included in the record.
- determination of suitability for travel based on medical evaluation, with particular attention given to communicable disease clearance
- written instructions regarding medication or health interventions required en route should be provided to transporting officers separate from the medical record
- specific precautions (including standards) to be taken by transportation officers (for example, masks and gloves)

A medical summary sheet is required for all inter- and intra-system transfers to maintain the provision of continuity of care. Information included does not require a release-of-information form.

Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

Comment: Transfers may be permanent or temporary (for consultative or diagnostic services).

Protocols: Written policy and procedure. Transfer and transportation form(s).

Process Indicators: Offender health records. Completed forms. Observation. Interviews.

Inactive Records

5-ACI-6D-07
(Ref. 4-4415)

Inactive health record files are retained as permanent records in compliance with the legal requirements of the jurisdiction. Health record information is transmitted to specific and designated physicians or medical facilities in the community upon the written request or authorization of the offender.

Comment: Requirements for records on juveniles may vary from those for adults.

Protocols: Written policy and procedures. Offender authorization forms.

Process Indicators: Completed written requests. Completed offender authorization forms.

Goals and Objectives

5-ACI-6D-08 (Ref. 4-4422) **The medical program has established measurable goals and objectives that are reviewed at least annually and updated, as needed.**

Comment: None.

Protocols: Written policy and procedure. Written long-range goals and policies. Format for periodic review and reporting. Bylaws and constitution. Budget and planning documents. Administrative manual.

Process Indicators: An annual report. Board meeting minutes. Documentation of an annual review. Monthly and quarterly reports.

5-ACI-6D-09 (Ref. 4-4423) **There is an internal system for assessing the achievement of goals and objectives and that documents findings. Program changes are implemented, as necessary, in response to findings.**

Comment: Operations and programs should be implemented as outlined in the policies and procedures. An audit system providing timely and periodic assessment of the various agency operations will reveal the degree of compliance. The internal administrative audit should exist apart from any external or continuing audit conducted by other agencies.

Protocols: Written policy and procedure. Internal monitoring system and forms. Inspection forms.

Process Indicators: Completed inspection or internal audit reports. Documentation of corrective actions taken.

5-ACI-6D-10 (Ref. 4-4424) **Each policy, procedure, and program in the health care delivery system is reviewed at least annually by the appropriate health care authority and revised, if necessary.**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of annual review. Documentation of any necessary revisions.

6E. - PERFORMANCE STANDARD: SAFETY, SANITATION, AND OFFENDER HYGIENE

The facility or program is safe and sanitary. Appropriate services and supplies are provided to promote the maintenance of acceptable levels of offender hygiene.

Clothing

5-ACI-6E-01
(Ref. 4-4416)

When standard issued clothing presents a security or medical risk (for example, suicide observation), provisions are made to supply the offender with a security garment that will promote offender safety in a way that is designed to prevent humiliation and degradation.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of security garment use. Interviews.

Bathing

5-ACI-6E-02
(Ref. 4-4417)

There are sufficient bathing facilities in the medical housing unit and infirmary area to allow offenders housed there to bathe daily.

Comment: At least one bathing facility should be configured and equipped to accommodate offenders who have physical impairment or who need assistance to bathe.

Protocols: Policy and procedure. Facility plans/specifications.

Process Indicators: Activity log. Observation. Interviews.

Washbasins

5-ACI-6E-03
(Ref. 4-4418)

Offenders have access to operable washbasins with hot and cold running water in the medical housing unit or infirmary area at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio.

Comment: None.

Protocols: Policy and procedure. Facility plans/specifications. State or local building or health codes.

Process Indicators: Documentation of ratio. Observation.

Toilets

**5-ACI-6E-04
(Ref. 4-4419)**

Offenders have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in the medical housing unit or in the infirmary area. Toilets are provided at a minimum ratio of 1 for every 12 offenders in male facilities and 1 for every 8 offenders in female facilities. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with three or more offenders have a minimum of 2 toilets. These ratios apply unless state or local building or health codes specify a different ratio.

Comment: The standard ensures the availability of toilets and requires a measure of privacy and control for users. At the same time, the standard provides flexibility for designers and managers, who have increased options for “dry” cells if toilet facilities are accessible by other means (for example, pushbutton locks on cells for use during night hours). Creative design approaches may increase privacy and decrease management problems associated with congregate facilities.

Protocols: Policy and procedure. Facility plans/specifications. State or local building or health codes.

Process Indicators: Documentation of ratio. Observation.

Injury Prevention

**5-ACI-6E-05
(Ref. 4-4420)**

There is a written plan to address offender and staff injury prevention. The plan is based on an analysis of the facility’s injury experience and includes methods for identification of problems and preventive or corrective measures.

Comment: Offender injuries may be intentional or unintentional.

Protocols: Policy and procedure. Facility plans/specifications. State or local building or health codes.

Process Indicators: Documentation of ratio. Observation. Interviews.

4-4421

Deleted January 2006

7. Inmate Programs

For Work, Correctional Industries, Vocational and Academic programs, the expected practices in performance standards 7A and 7B apply to reception and diagnostic centers with an average offender length of stay of 90 days or longer or, with a cadre of offenders who are expected to serve more than 90 days of confinement within the facility or for those sentences offenders awaiting transfer to another facility whose stay exceeds 90 Days.

7A. - Performance Standard: Work and Correctional Industries

Work and correctional industries programs incorporate work conditions that reflect jobs in equivalent work categories outside of the institution.

OUTCOME MEASURES:

- (1) The number of academic/vocational educational program slots available in the past 12 months divided by the average daily population in the past 12 months.
- (2) The average number of offenders with full time work/program assignments in the past 12 months divided by the average number of offenders eligible for work assignment in the past 12 months.

Inmate Work Plan

**5-ACI-7A-01
(Ref. 4-4448)**

The institution maintains a written plan for full-time work and/or program assignments for all inmates in the general population. The plan also provides for employment for inmates with disabilities.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Work plan and schedule. Inmate training materials. Observation. Inmate interviews. Documentation of work performed.

**5-ACI-7A-02
(Ref. 4-4449)**

Written policy, procedure, and practice can require all eligible inmates to work unless assigned to an approved education or training program. Inmates have the option of refusing to participate in any rehabilitation or treatment program except adult basic education and programs required by statute or ordered by the sentencing court or paroling authority.

Comment: All eligible inmates are expected to participate in work assignments, adult basic education programs, and programs ordered by the sentencing court or paroling authority or required by statute. Failure to participate in programs may result in administrative action.

Protocols: Written policy and procedure. Applicable statutes.

Process Indicators: Inmate records. Inmate rules/handbook.

4-4450

Deleted July 2012

Work Opportunities

**5-ACI-7A-03
(Ref. 4-4451)**

The institution provides a variety of work assignments that afford inmates) an opportunity to learn job skills and develop good work habits and attitudes that they can apply to jobs after they are released.

Comment: Whenever possible, inmates should gain work experience relevant to the current job market; assignments for female inmates should expand beyond the traditional tasks assigned to women.

Protocols: Written policy and procedure.

Process Indicators: Observation. Inmate interviews. Documentation of work performed. Work plan and schedule. Inmate training materials.

**5-ACI-7A-04
(Ref. 4-4452)**

The facility provides opportunities for inmate employment in either correctional industries, facility maintenance, operations, public works, or community projects.

Comment: Inmates can do many necessary jobs related to maintenance and facility operations. Inmates may be assigned to construction work, conservation projects, or other work financed by public funds. These programs may be housed separately from the main facility. Staff supervising such inmates should be trained for such an assignment.

Protocols: Written policy and procedure. Applicable laws and regulations.

Process Indicators: Program records. Staff training curriculum. Staff training record.

5-ACI-7A-05
(Ref. 4-4453)

Written policy, procedure, and practice provide that the staff operating inmate work programs use the advice and assistance of labor, business, and industrial organizations to assist in providing skills relevant to the job market.

Comment: The institution should actively pursue cooperation from labor and industry to help plan and evaluate its work programs and assist in work release, job training, and job placement. The establishment of advisory boards or joint councils should be considered.

Protocols: Written policy and procedure. List of resources utilized.

Process Indicators: Documentation of resources utilized.

5-ACI-7A-06
(Ref. 4-4454)

Written policy, procedure, and practice provide that the inmate workday approximates the workday in the community.

Comment: The number and duration of inmate work-day interruptions should be minimized as much as possible through rescheduling of staff assignments and inmate activities.

Protocols: Written policy and procedure. Competency measurement and recognition materials.

Process Indicators: Work schedule. Work records. Facility logs and records. Inmate records. Inmate interviews. Documentation of competency recognition.

Work, Health, and Safety Standards

5-ACI-7A-07
(Ref. 4-4455)

(MANDATORY) Written policy, procedure, and practice provide that all institutional work, industry, and vocational education programs meet minimum applicable federal, state, or local work, health, and safety standards. There is documentation that the programs are inspected by federal, state, or local health and safety officials at least annually. The programs also are inspected weekly by qualified departmental staff and monthly by a safety officer.

Comment: The annual inspection can be conducted by a central office or regional safety inspector or by local qualified safety officials. Weekly inspections must be conducted by the institution's safety officer or by the industries/shop administrative staff; the duty officer may not conduct these inspections unless qualified to do so.

Protocols: Written policy and procedure. Applicable laws and regulations.

Process Indicators: External inspection reports, completed forms, including documentation that identified deficiencies were corrected. Work records. Inmate interviews. Staff interviews.

Correctional Industries

**5-ACI-7A-08
(Ref. 4-4456)**

Where an industries program exists, there will be a statute and/or written policy and procedure that authorizes the establishment of an industries program and delineates the areas of authority, responsibility, and accountability for the program.

Comment: None.

Protocols: Written policy and procedure. Statute or policy authorizing program.

Process Indicators: Organizational chart.

**5-ACI-7A-09
(Ref. 4-4457)**

Written policy, procedure, and practice provide that the security and program determinations necessary for any individual to be eligible for industries work are made by the classification committee.

Comment: Appropriate industries staff should evaluate and choose from the pool of potential employees made available by the classification committee. Responsibility for separation of inmates based on work performance resides with the industries supervisor and is subject to review by the institution's industries manager and to applicable due process standards and procedures. Separation for reasons not related to job performance should be done by appropriate classification through the appropriate institutional committee. Inmates separated should be referred to the classification committee for reassignment.

Protocols: Written policy and procedure. Classification process.

Process Indicators: Inmate records. Staff interviews.

**5-ACI-7A-10
(Ref. 4-4458)**

Written policy, procedure, and practice provide that the number of inmates assigned to industries operations meet the realistic workload needs of each industries operating unit.

Comment: To ensure that realistic working conditions prevail, the industries management should determine the number of workers necessary to handle the workload. Job descriptions outlining responsibilities and performance expectations should be available for each job.

Protocols: Written policy and procedure.

Process Indicators: Work plan and schedule. Workload calculations. Observation. Inmate interviews. Documentation of work records.

5-ACI-7A-11
(Ref. 4-4459)

Each industries operating unit has a written quality control procedure that provides for raw material, in-process, and final product inspection.

Comment: Quality control plans should include product specifications and tolerances or dimensions as well as production techniques, along with the use of appropriate measures for determining conformance to those standards. The plans should also stress periodic inspections throughout the entire production process, including inspection of the finished product, whether such inspections are of a random or statistical sampling or of all products made. Quality control records should be maintained and used for training purposes.

Protocols: Written policy and procedure. Quality control plan.

Process Indicators: Quality control records. Observation.

5-ACI-7A-12
(Ref. 4-4460)

A cost accounting system for each operating industries unit is designed, implemented, and maintained in accordance with generally accepted accounting principles.

Comment: The cost accounting system should be based on a chart of accounts and a general ledger that generate data for other fiscal reports. The system should include a means for recording and allocating the direct and indirect costs and the administrative overhead for each operating unit.

Protocols: Written policy and procedure.

Process Indicators: Financial records. Cost accounting system.

Inmate Compensation

5-ACI-7A-13
(Ref. 4-4461)

Written policy, procedure, and practice require that inmates are compensated for work performed. Incentives such as monetary compensation, special housing, extra privileges, and good time credits should be distributed according to written guidelines.

Comment: Inmates should be compensated so that they can make purchases from the canteen and accumulate funds to assist them upon their release from incarceration.

Protocols: Written policy and procedure.

Process Indicators: Inmate compensation plan. Documentation of inmate compensation.

5-ACI-7A-14
(Ref. 4-4462)

Private industries on the institution grounds employing inmates in positions normally filled by private citizens pay inmates the prevailing wage rate for the position occupied.

Comment: Reimbursement to the institution for room and board may be required.

Protocols: Written policy and procedure.

Process Indicators: Inmate compensation plan. Documentation of inmate compensation.

5-ACI-7A-15
(Ref. 4-4463)

Written policy, procedure, and practice provide that inmates employed in the community by public or private organizations in positions normally occupied by private citizens are compensated at the prevailing wage rate for the position occupied. Inmates receiving such compensation reimburse the jurisdiction for a reasonable share of its cost in maintaining them.

Comment: Compensation, whether as part of a work release program or an outside work assignment plan, should include all fringe benefits.

Protocols: Written policy and procedure. Inmate compensation plan.

Process Indicators: Documentation of reimbursement.

5-ACI-7A-15
(Ref. 4-4463)
Revised January 2020

(Effective NLT July 1, 2021) Written policy, procedure, and practice provide that inmates employed in the community by public or private organizations in positions normally occupied by private citizens may be compensated at the prevailing wage rate for the position occupied. Inmates receiving such compensation may be required to reimburse the jurisdiction for a reasonable share of its cost in maintaining them.

Comment: Prevailing wage is only required when an inmate-produced product is sold into interstate commerce, per Federal PIECP legislation.

Protocols: Written Policy and procedure. Inmate compensation plan.

Process Indicators: Documentation of reimbursement.

7B. - PERFORMANCE STANDARD: ACADEMIC AND VOCATIONAL EDUCATION

The facilities academic and vocational education programs improve the educational levels of assigned offenders and participate in program accreditation, promote staff professional certification, incorporate community resources and participate in internal and external peer review.

OUTCOME MEASURES:

- (1) The number of academic/vocational slots available divided by the average daily population in the past 12 months.
- (2) The number of offenders who passed the General Equivalency Diploma (HI Set) exams while confined in the past 12 months divided by the average daily population in the last 12 months.
- (3) The number of academic/vocational competency certificates issued in the past 12 months divided by the number of program slots available in the past 12 months.

Comprehensive Education Program

5-ACI-7B-01
(Ref. 4-4464)

Written policy, procedure, and practice provide for a comprehensive education program, available to all inmates who are eligible that includes the following:

- **educational philosophy and goals**
- **communication skills**
- **general education**
- **basic academic skills**
- **GED preparation**
- **special education**
- **vocational education**
- **postsecondary education**
- **other education programs that are consistent with the needs of the institutional and inmate population**

Comment: A needs assessment of the institutional population is used to determine the type and number of programs needed to meet identified needs. A comprehensive education program may include other components in such areas as English as a second language, social and living skills, health education, pre-employment training, occupational training, and computer literacy.

Protocols: Written policy and procedure.

Process Indicators: Needs assessment. Program plan. Documentation that programs meet the needs of the inmate population. Program records. Inmate interviews.

4-4465

Deleted January 2012

**5-ACI-7B-02
(Ref. 4-4466)**

There is a written, standardized, competency-based curriculum supported by appropriate materials and classroom resources.

Comment: Standardization of curriculum assists in monitoring student progress from class to class or between institutions. Emphasis should be on individual student progress as measured by observable or assessable instructional objectives. Programmed instruction, teaching machines, and educational television may be used in addition to traditional teaching methods.

Protocols: Written policy and procedure.

Process Indicators: Curriculum. Documentation of materials and classroom resources. Observation.

**5-ACI-7B-03
(Ref. 4-4467)**

Vocational training programs are integrated with academic programs and are relevant to the vocational needs of the inmate population and to employment opportunities in the community. For reception and diagnostic centers, the standard only applies as follows:

- 1. To reception and diagnostic centers with an average offender length of stay of 90 days or longer**
- 2. To reception and diagnostic centers with a cadre of offenders who are expected to serve more than 90 days of confinement within the facility or for those sentenced offenders awaiting transfer to another facility whose stay exceeds 90 days.**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Needs assessment. Program plan. Documentation that programs are relevant to the vocational needs of the inmate population and to employment opportunities in the community. Program records. Inmate interviews.

4-4468

Deleted January 2012

**5-ACI-7B-04
(Ref. 4-4469)**

The institution uses business, industry, and community resources in developing academic and/or vocational education programs for selected inmates.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Vocational education program plan. Documentation of resources used in developing programs. Program records. Staff interviews.

Certification and Evaluation

5-ACI-7B-05
(Ref. 4-4470)

Written policy, procedure, and practice provide that the academic and vocational education programs are recognized, certified, or licensed by the state department of education or other recognized agency having jurisdiction. Programs up to the completion of high school and/or the GED are available at no cost to inmates.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Credentials. Documentation of recognition, certification or licensure. Education plan.

5-ACI-7B-06
(Ref. 4-4471)

Written policy, procedure, and practice provide for a system whereby the academic and vocational training programs are assessed against stated objectives by qualified individuals, professional groups, and trade associations; this assessment is done at least every three years.

Comment: Such assessment ensures the institution's academic and vocational training programs are accepted by licensing boards and trade associations, and helps indicate which programs should be expanded and which should be revised.

Protocols: Written policy and procedure.

Process Indicators: Documentation of assessment.

Staffing Policies and Practices

5-ACI-7B-07
(Ref. 4-4472)

All academic and vocational education personnel are certified by a state department of education or other comparable authority.

Comment: All teachers, supervisors, and administrators should be certified and should receive additional training to meet the special needs of inmates. Policies should also provide for emergency or temporary certification to facilitate hiring qualified personnel who lack complete or current certification.

Protocols: Written policy and procedure.

Process Indicators: Credentials. Documentation of certification.

5-ACI-7B-08 (Ref. 4-4473) **Academic and vocational personnel policies and practices are comparable to local jurisdictions or other appropriate jurisdictions.**

Comment: Personnel practices should be similar to those of the public schools in the locality of the institution.

Protocols: Written policy and procedure.

Process Indicators: Documentation of similarity. Comparison format.

Inmate Assessment and Placement

5-ACI-7B-09 (Ref. 4-4474) **Written policy, procedure, and practice provide for a system of academic and vocational counseling as well as initial screening, assessment, and evaluation to determine each inmate's educational needs.**

Comment: There should be a systematic procedure for screening, assessment, and evaluation at intake, including appropriate standardized testing, so that each inmate can be placed in appropriate educational programs. Staff should be qualified to interpret tests and decide when additional testing is needed.

Protocols: Written policy and procedure.

Process Indicators: Needs assessment. Documentation of system provided to determine educational needs.

5-ACI-7B-10 (Ref. 4-4475) **Provision is made to meet the educational and vocational needs of inmates who require special placement because of physical, mental, emotional, or learning disabilities.**

Comment: Inmates should be placed in educational and vocational programs commensurate with their abilities, needs, and interests. Remedial services and certified special education teachers should be provided, where applicable.

Protocols: Written policy and procedure.

Process Indicators: Needs assessment. Program plan. Documentation of provision made to meet needs. Program records. Inmate interviews.

5-ACI-7B-11 (Ref. 4-4476) **The educational program allows for flexible scheduling that permits inmates to enter at any time and to proceed at their own learning pace.**

Comment: "Flexible scheduling" is open-entry, open-exit instruction, with emphasis on individualized instruction. If a program has no vacancies, inmates may be placed on a waiting list.

Protocols: Written policy and procedure.

Process Indicators: Education plan. Inmate education records. Inmate interviews.

5-ACI-7B-12
(Ref. 4-4477)

Written policy, procedure, and practice provide that comprehensive education programs are available to all eligible inmates at a time when the majority can take advantage of the programs.

Comment: Educational programs should not have to compete with work assignments, visitation, counseling, and so forth, but should be offered at off-peak program hours, in the evenings, and on weekends. Encouragement to participate should be provided by using a reward system and limiting barriers to attendance.

Protocols: Written policy and procedure.

Process Indicators: Documentation of education programs schedule. Inmate interviews.

Coordination with other Programs and Services

5-ACI-7B-13
(Ref. 4-4478)

The education program coordinates with other institutional services to provide instruction in functional social skills.

Comment: Social skills include consumer activities, life skills, and parenting/family life. Courses should be coordinated with social services, leisure-time activities, and religious programs, as well as in a comprehensive social skills development program.

Protocols: Written policy and procedure.

Process Indicators: Documentation of coordination with other institutional services. Staff interviews.

5-ACI-7B-14
(Ref. 4-4479)

Written policy, procedure, and practice govern the maintenance and handling of educational/vocational records. Students' rights to privacy and confidentiality in accordance with state and federal law should be maintained.

Comment: Academic/vocational information should become a part of the master file and be transferred when offenders are moved to other institutions or relocated in the community during prerelease. Accurately maintained student files and records are part of staff accountability and are essential for program needs, assessments, and evaluations.

Protocols: Written policy and procedure.

Process Indicators: Offender records.

**5-ACI-7B-15
(Ref. 4-4480)**

Written policy, procedure, and practice provide incentives for educational and/or vocational participation and formal recognition of specific accomplishments.

Comment: Recognition of academic and vocational achievements, such as certification or graduation, is helpful to inmates and provides general support for educational programs. Incentives may include pay, access to preferred jobs and/or educational programs, or other special privileges.

Protocols: Written policy and procedure.

Process Indicators: Incentive plan. Documentation of recognition. Documentation of inmate compensation. Inmate records.

7C. - PERFORMANCE STANDARD: RECREATION AND ACTIVITIES

Recreation and similar leisure activities are provided to reduce idleness, provide opportunities for skill acquisition, promote healthy activities and foster positive group interaction.

Comprehensive Recreational Program

5-ACI-7C-01 **Written policy, procedure, and practice provide for a comprehensive recreational program that includes leisure-time activities and outdoor exercise.**
(Ref. 4-4481)

Comment: Varied forms of recreation (for example, activities in the yard, library, and auditorium) should be designed to consider inmates' recreational interests.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Facility logs. Inmate interviews. Observation.

Program Coordination and Supervision

5-ACI-7C-02 **The education and experience of the recreation program supervisor are taken into consideration by the appointing authority in determining appointment to the position. These include education, correctional experience, training in recreation and/or leisure activities and the ability to supervise the program. In institutions with more than 100 inmates, the position is full-time.**
(Ref. 4-4482)

Comment: To ensure a high-quality leisure services program, it is important to have an administrator with training specific to recreation and/or leisure activities. This position may be filled by a volunteer or contract personnel.

Protocols: Written policy and procedure.

Process Indicators: Job description. Documentation of education and experience.

5-ACI-7C-03 **Written policy, procedure, and practice provide for the selection, training, and use of inmates as recreation program assistants.**
(Ref. 4-4483)

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Documentation of training.

Equipment and Facilities

5-ACI-7C-04 (Ref. 4-4484) **Facilities and equipment suitable for the planned leisure activities are available in proportion to the inmate population and are maintained in good condition.**

Comment: Facilities should include the following: an outdoor recreation area; a gymnasium with seats for spectators; an auditorium with stage equipment; game rooms and games such as table tennis, shuffleboard, chess, checkers, cards, and so forth; weightlifting apparatus and other physical-fitness conditioning equipment and space for their use; locker rooms, showers, and dressing rooms; a music room; and space for arts, crafts, and hobbies. All equipment should be inspected regularly and repaired or replaced as necessary. Guidelines for facilities and equipment are available from the National Recreation and Park Association.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Housekeeping plan. Maintenance plan. Observations. Inspection reports. Completed forms, including documentation that identified deficiencies were corrected.

Interaction with the Community

5-ACI-7C-05 (Ref. 4-4485) **Written policy, procedure, and practice provide for interaction with the community through various activities.**

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Community activity plan. Activities record.

Inmate Activities

5-ACI-7C-06 (Ref. 4-4486) **Written policy, procedure, and practice provide for activities that are initiated by inmates and carried out under staff supervision.**

Comment: Inmate activities include inmate publications, arts and crafts, honor housing, and ethnic study groups. All inmate activities should be regulated by written guidelines that define the activity's purpose and scope. Provision should be made for staff supervision of all activities.

Protocols: Written policy and procedure.

Process Indicators: Curriculum. Documentation of materials and classroom resources. Observation.

7D. - PERFORMANCE STANDARD: MAIL, TELEPHONE AND VISITING

The maintenance of family and community ties through the provision of comprehensive mail, telephone and visiting services is critical to stable institutional adjustment and improves opportunities for successful reintegration.

Mail

Inmate Correspondence

5-ACI-7D-01
(Ref. 4-4487)

Written policy and procedure govern inmate correspondence.

Comment: All regulations concerning inmate correspondence should be specified in writing and made available to staff members, inmates, and their correspondents.

Protocols: Written policy and procedure.

Process Indicators: Documentation of notification of correspondents. Inmate handbook.

5-ACI-7D-02
(Ref. 4-4488)

When the inmate bears the mailing cost, there is no limit on the volume of letters the inmate can send or receive or on the length, language, content, or source of mail or publications except when there is reasonable belief that limitation is necessary to protect public safety or institutional order and security.

Comment: The number of approved correspondents for an inmate should be unlimited, and there should be no limit on the number of letters an inmate may send or receive from approved correspondents. Limits may be placed on the use of mail for the conduct of an inmate business.

Protocols: Written policy and procedure.

Process Indicators: Observation. Interviews. Documentation of mail sent and received.

5-ACI-7D-03
(Ref. 4-4489)

Written policy, procedure, and practice provide that indigent inmates, as defined in policy, receive a specified postage allowance to maintain community ties.

Comment: An inmate without financial resources should be provided the means to send a reasonable number of letters per month. Community ties include family, personal friends, and so on, but not privileged communication to attorney, public officials, and courts.

Protocols: Written policy and procedure.

Process Indicators: Budget. Documentation of postage provided to indigent inmates.

Access to Publications

5-ACI-7D-04
(Ref. 4-4490)

Written policy and procedure govern inmate access to publications.

Comment: Policy and procedure should define which publications are allowed in the institution and how they will be inspected. Restriction as to access should be related directly to maintenance of institutional order and security.

Protocols: Written policy and procedure.

Process Indicators: Observation. Interview. Documentation of handling of inmate publications.

Inspection of Letters and Packages

5-ACI-7D-05
(Ref. 4-4491)

Written policy, procedure, and practice provide that inmate mail, both incoming and outgoing, may be opened and inspected for contraband. Mail is read, censored, or rejected based on legitimate institutional interests of order and security. Inmates are notified when incoming or outgoing letters are withheld in part or in full.

Comment: Case law has defined legal limits on censorship of mail. Inmates should be permitted uncensored correspondence so long as the correspondence poses no threat to the safety and security of the institution, public officials, or the general public and is not being used to further illegal activities. When inmate mail is censored or rejected, the inmate or author should be notified of the reasons for the action and have an opportunity to appeal that decision; such appeals should be referred to officials who did not participate in the original disapproval of the correspondence.

Protocols: Written policy and procedure.

Process Indicators: Forms. Mail logs and records. Documentation of justification for reading, censoring, or rejecting mail. Documentation that inmates are notified when mail is withheld. Inmate interviews. Observation.

5-ACI-7D-06
(Ref. 4-4492)

Written policy, procedure, and practice specify that inmates are permitted to send sealed letters to a specified class of persons and organizations, including but not limited to the following: courts; counsel; officials of the confining authority; state and local chief executive officers; administrators of grievance systems; and members of the paroling authority. Staff, in the presence of the inmate, may be allowed to inspect outgoing privileged mail for contraband before it is sealed. Mail to inmates from this specified class of persons and organizations may be opened only to inspect for contraband and only in the presence of the inmate, unless waived in writing, or in circumstances, which may indicate contamination.

Comment: Suspicious mail may include packages and letters unusual in appearance, or which appear different from mail normally received or sent by the individual; packages and letters of a size or shape not customarily received or sent by the individual; packages and letters with a city and/or state postmark that is different from the return address; or packages and letters leaking, stained, or emitting a strange or unusual odor, or which have a powdery residue.

Protocols: Written policy and procedure.

Process Indicators: Observation. Inmate handbook. Staff and inmate interviews. Mail records and logs.

5-ACI-7D-07
(Ref. 4-4493)

Written policy, procedure, and practice provide for the inspection of inmate letters and packages to intercept cash, checks, and money orders.

Comment: Cash, checks, and money orders should be removed from incoming mail and credited to the inmate's account. They should also be removed from outgoing mail and disposed of appropriately. Any interception should be documented, with receipts given to both the sender and the addressee.

Protocols: Written policy and procedure.

Process Indicators: Forms. Mail logs and records. Documentation of interception. Documentation of receipts to sender and the addressee.

5-ACI-7D-08
(Ref. 4-4494)

Written policy and procedure govern inspection for and disposition of contraband.

Comment: The policies and procedures should specify what should be done with contraband, under what conditions receipts should be given the sender and addressee, how seizures can be challenged, and when matters should be referred for prosecution.

Protocols: Written policy and procedure. Format for contraband records.

Process Indicators: Contraband records. Mail logs and records.

**5-ACI-7D-09
(Ref. 4-4495)**

Written policy, procedure, and practice require that, excluding weekends and holidays, or emergency situations, incoming and outgoing letters are held for no more than 48 hours and packages (if allowed) are held no more than 72 hours.

Comment: Inspection for contraband letters should take no longer than 48 hours to complete, so that incoming letters should be distributed to inmates and outgoing letters sent to the post office within 48 hours of receipt. Similarly, inspection of packages normally should take no longer than 72 hours to complete. The standard does not prohibit the holding of mail for inmates who are temporarily absent from the facility (for example, in a hospital or court).

Protocols: Written policy and procedure.

Process Indicators: Mail records and logs.

Forwarding of Mail

**5-ACI-7D-10
(Ref. 4-4496)**

Written policy, procedure, and practice provide for forwarding first-class letters and packages after an inmate's transfer or release.

Comment: All first-class letters and packages should be forwarded provided a forwarding address is available. If an address is not available, such letters and packages should be returned to the sender. Postal Service policy and procedure should be made available to inmates.

Protocols: Written policy and procedure.

Process Indicators: Documentation of forwarded mail. Mail logs.

Telephone

**5-ACI-7D-11
(Ref. 4-4497)**

Written policy, procedure, and practice provide for inmate access to public telephones.

Comment: Inmates should not be denied access to visits with persons of their choice except when the warden/superintendent or designee can present clear and convincing evidence that such visitation jeopardizes the safety and security of the institution or the visitors.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Inmate interviews. Documentation of inmate access to telephones.

5-ACI-7D-12
(Ref. 4-4497-1)

Written policy, procedure, and practice ensure that offenders have access to reasonably priced telephone services. Correctional agencies ensure that:

- **contracts involving telephone services for offenders comply with all applicable state and federal regulations.**
- **contracts are based on rates and surcharges that are commensurate with those charged to the general public for like services. Any deviation from ordinary consumer rates reflects actual costs associated with the provision of services in a correctional setting**
- **contracts for offender telephone services provide the broadest range of calling options determined by the agency administrator to be consistent with the requirements of sound correctional management**

Comment: When procuring and renewing telephone services, correctional officials should inquire into the reasons for proposed deviations from standard charges and seek the best possible rates for the broadest possible range of calling options.

Protocols: Written policy and procedure. State and federal regulations.

Process Indicators: Telephone service contracts.

5-ACI-7D-13
NEW Aug. 2018

(Effective NLT October 1, 2020) Written policy, procedure, and practice provide inmates with documented hearing and/or communication challenges, and inmates who wish to communicate with parties who have such disabilities, access to assistive technology. The technology provided to an inmate with hearing or speech disabilities shall be determined based on an individual assessment of the needs of the inmate. Public telephones with volume control are also made available to inmates with hearing impairment. Inmates shall not be denied access to assistive technology, except when the warden/superintendent or designee can present clear and convincing evidence that access will jeopardize the safety and security of the institution or the visitors.

Comment: Examples of assistive technology include but are not limited to: Telephone Relay Services (TRS), including video remote interpreting (VRI) and traditional relay services; text telephone (TTY); telecommunications devices that are hearing aid compatible or equipped with amplification capabilities; broadcast text messaging and similar devices.

Protocols: Written policy and procedure.

Process Indicators: Observation. Assessment of needs. Inmate interviews.

Visiting

Regular Visitation

5-ACI-7D-14
(Ref. 4-4498)

Written policy, procedure, and practice provide that the number of visitors an inmate may receive and the length of visits may be limited only by the institution's schedule, space, and personnel constraints, or when there are substantial reasons to justify such limitations.

Comment: Inmates should not be denied access to visits with persons of their choice except when the warden/superintendent or designee can present clear and convincing evidence that such visitation jeopardizes the safety and security of the institution or the visitors.

Protocols: Written policy and procedure. Facility plans/specifications. Visiting schedule and rules.

Process Indicators: Visiting records and logs. Observation. Inmate and visitor interviews. Documentation of justification of limitations.

5-ACI-7D-15
(Ref. 4-4499)

Written policy, procedure, and practice provide that written information regarding procedures governing visitation be made available to the inmate within 24 hours after arrival at the facility. At a minimum, the information will include, but not be limited to, the following:

- **facility address/phone number, and directions to facility**
- **days and hours of visitation**
- **approved dress code and identification requirements for visitors**
- **items authorized in visitation room**
- **special rules for children**
- **authorized items that visitors may bring to give to the offender (for example, funds, pictures, and so forth)**
- **special visits (for example, family emergencies)**

Comment: Providing detailed information to inmates to give to their family and friends on visitation procedures will facilitate the visiting process and eliminate confusion and fear on the part of the visitor.

Protocols: Written policy and procedure. Inmate handbook.

Process Indicators: Inmate interviews. Documentation of inmate receiving within 24 hours.

5-ACI-7D-16
(Ref. 4-4499-1)

Written policy, procedure, and practice provide that inmate visiting facilities permit informal communication, including opportunity for physical contact. Devices that preclude physical contact are not used except in instances of substantiated security risk.

Comment: The degree of informality of inmate visiting facilities should be consistent with the institution's overall security requirements.

Protocols: Written policy and procedure.

Process Indicators: Inmate interviews. Visiting policy.

Extended and Special Visits

5-ACI-7D-17
(Ref. 4-4500)

Written policy and procedure govern special visits.

Comment: Special visits may include visits from persons who have come long distances, visits to hospitalized inmates, visits to inmates in disciplinary status, and visits between inmates and their attorneys, clergy, social service agency representatives, and so forth. Policy and procedure should specify the conditions of such visits.

Protocols: Written policy and procedure.

Process Indicators: Visiting policy. Visiting logs and records.

5-ACI-7D-18
(Ref. 4-4500-1)

Written policy, procedure, and practice require that an inmate is informed in a timely manner of the verifiable death or critical illness of an immediate family member. In case of the critical illness of an immediate family member, the inmate is allowed, whenever statutes and circumstances allow, to go to the bedside under escort or alone.

Comment: Classification, status, geography, security level, and other specified criteria should determine eligibility. *Immediate family* is usually defined as parent, spouse, child, sibling, grandparent, or legal guardian.

Protocols: Written policy and procedure.

Process Indicators: Visiting policy. Visiting logs and records.

5-ACI-7D-19
(Ref. 4-4501)

Where statute permits, written policy, procedure, and practice provide for extended visits between inmates and their families.

Comment: Policy and procedure should provide specific guidelines for determining which inmates are permitted extended visits with family, the length of the visit, where the visit should take place, and other conditions. Inmates with appropriate security classifications should be permitted furloughs home of up to three days. Also, if permitted by statute, the institution should provide suitable private accommodations for extended visits between inmates and their families on institutional grounds.

Protocols: Written policy and procedure.

Process Indicators: Inmate interviews. Notification records.

**5-ACI-7D-20
(Ref. 4-4502)**

Written policy, procedure, and practice provide that inmates with appropriate security classifications are allowed furloughs to the community to maintain community and family ties, seek employment opportunities, and for other purposes consistent with the public interest.

Comment: Unescorted leaves of absence for a set period of time may be appropriate to allow inmates to participate in work and study release programs, make residential plans for parole, or any other purpose consistent with the inmate's security classification.

Protocols: Written policy and procedure.

Process Indicators: Documentation of furloughs taken.

Visitor Registration

**5-ACI-7D-21
(Ref. 4-4503)**

Written policy, procedure, and practice provide that visitors register upon entry into the institution and specify the circumstances under which visitors may be searched.

Comment: Each visitor should register his or her name, address, and relation to the inmate. Staff may search visitors and their belongings following written procedure.

Protocols: Written policy and procedure. Visiting forms and logs.

Process Indicators: Observation. Completed visiting forms and logs.

**5-ACI-7D-22
(Ref. 4-4504)**

The institution provides information to visitors about transportation to the institution and facilitates transportation between the institution and nearby public transit terminals.

Comment: Institutions situated considerable distances from public transit terminals should try to provide transportation for visitors, particularly when transportation costs are significant.

Protocols: Written policy and procedure.

Process Indicators: Documentation of information provided to visitors.

7E. - PERFORMANCE STANDARD: LIBRARY

The facility should provide library services that support educational programs, promote reading skills, enhance leisure activities and maintain awareness of circumstances in the community at large.

Comprehensive Library Services

5-ACI-7E-01
(Ref. 4-4505)

The institution maintains and/or provides access to comprehensive library services that include, but are not limited to, a reference collection containing general and specialized materials, and planned and continuous acquisition of materials to meet the needs of the institutional staff and inmates.

Comment: The institution's library service should be comparable to a public library, providing the following: logical organization of materials for convenient use; circulation of materials to satisfy the needs of users; information services; reader's advisory service to help provide users with suitable materials; promotion of use of library materials through publicity, book lists, special programs, book and film discussion groups, music programs, contests, and other appropriate means; a congenial library atmosphere; and educational and recreational audiovisual materials. The reference collection should contain specialized materials on such subjects as consumer skills, prerelease, finding employment, and education.

Protocols: Written policy and procedure.

Process Indicators: Acquisition plan. Needs assessment. Observation. Inmate interviews

Program Coordination and Supervision

5-ACI-7E-02
(Ref. 4-4506)

The institution has a qualified staff person who coordinates and supervises library services.

Comment: This position may be full-time or part-time and may be filled by a volunteer or contract personnel. If the person is not a trained librarian, he or she should receive training in library services.

Protocols: Written policy and procedure.

Process Indicators: Credentials. Personnel records. Job description.

5-ACI-7E-03
(Ref. 4-4507)

There is available to the institution a person with a master's of library science, information resources, media services, or related degree who assists with coordinating and supervising library services and is responsible for training of all library staff.

Comment: A qualified librarian should be available to assist the staff member who coordinates and supervises library services in the institution.

Protocols: Written policy and procedure.

Process Indicators: Credentials. Personnel records. Job description.

Selection and Acquisition of Materials

5-ACI-7E-04
(Ref. 4-4508)

Written policy defines the principles, purposes, and criteria used in the selection and maintenance of library materials.

Comment: Library materials should be selected to meet the educational, informational, and recreational needs of the inmates. They should be easily accessible and regulated by a system that prevents abuse.

Protocols: Written policy and procedure.

Process Indicators: Documentation of available library materials. Observation.

5-ACI-7E-05
(Ref. 4-4509)

The library participates in interlibrary loan programs.

Comment: Participation in interlibrary loan programs with local and state public library systems can increase the materials available to inmates without increasing acquisition expenses.

Protocols: Written policy and procedure.

Process Indicators: Observation. Staff interviews. Documentation of participation.

Availability of Services

5-ACI-7E-06
(Ref. 4-4510)

Library services are available daily, including evenings and weekends.

Comment: There should be no restrictions on access to library services and facilities. Library services, which can include book carts, should be provided at prime program hours as well as at times that do not compete with work assignments, visitation, counseling, or other programs. Every inmate should have access to library services regardless of his or her work or visitation schedule. It is preferable that the facility's main library is available seven days per week; in lieu of this, library services are available seven days per week. All reasonable efforts should be made to ensure that inmates are provided access to varied reading materials.

Protocols: Written policy and procedure.

Process Indicators: Observation. Inmate interviews. Activity schedule.

Inmate Assistants

5-ACI-7E-07
(Ref. 4-4511)

Written policy, procedure, and practice provide for the selection, training and use of inmates as library assistants.

Comment: To provide adequate access to library services, inmates should be used as library assistants and trained in library operation by the librarian. Selected inmates can be circulation clerks and acquisition and technical processing clerks.

Protocols: Written policy and procedure.

Process Indicators: Training curriculum. Training record.

7F. - PERFORMANCE STANDARD: RELIGIOUS PROGRAMS

The offender population should have the opportunity to participate in the practices of their faith group as enhanced through the supplemental contributions of community resources.

OUTCOME MEASURES:

- (1) The number of regular participants, as defined by the agency, in structured religious programming in the past 12 months divided by the average daily population in the past 12 months.

Program Coordination and Supervision

**5-ACI-7F-01
(Ref. 4-4512)**

There is a qualified chaplain (or chaplains) with minimum qualifications of (1) one unit of clinical pastoral education or equivalent specialized training and (2) endorsement by the Denominational Endorsing Agent/officer. The chaplain assures equal status and protection for all religions.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Job description. Documentation of endorsement by certifying body. Observation. Facility records and logs. Inmate interviews. Documentation of chaplain's education and training.

**5-ACI-7F-02
(Ref. 4-4513)**

In facilities with an average daily population of 500 or more inmates, there is a full-time chaplain (or chaplains) or the equivalent of full time coverage. In facilities with less than 500 inmates, adequate religious staffing is available. The chaplain and/or religious staff has physical access to all areas of the institution to minister to inmates and staff.

Comment: None.

Protocols: Written policy and procedure.

Process Indicators: Organizational chart. Documentation of services. Staff interviews.

**5-ACI-7F-03
(Ref. 4-4514)**

Written policy, procedure, and practice provide that assigned chaplain(s) (whether they be classified employees, contract employees, or volunteers), in consultation with and approval from facility administration, plans, directs, and coordinates all aspects of the religious program, including approval and training of both lay and clergy volunteers from faiths represented by the inmate population.

Comment: The religious program should be designed to fulfill the institution's responsibility of ensuring that all inmates can voluntarily exercise their constitutional right to religious freedom.

Protocols: Written policy and procedure.

Process Indicators: Training curriculum. Plan. Training records. Religious program records. Facility logs and records. Inmate interviews.

4-4515

Deleted July 2012

5-ACI-7F-04
(Ref. 4-4516)

The chaplain or designated staff develops and maintains close relationships with community religious resources.

Comment: Community resources can help augment the delivery of appropriate religious services on special holidays or, as needed, to meet the requirements of the diversity of religious faiths among inmates.

Protocols: Written policy and procedure.

Process Indicators: Documentation of communications.

Opportunity to Practice One's Faith

5-ACI-7F-05
(Ref. 4-4517)

Written policy, procedure, and practice provide that inmates have the opportunity to participate in practices of their religious faith that are deemed essential by the faith's judicatory, limited only by documentation showing threat to the safety of persons involved in such activity or that the activity itself disrupts order in the institution.

Comment: Religious practices include, but are not limited to, access to religious publications, religious symbols, congregate worship/religious services in appropriate space, individual and group counseling, religious study classes, and adherence to dietary requirements. Inmates in administrative status are allowed to participate in such religious practices subject to the same limitations stated in the standard. In determining what constitutes legitimate religious practices, the warden/superintendent or designee should consider whether there is a body of literature stating religious principles that support the practices and whether the practices are recognized by a group of persons who share common ethical, moral, or intellectual views.

Protocols: Written policy and procedure.

Process Indicators: Documentation of inmate religious activities. Documentation of reasons for limitations. Chaplain interviews. Inmate interviews.

4-4518

Deleted August 2004

**5-ACI-7F-06
(Ref. 4-4519)**

When a religious leader of an inmate's faith is not represented through the chaplaincy staff or volunteers, the chaplain or designated staff member assists the inmate in contacting a person who has the appropriate credentials from the faith judicatory. That person ministers to the inmate under the supervision of the chaplain.

Comment: The religious leader can visit at designated regular times, with provision for emergency visits.

Protocols: Written policy and procedure.

Process Indicators: Documentation of appropriate credentials.

Religious Facilities and Equipment

**5-ACI-7F-07
(Ref. 4-4520)**

Written policy, procedure, and practice require that the institution provide space and equipment adequate for the conduct and administration of religious programs. The institution makes available non-inmate clerical staff for confidential material.

Comment: Sufficient space should be available for congregate worship/religious services, individual counseling, group counseling and/or religious studies, and chaplaincy offices. Equipment, office supplies, and secretarial help should be adequate to meet the needs of the religious program. Volunteers are acceptable as clerical support staff.

Protocols: Written policy and procedure. Facility plans/specifications.

Process Indicators: Observation. Staff, volunteer and inmate interviews. Staff deployment records.

**5-ACI-7F-08
(Ref. 4-4521)**

The chaplain, in cooperation with the institutional administrator or designee, approves donations of equipment or materials for use in religious programs.

Comment: Approval of donations helps ensure that equipment and materials are available for approved religious practices and helps avoid the accumulation of duplicate or inappropriate materials.

Protocols: Written policy and procedure.

Process Indicators: Documentation of materials and classroom resources. Observation.

Appendix A

Classification Guidelines

The following descriptions illustrate behavior characteristics typical of inmate custody levels.

Typical Behavior Patterns* for Various Levels of Custody for Inmates in a Correctional Facility

TYPICAL BEHAVIOR PATTERN	CUSTODY LEVELS		
	I (Minimum)	II (Medium)	III (Maximum)
Risk of Escape	No history of escape or escape attempts from secure or nonsecure settings (within past five years). Length of sentence is three years or less to projected release date.	No escape history (including flight from custody) during past seven years. No history of escape attempts from a secure setting (within past five years). Length of sentence is five years or less to projected release date.	Conduct that indicates high probability of escape attempts. History of escape or escape attempts from secure setting during the past ten years. Length of sentence is ten years or more to projected release date.
Behavior	No history of violent behavior (within past five years). No pattern of threats or violence.	No history of institution violence involving weapons or serious injury (within past five years). No history of assault on staff (within past five years). No pattern of serious institutional misconduct. No active participation in prison gangs.	Recent history of violent crimes and/or violent institutional conduct within past five years. Active membership in gangs/groups advocating violence. Serious assault on staff.

* These characteristics are used only as guidelines; decisions should also be based on evaluations by classification committee (including mental health and security staff) to determine the proper custody level assignment. Inmates also may be assigned increased or decreased levels of custody based on behavior during incarceration or extenuating circumstances relating to the behavior pattern.

Appendix B

Guidelines for Institution Security Levels

The following descriptions illustrate the numbers and types of barriers that separate inmates from the community. These guidelines are designed for illustrative purposes. Segments may be interchanged to compensate for strengths or weaknesses in other segments. Some agencies and systems use more or less than three levels of security. For those systems, these guidelines can be adjusted.

SECURITY ELEMENTS	SECURITY LEVELS		
	I (Minimum)	II (Medium)	III (Maximum)
Housing	Dormitories, cubicles, or rooms	Rooms and/or multiple occupancy cells and/or dormitories	Single cells, very secure, with heavy-duty hardware
Perimeter Security	None, or single fence; occasional patrol	Double fence; electric alarm system; patrol of perimeter or towers	A combination of double fence, wall, towers, and/or constant armed perimeter surveillance; and/or an electronic alarm system
Internal Security Measures	Inmate census taken at least three times daily	Inmate movement is controlled by pass system. Formal census is taken at least four times daily, plus frequent informal census.	Formal census is taken at least five times daily. Capability to quickly separate the inmates into smaller groups. Inmates are directly supervised and/or escorted when outside cellhouse or living area.

Appendix C

Definition of “Qualified Individual” for Safety and Sanitation Inspections

Several standards refer to documentation and inspections by “qualified individuals.” (For example, Building and Safety Codes, Fire Safety, Food Service, Sanitation and Hygiene, and Work and Correctional Industries standards.) Such persons also may be referred to as “independent, qualified source,” “qualified departmental staff member,” “qualified designee,” or “qualified fire and safety officer.”

A “qualified individual” is a person whose training, education, and/or experience specifically qualifies him or her to do the job indicated in the standard.

I. GENERAL REQUIREMENTS

When a standard calls for inspections, the individual conducting them needs to be trained in the application of appropriate codes and regulations. Standards do not specify the number of hours of training required, as this is determined in part by the tasks assigned. At a minimum, though, the qualified individual must (1) be familiar with the applicable codes and regulations and their requirements; (2) be able to use the appropriate instruments for measuring and documenting code compliance; (3) be able to complete checklists and prepare the necessary reports; and (4) have the authority to make corrections when deficiencies are found.

Training is often obtained from code officials or inspectors (fire marshals, building officials); government agencies that have statutory authority for inspections in a particular area (health department, labor department); or private organizations, such as the National Fire Protection Association. Often the individual obtains written certification or approval from these authorities to conduct in-house inspections. When trained and certified by the above sources to do so, a central office specialist may train and assist facility staff to conduct inspections.

II. SPECIFIC REQUIREMENTS

A. Authority Having Jurisdiction

The term “authority having jurisdiction” is defined as follows:

The authority having jurisdiction must be knowledgeable about the requirements of the National Fire Protection Life Safety Code. The authority having jurisdiction may be a federal, state, local, or other regional department or individual, such as the fire chief, fire marshal, chief of a fire prevention bureau, labor department, health department, building official, electrical inspector, or others with statutory authority. The authority having jurisdiction may be employed by the department/agency, provided that he or she is not under the authority of the facility administrator and that the report

generated is referred to higher authorities within the department/agency independent of influence by the facility administrator or staff. This rule applies no matter who generates the report.

The definition also applies to the terms “independent, qualified source” and “independent, outside source.”

B. Inspections

Qualified individuals conducting the monthly and weekly inspections required in the standards may be institutional staff members.

The qualified individual responsible for conducting monthly inspections (for example, fire and safety officer, safety/sanitation specialist) may be an institutional staff member trained in the application of jurisdictional codes and regulations. Periodically and as needed, this individual receives assistance from the independent authority or central office specialist(s) on requirements and inspections. This assistance may include participation in quarterly or biannual inspections. Training for the individual conducting the monthly inspections may be provided by the applicable agencies or through the agency’s central office specialist(s).

The qualified departmental staff member who conducts weekly inspections of the facility may be an institutional staff member who has received training in and is familiar with the safety and sanitation requirements of the jurisdiction. At a minimum, on-the-job training from the facility’s safety/sanitation specialist or the fire and safety officer regarding applicable regulations is expected, including use of checklists and methods of documentation.

The periodic weekly and monthly inspections may be conducted by either a combination of qualified individuals or one specialist, as long as the schedules and minimum qualifications described above are met. Safety and sanitation inspections may be conducted by the same person, provided this individual is familiar with the regulations for both types of inspections. When safety and sanitation requirements differ substantially, it may sometimes be necessary to call on several qualified individuals to conduct the inspections required by the standards. Using more than one person is strongly recommended.

III. COMPLIANCE AUDITS

In conducting standards compliance audits, Commission Visiting Committees will review documentation submitted by the facilities to assist them in judging the qualifications of these individuals. In making compliance decisions, the audit teams will look closely at the facility’s entire program—both practices and results—for ensuring safety and sanitation.

Appendix D

Guidelines for the Control and Use of Flammable, Toxic, and Caustic Substances (Revised August 2015)

This appendix provides definitions and recommendations to assist agencies in the application of standards that address the control of materials that present a hazard to staff and inmates. Occupational Safety and Health Administration (OSHA) has adopted the United Nations Globally Harmonized System (GHS) of Classification and Labelling of Chemicals; while National Fire Prevention Association (NFPA) has not adopted GHS. Agencies and facilities must control the use of flammable, toxic, and caustic substances and mark the containers based on their local or state fire chief guidance. Note, markings could be using the new OSHA system, NFPA, or both.

Substances that do not contain any of the properties discussed in the guidelines, but are labeled “Keep out of reach of children” or “May be harmful if swallowed,” are not necessarily subject to the controls specified in the guidelines. Their use and control, however, including the quantities available, should be evaluated and addressed in agency policy. Questions concerning the use and control of any substance should be resolved by examining the manufacturer’s Material Safety Data Sheet (MSDS) or Safety Data Sheet (SDS). As soon as an SDS is received for a product, it supersedes the MSDS.

I. Definitions (NFPA)

Caustic material — A substance capable of destroying or eating away by chemical reaction.

Combustible liquid — A substance with a flash point at or above 100 degrees Fahrenheit. Classified by flash point at Class II or Class III liquid.

Flammable liquid — A substance with a flash point below 100 degrees Fahrenheit (37.8 degrees Centigrade).

Flash Point — The minimum temperature at which a liquid will give off sufficient vapors to form an ignitable mixture with the air near the surface of the liquid (or in the vessel used).

Label — A written, printed, or graphic material displayed on or affixed to containers of hazardous chemicals.

Material Safety Data Sheet (MSDS) — [Outdated as of June 1, 2015. As soon as an SDS is received, it supersedes the MSDS.] A document for all hazardous chemical substances produced and/or sold in the United States prior to implementation of GHS. Each MSDS sheet shall be in English and shall contain the following information: the identity used on the label, physical and chemical characteristic (vapor pressure, flash point, and so forth), physical and health hazards, primary routes of entry, exposure limits, precautions for safe handling and use, control measures, emergency and first aid procedures, and the chemical manufacturer’s name, address, and telephone number.

NFPA Flammability Hazard (Red) — This degree of hazard is measured by using the flash point assigned to the product as specified on the material safety data sheet. (0, will not burn; 1, above 200F; 2, above 100 and below 200F; 3, below 100F; 4, below 73F.)

NFPA Health Hazard (Blue) — The likelihood of a material to cause, either directly or indirectly, temporary or permanent injury or incapacitation due to an acute exposure by contact, inhalation, or ingestion. (0, normal material; 1, slightly hazardous; 2, moderately hazardous; 3, extreme danger; 4, deadly.)

NFPA Reactivity Hazard (Yellow) — The violent chemical reaction associated with the introduction of water, chemicals also could polymerize, decompose or condense, become self-reactive, or otherwise undergo a violent chemical change under conditions of shock, pressure, or temperature. (0, stable; 1, unstable if heated; 2, violent chemical change; 3, shock and heat detonate; 4, may detonate.)

NFPA Specific Hazard (White) — Other properties of the material that cause special problems or require special fire-fighting techniques (ACID=acid, ALK=alkali, COR=corrosive, OXY=oxidizer, P=polymerization, Y-radioactive).

Personal Protective Equipment (PPE) — Equipment intended to be worn by an individual to create a barrier against workplace hazards.

Secondary Container — A portable container into which chemicals are transferred for use.

Toxic Material — A substance that through which chemical reaction or mixture can produce possible injury or harm to the body by entry through the skin, digestive tract, or respiratory tract. The toxicity is dependent on the quantity absorbed and the rate, method, and the site of absorption and the concentration of the chemical.

II. Definitions of OSHA system using the GHS

Hazard Classification: Process performed by manufacturer to identify the relevant data regarding the hazards of a chemical; review those data to ascertain the hazards associated with the chemical; and decide whether the chemical will be classified as hazardous according to the definition of hazardous chemical in the OSHA HazCom Standard.

Hazard statement(s): Phrase assigned to each hazard category that describes the nature of the hazard. Examples of hazard statements are “Harmful if swallowed,” and “Highly flammable liquid and vapor.”

Label — A written, printed, or graphic material displayed on or affixed to containers of hazardous chemicals.

Label elements — The specified pictogram, hazard statement, signal word, and precautionary statement for each hazard class and category.

- Not all hazards require all label elements. Refer to OSHA Appendix C for precautionary statements.
- EPA registered product labeling falls under the jurisdiction of the EPA and require their own labeling approved by the EPA. These products will not contain OSHA required label elements. Refer to the product Safety Data Sheet for OSHA hazard classification.

- Some products will not meet any criteria for hazards provided by the Standard. These products will not have label elements.

Precautionary Statement(s) — A phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical, or improper storage or handling.

Pictogram(s) — A symbol inside a diamond with a red border, denoting a particular hazard class (e.g., acute toxicity/lethality, skin irritation/corrosion). Not all hazards include a Pictogram.

Safety Data Sheet (SDS) — A document required by OSHA for all hazardous chemical substances produced. Each SDS sheet shall contain the following 16 sections:

- Section 1: Identification.
- Section 2: Hazard(s) identification (contains hazard classification).
- Section 3: Composition/information on ingredients.
- Section 4: First-aid measures.
- Section 5: Fire-fighting measures lists.
- Section 6: Accidental release measures.
- Section 7: Handling and storage.
- Section 8: Exposure controls/personal protection.
- Section 9: Physical and chemical properties.
- Section 10: Stability and reactivity.
- Section 11: Toxicological information.
- Section 12: Ecological information.
- Section 13: Disposal considerations.
- Section 14: Transport information.
- Section 15: Regulatory information.
- Section 16: Other information.

Signal word — One word used to indicate the relative severity of hazard and alert the reader to a potential hazard on the label and Safety Data Sheet. There are two signal words:

- “Warning” for less severe hazard categories.
- “Danger” for more severe hazard categories.

III. Procedural Guidelines

Facility staff should control the use of flammable toxic and caustic substances through the use of a comprehensive program that begins with a review of what chemicals are in use in a particular facility. Controlling what is purchased is the critical first step in limiting the use of dangerous materials in increasing the safety and security of both staff and inmates. A thorough review process by the safety officer or other appropriate person or group can help to insure that the least dangerous product is used for a particular task. The information contained in the MSDS or SDS is critical in choosing products.

Limiting the use of extremely dangerous materials and using the same classification system (NFPA or OSHA) whenever possible is the best method of insuring the highest degree of safety for staff and inmates alike.

Comparison of NFPA and OSHA

NFPA	OSHA
0 = Minimal Hazard	1 = Severe Hazard
1 = Slight Hazard	2 = Serious Hazard
2 = Moderate Hazard	3 = Moderate Hazard
3 = Serious Hazard	4 = Slight Hazard
4 = Severe Hazard	5 = Minimal Hazard

Note: SDS will have OSHA numerical ratings in Section 2 and may have a NFPA rating in the “other information” section of the SDS. GHS labels on containers will have pictograms, and not OSHA or NFPA numbers.

NFPA

Diluted products with an NFPA hazardous rating (0) or (1) for health, flammability, and reactivity, using the guidelines from the MSDS or SDS, do not meet the definition of toxic material. Issue logs for these substances are not required but all containers must be properly labeled. The MSDS or the SDS must be maintained on these substances and be readily available. An inventory of these products should be maintained in the primary storage area for general control purposes but is not required at the usable area.

When more dangerous materials (2, 3, or 4) must be used, a system of inventories, issue logs, and controlled storage must be instituted. At a minimum, the following areas must be addressed:

1. Stored materials must be dispensed and inventoried in accordance with written operating procedures.
2. Storage areas or cabinets and/or storage areas must be kept inventoried and locked along with the MSDS or SDS information pertaining to the items that are contained in that area. Flammable materials must be stored in accordance with all appropriate codes and approved by the authority having jurisdiction.
3. All chemicals should be stored in their original container with the manufacturer’s label intact. When chemicals are removed from the original to a secondary container, that container must also be properly labeled.
4. The facility safety officer or other designated person must maintain a master index of all flammable, caustic, and toxic substances used by a facility. Included with this will be all MSDS or SDS material on each substance.
5. Spills and disposal must be addressed in accordance with the guidelines indicated on the MSDS or SDS.
6. A hazard communication program should be incorporated in the general staff training curriculum and a specific training program instituted for all offenders using a particular substance in either work or training activities.
7. At least annually, the control of toxic flammable and caustic chemicals should be reviewed to insure continued compliance with all aspects of the program. Any deficiencies will be addressed with remedial action.

OSHA

Diluted and undiluted products with no signal words on the label or SDS, do not meet the definition of toxic material. Issue logs for these substances are not required but all containers must be properly labeled. SDS sheets must be maintained on these substances and be readily available. An inventory of these products should be maintained in the primary storage area for general control purposes but is not required at the usable area.

When more dangerous materials with the signal words “warning” or “danger” on the label or SDS must be used, a system of inventories, issue logs, and controlled storage must be instituted. At a minimum, the following areas must be addressed:

1. Stored materials must be dispensed and inventoried in accordance with written operating procedures.
2. Storage areas or cabinets and/or storage areas must be kept inventoried and locked along with the SDS information pertaining to the items which are contained in that area. Flammable materials must be stored in accordance with all appropriate codes and approved by the authority having jurisdiction.
3. All chemicals should be stored in their original container with the manufacturer’s label intact. When chemicals are removed from the original to a secondary container, that container must also be properly labeled.
4. The facility safety officer or other designated person must maintain a master index of all flammable, caustic, and toxic substances used by a facility. Included with this will be all SDS material on each substance.
5. Spills and disposal must be addressed in accordance with the guidelines indicated on the SDS sheet.
6. A hazard communication program should be incorporated in the general staff training curriculum and a specific training program instituted for all offenders using a particular substance in either work or training activities.
7. At least annually, the control of toxic flammable and caustic chemicals should be reviewed to insure continued compliance with all aspects of the program. Any deficiencies will be addressed with remedial action.

The following eight pictograms are used on the label and SDS when an item is classified as “warning” or “danger.”



Comments:

This proposal is submitted by a group composed of ACA Accreditation Managers, ACA Auditors and Correctional and Safety Professionals. The proposal is based on Occupational Safety and Health Administration (OSHA) adopting the United Nations Globally Harmonized System (GHS) of Classification and Labeling of Chemicals. Current Appendix D uses National Fire Prevention Association (NFPA) and does not address GHS; thus the field and auditors do not have guidance for chemical products with GHS data sheets and labels. This is a safety and security issue.

The GHS and NFPA have differences, key ones being the data sheets, codes and labels. OSHA required GHS to be trained by Dec. 1, 2013; containers of chemicals cannot be shipped after Dec. 1, 2015, without GHS labels. Employers must update alternative workplace labeling and Hazard Communication Program (HCS) as necessary and provide additional employee training for newly identified physical or health hazards by June 1, 2016.

Some manufactures have already switched to the GHS, and facilities have received chemical products with GHS data sheets and labels. The proposal keeps NFPA information as currently written for the time period agencies will continue to have these products and for those agencies/facilities not required to comply with OSHA. Although there are no clear lines between NFPA and GHS, best practice is to control any chemical that is identified with the words “danger” or “warning” or the eight pictograms listed above on the label or SDS.

Appendix E Outcome Measures

1. Administration & Management: Administer and manage the facility in a professional and responsible manner, consistent with statutory requirements.

Performance Standards		Outcome Measures
1A: Facility Administration - The facility is administered efficiently and responsibly. Performance is based on goals, objective, and standard operating procedures and a system of regular review.	1A-1	Number of Plans of Action completed in the past 12 months divided by the number of Plans of Action approved by the Commission on Accreditation.
	1A-2	Number of expected practices in compliance divided by the number of applicable expected practices.
1B: Fiscal Management - The facility utilizes appropriate fiscal planning, budgeting, and accounting procedures and provides for a system of regular review.		<i>Compliance verified through expected practice files. No outcome measure required.</i>
1C: Personnel - The facility promotes diversity and competency through employee staffing, recruitment, promotions, benefit allocations and performance reviews.	1C-1	The average offender population in the past 12 months divided by the average number of filled full time positions in the past 12 months.
	1C-2	The number of staff who left employment for any reason in the past 12 months divided by the average number of filled full time positions in the past 12 months.
	1C-3	The number of verified employee violations in the past 12 months divided by the average number of filled full time staff positions in the past 12 months.
	1C-4	The number of staff terminated for conduct violations in the past 12 months divided by the average number of filled full time staff positions in the past 12 months.
	1C-5	The number of performance reviews rated acceptable or higher in the past 12 months divided by the total number of performance reviews conducted in the past 12 months.
	1C-6	Average number of security staff positions filled per month for the past 12 months divided by the total number of authorized security positions.
	1C-7	Number of security staff who left employment in the past 12 months divided by the total number of authorized security positions.

1. Administration & Management (continued)

Performance Standards		Outcome Measures
<p>1D: Training & Development - The facility conducts pre-service, in-service, and specialized development programs to promote the effectiveness of staff, volunteers and other effected parties</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>1E: Case Records - The facility promotes appropriate security, access control, and other measures designed to assure the integrity of records entrusted to it's care.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>1F: Information Systems & Research - Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>1G: Citizen Involvement & Volunteers - The facility is a responsible member of the community, supporting citizen involvement and volunteer initiatives as well as other community interaction.</p>	<p>1G-1</p>	<p>The total number of hours of volunteer service delivered by members of the community in the past 12 months divided by the average daily population in the past 12 months.</p>
	<p>1G-2</p>	<p>The total number of hours of community service work delivered by offenders in the past 12 months divided by 12.</p>

Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX		
Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3

2. Physical Plant: The facilities' physical plant is designed, equipped and maintained in a manner that promotes safety, program function and access.

Performance Standards		Outcome Measures
<p>2A: Building and Safety Codes - The facility complies with professional building and fire safety codes to help ensure the safety of all persons within the facility.</p>	2A-1	Number of worker's compensation claims filed in the past 12 months divided by the average number of filled full-time staff positions in the past 12 months.
	2A-2	Number of sanitation or health-code violations identified by external agencies in the past 12 months.
	2A-3	The number of fire and safe code violations identified by the governing jurisdiction in the past 12 months.
<p>2B: Size & Organization - Facility capacity and functional design promote safety, an acceptable quality of life and operational innovation.</p>	2B-1	Number of days facility population exceeded the operational capacity in the past 12 months divided by 365.
<p>2C: Inmate Housing - Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>2D: Environmental Conditions - Environmental conditions significantly influence the overall effectiveness of institutional operations. Lighting, air quality, temperature and noise levels are designed to preserve the health and well being of inmates and staff members.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>2E: Program and Service Areas - Adequate space is provided for the various program and service functions conducted within the institution. Spatial requirements reflect functional need.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>2F: Administrative and Staff Areas - All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>2G: Security - The physical plan supports the orderly and secure functioning of the institution.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>

3. Institutional Operations: The facility protects the community, the staff, the offenders, and others from harm while maintaining an orderly environment with clear expectations of behavior and systems of accountability.

Performance Standards		Outcome Measures
<p>3A: Security and Control - The facility utilizes a combination of supervision, inspection, accountability, and measured force response to promote safe and orderly operations.</p>	3A-1	The number of incidents in which force, as defined by the agency, was used in the past 12 months divided by the average daily population in the past 12 months.
	3A-2	Number of seizures of contraband, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.
	3A-3	The number of escapes, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.
	3A-4	The number of disturbances, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.
	3A-5	The number of acts of sexual violence, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.
	3A-6	The number of homicides, as defined in the Significant Incident Summary, in the past 12 months, divided by the average daily population in the past 12 months.
<p>3B: Safety & Emergency Procedures - The number and extent of security, physical plant, environmental and other emergencies are minimized. When they occur, the response mechanism minimizes severity.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>3C: Rules & Discipline - The institution's rules of conduct and sanctions and procedures for violations are communicated to all inmates and staff. The disciplinary process respects due process.</p>	3C-1	The total number of major disciplinary reports, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.
	3C-2	The total number of minor disciplinary reports, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.
	3C-3	Number of offender on offender assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.
	3C-4	Number of offender on staff assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.
<p>3D: Inmate Rights - The facility protects the constitutional rights of offenders and seeks a balance between the expression of protected liberties and the preservation of institutional order.</p>	3D-1	Number of grievances found in an inmate's favor divided by the number of grievances filed in the 12 month period.

4. Special Management Housing & Restrictive Housing: In general, inmates who threaten the secure and orderly management of the institution, posing a threat to others or a danger to themselves, are removed from the general population and placed in designated units. Such assignments are made appropriately and justifiably and offenders placed into such categories are treated justly, humanely, in a constitutionally correct manner and prepared for return to less restrictive units.

Performance Standards		Outcome Measures	
<p>4A: Special Management - Inmates who pose a threat are separated from general population and placed in a cell in a special management unit; (defined as segregation and including administrative segregation, protective custody or disciplinary detention); for periods of time less than 22 hours per day.</p>	4A-1	Average number of offenders in Special Management Housing per month over the past 12 months divided by the average daily population in the past 12 months.	
<p>4B: Restrictive Housing - Inmates who pose a direct and clear threat to the safety of persons or a clear threat to the safe and secure operation of the facility are separated from general population and placed in restrictive housing units / cells for periods of time 22 hours per day or greater.</p>	4B-1	Average number of offenders in Restricted Housing per month over the past 12 months divided by the average daily population in the past 12 months.	
	4B-2	Average number of offenders in Extended Restrictive Housing per month over the past 12 months divided by the average daily population in the past 12 months.	
	4B-3	Number of offenders released from Restrictive Housing by the appropriate authority within 24-hours in the past 12 months divided by the total placed in Restrictive Housing in the past 12 months.	
	4B-4	Number of offenders in Extended Restrictive Housing that were released directly into the community from either Restrictive Housing or Extended Restrictive Housing within the past 12 months divided by the total number of offenders released in the past 12 months.	

Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX		
Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3

5. Institutional Services: Internal assignment to housing and program services should meet the basic needs of the offender consistent with the safe operation of the facility and should prepare the offender for successful reintegration into society upon release as appropriate.

Performance Standards		Outcome Measures
<p>5A: Reception & Orientation - All incoming inmates undergo thorough screening and assessment at admission and receive a thorough orientation to the institution's procedures, rules, programs, and services.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>5B: Classification - Inmates are classified to the most appropriate level of custody and programming both on admission and upon review of their status.</p>	2B-1	<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>5C: Food Service - Meals are nutritionally balanced, well-planned, and prepared and served in a manner that meets established governmental health and safety codes.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>5D: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>5E: Social Services - Professional services including individual and family counseling, family planning and parent education; and programs for inmates with drug and alcohol addiction problems, meet the needs of identified inmates.</p>	5E-1	<p>Where a substance use disorder treatment program exists, the number of treatment slot available divided by the average daily population in the past 12 months.</p>
	5E-2	<p>Where a substance use disorder treatment program exists, the number of completers of the program divided by the average daily population in the past 12 months.</p>
	5E-3	<p>Where a sex offender treatment/management program exists, the number of program slot divided by the average daily population in the past 12 months.</p>
	5E-4	<p>The number of offenders who have completed their re-entry plan, as defined by the agency, in the past 12 months divided by the number of inmates released in the past 12 months.</p>
<p>5F: Re-entry - The institution provides a structured program to help inmates make a satisfactory transition upon their release from incarceration.</p>	5F-1	<p>The number of offenders who have completed their re-entry plan, as defined by the agency, in the past 12 months divided by the number of inmates released in the past 12 months.</p>

6. Healthcare: Each offender receives appropriate physical and behavioral health care necessary to foster the restoration and maintenance of acceptable levels of wellness.

Performance Standards		Outcome Measures
<p>6A: Access to Services - Offenders have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.</p>	6A-1	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months divided by the average daily population.
	6A-2	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months divided by the average daily population.
	6A-3	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months divided by the Number of offenders administered tests for TB infection in the past twelve (12) months as part of periodic or clinically-based testing, but not intake screening.
	6A-4	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months divided by number of offenders treated for latent tuberculosis infection in the past twelve (12) months.
	6A-5	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time divided by Total offender population at that time.
	6A-6	Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.
	6A-7	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time divided by Total number of offenders diagnosed with HIV infection at that time.
	6A-8	Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml total number of treated offenders with HIV infection that were reviewed
	6A-9	Number of offenders with an active individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time divided by the total offender population at that time.
	6A-10	Number of offender admissions to off-site hospitals in the past twelve (12) months divided by average daily population.
	6A-11	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months divided by the average daily population in the past 12 months.
	6A-12	Number of offender specialty consults completed during the past twelve (12) months divided by Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.
	6A-13	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg divided by total number of offenders with hypertension who were reviewed.
	6A-14	Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent divided by Total number of diabetic offenders who were reviewed.
	6A-15	The number of completed dental treatment plans within the past twelve (12) months divided by the average daily population during the reporting period..

6. Healthcare (continued)

Performance Standards		Outcome Measures
<p>6B: Staff Training - The provision of health services should be done in a professionally acceptable manner including the requirement that all staff be adequately trained and qualified and can demonstrate competency in their assigned duties.</p>	6B-1	Number of health care staff with lapsed licensure or certification during a twelve (12) month period divided by Number of licensed or certified staff during a twelve (12) month period.
	6B-2	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job divided by Number of new health care staff during the twelve (12) month period..
	6B-3	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months divided by the number of employees.
	6B-4	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months divided by the number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.
<p>6C: Offender Treatment - Offenders are treated humanely, fairly, and in accordance with established policy and all applicable laws.</p>	6C-1	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months divided by number of evaluated offender grievances related to health care services in the past twelve (12) months.
	6C-2	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period divided by the number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.
	6C-3	Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml total number of treated offenders with HIV infection that were reviewed
<p>6D: Performance Improvement - Health care services are evaluated and continually improved</p>	6D-1	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period divided by the number of problems identified by quality assurance program during a twelve (12) month period.
	6D-2	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.
	6D-3	Number of offender suicide attempts in the past twelve (12) months divided by average daily population.
	6D-4	Number of offender suicides in the past twelve (12) divided by average daily population.
	6D-5	Number of unexpected natural deaths in the past twelve (12) months divided by Total number of deaths in the same reporting period.
	6D-6	Number of serious medication errors in the past twelve (12) months
<p>6E: Safety, Sanitation and Offender Hygiene - The facility or program is safe and sanitary. Appropriate services and supplies are provided to promote the maintenance of acceptable levels of offender hygiene.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>

7. Inmate Programs: The institution’s programs for inmates provide meaningful work, educational, and recreational programs designed to facilitate a stable institutional environment and the inmate’s subsequent reentry into the community. .

Performance Standards		Outcome Measures
<p>7A: Work and Correctional Industries - Work and correctional industries programs incorporate work conditions that reflect jobs in equivalent work categories outside of the institution.</p>	7A-1	The number of work and correctional industries slots available in the past 12 months divided by the average daily population in the past 12 months.
	7A-2	The average number of offenders with full time work/program assignments in the past 12 months divided by the average number of offenders eligible for work assignment in the past 12 months.
<p>7B: Academic and Vocational Education - The facilities academic and vocational education programs improve the educational levels of assigned offenders and participate in program accreditation, promote staff professional certification, incorporate community resources and participate in internal and external peer review.</p>	7B-1	The number of academic/vocational slots available divided by the average daily population in the past 12 months.
	7B-2	The number of offenders who passed the General Equivalency Diploma (HI Set) exams while confined in the past 12 months divided by the average daily population in the last 12 months.
	7B-3	Number of offender on offender assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.
<p>7C: Recreation and Activities - Recreation and similar leisure activities are provided to reduce idleness, provide opportunities for skill acquisition, promote healthy activities and foster positive group interaction</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>7D: Mail, Telephone & Visiting - The maintenance of family and community ties through the provision of comprehensive mail, telephone and visiting services is critical to stable institutional adjustment and improves opportunities for successful reintegration.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>7E: Library - The facility should provide library services that support educational programs, promote reading skills, enhance leisure activities and maintain awareness of circumstances in the community at large.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>
<p>7F: Religious Programs - The offender population should have the opportunity to participate in the practices of their faith group as enhanced through the supplemental contributions of community resources.</p>	7F-1	The number of regular participants, as defined by the agency, in structured religious programming in the past 12 months divided by the average daily population in the past 12 months.

Appendix F

Organization Summary for Secure Residential Facilities

Revised 3/2/2017

An Organization Summary is a form completed by the agency applying for accreditation that provides the Standards & Accreditation Department with descriptive information about the program or facility. Please complete a separate summary for each program or facility and return to the ACA. If you have any questions, please contact your Accreditation Specialist. Upon receipt of this organization summary please contact your Accreditation Specialist to determine the date it needs to be submitted.

Introduction	
Governing Authority/Parent Agency:	
Name of Facility/Program:	
Physical Address:	
Mailing Address:	
Primary Facility Telephone Number:	
Primary Contact Person:	
Primary Contact Person's Phone Number:	
Airport Information	1st Preference: Distance from the facility: 2nd Preference: Distance from the facility:
Accreditation & Manual Information	
ACA Accreditation Status:	Initial
	<input type="checkbox"/> Reaccreditation
	Date of last ACA Accreditation:
	Applicable Manual & Edition:

Is this agency or facility accredited by any other organization?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes If yes, please provide the name of the organization(s) and the date(s) of the most recent accreditation:

Demographics

Current Operational Capacity:		<i>Number of beds or program slots authorized for the safe and efficient operation of the facility/program</i>
Current Population:	Current Population: Average Daily Population for the last 12 months:	
Characteristics of the Population:	Number of Adults:	
	Number of Youthful Offenders: (Under the age of majority, but adjudicated as adults)	
	Number of Juveniles:	
Average Length of Stay:	Years:	Months: Days:
Average Sentence Length:	Years:	Months: Days:

Organizational Information

State the mission of the agency or facility (attach additional pages if necessary)	
Describe any current significant court interventions (i.e. consent decrees or settlement agreements)	
Total Number of Full Time Staff:	
Facility Administrator/Title:	
Telephone Number & Email Address:	
Existing ACA Member? If yes, please include ACA Membership Number.	

Facility Accreditation Manager:	
Telephone Number & Email Address:	
Existing ACA Member? If yes, please include ACA Membership Number.	
State/Regional Accreditation Manager: (if applicable)	
Telephone Number & Email Address:	
Existing ACA Member? If yes, please include ACA Membership Number.	

Physical and Operational Security Features

Date of Facility Construction:	
Date of the Last Renovation: (if applicable)	
Number of Satellite Facilities:	Are these facilities to be included in the accreditation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Satellite Agency or Facility:	
Physical Address:	
Mailing Address:	
Primary Facility Telephone Number:	
Security Level of the Facility:	<input type="checkbox"/> Maximum <input type="checkbox"/> Medium <input type="checkbox"/> Minimum
Number of Offenders by Custody Level:	_____ Maximum _____ Medium _____ Minimum

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Appendix G

Self-Evaluation Report

The Self-Evaluation Report is required for all agencies undergoing initial accreditation and it is optional for those undergoing reaccreditation. It must be submitted to ACA six weeks prior to your audit. If you would like to receive this document electronically, or if you have any questions, please contact your Accreditation Specialist.

Agency/Facility:	
City/State:	
Manual/Edition:	
Supplement:	

I certify that this agency has achieved 100 percent compliance with all applicable mandatory standards and at least 90 percent compliance with non-mandatory standards.

Name _____

Title _____

Date _____

Compliance Tally

	Mandatory	Non-Mandatory
Number of Standards in Manual:		
Number Not Applicable:		
Number in Noncompliance:		
Percentage (%) of Compliance		

- Number of Standards *minus* Number of Not Applicable *equals* Number Applicable
- Number Applicable *minus* Number Noncompliance *equals* Number Compliance
- Number Compliance *divided* by Number Applicable *equals* Percentage of Compliance

Non-Compliant Standards

	Standard #	Reason for Non-Compliance
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		

Not Applicable Standards

	Standard #	Reason for Non-Applicability
1		
2		
3		
4		
5		
6		
7		
8		
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Appendix H

Significant Incident Summary

This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Community Residential Facilities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: _____

Reporting Period: _____

Incident Type	Months													Total for Reporting Period
	➔													
Escapes														
Disturbances*														
Sexual Violence														
Homicide*	Offender Victim													
	Staff Victim													
	Other Victim													
Assaults	Offender/Offender													
	Offender/Staff													
Suicide														
Non-Compliance with a Mandatory Standard*														
Fire*														
Natural Disaster*														
Unnatural Death														
Other*														

**May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.*

Significant Incident Summary Glossary

Assaults – An altercation which results in serious injury requiring urgent and immediate medical attention and restricts usual activities.

Disturbance – Offender action that resulted in loss of control of the facility or a portion of the facility and required extraordinary measures to regain control.

Escape – As defined by the jurisdiction reporting.

Fire – A fire which results in evacuation of staff or offenders and/or significant damage to a facility or part of a facility structure.

Homicide – As defined by the jurisdiction reporting.

Non-Compliance with Mandatory Expected Practices – Determination that a condition results in non-compliance with a mandatory standard that is expected to result in sustained non-compliance.

Natural Disaster – A natural event such as a flood, tornado, tsunami, earthquake, or hurricane that causes great damage or loss of life.

Other – Any significant negative event or distraction that adversely impacts normal operations.

Serious Injury – Is a physical injury which creates a substantial risk of death, or which causes serious and protracted impairment of health or protracted loss or impairment of the function of any bodily organ.

Sexual Violence (as defined by PREA) – A substantiated, non-consensual sexual act includes one or more of the following behaviors:

- Contact between the penis and the vagina or the penis and the anus involving penetration, however slight. It does not include kicking, grabbing or punching genitals when the intent is to harm or debilitate rather than to sexually exploit.
- Contact between the mouth and the penis, vagina, or anus.
- Penetration of the anal or genital opening of another person by a hand, finger, or other object.

Unnatural Death – Death of a person in confinement for causes other than suicide, homicide, or accident that is contrary to the ordinary course of nature or otherwise abnormal.

Appendix I

Performance-Based Standards & Accreditation Department Critical Incident Report

The agency is responsible for notifying Standards & Accreditation staff of any critical incident that has the potential to affect expected practice compliance or facility accreditation as soon as possible within the context of the incident itself. This report is applicable to Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services and Small Juvenile Detention Facilities.

Report Number (Staff Use Only) _____

I. Introduction & Facility Information	
Governing/Parent Agency:	
Facility Name:	
City, State:	
Facility Contact Person:	
Telephone Number:	
Email Address:	
Date of Report:	
Date of Incident:	

II. Type of Incident	
<input type="checkbox"/> Disturbance:	Offender action that results in loss of control of the facility or a portion of the facility and required extraordinary measures to regain control.
<input type="checkbox"/> Fire:	A fire which results in evacuation of staff or Offenders and/or significant damage to a facility or part of a facility structure.
<input type="checkbox"/> Homicide:	As defined by the jurisdiction reporting.
<input type="checkbox"/> Natural Disaster:	A natural event such as a flood, tornado, earthquake, or hurricane that causes great damage or loss of life.
<input type="checkbox"/> Non-Compliance with Mandatory Expected Practice:	Determination that a condition results in non-compliance with a mandatory expected practice and is expected to result in sustained non-compliance.
<input type="checkbox"/> Other:	Any significant negative event or distraction that adversely impacts normal operations.

III. Summary of the Incident (attach additional documents if necessary)

Glossary

Absconder – an individual who fails to report for probation, parole, or aftercare supervision or leaves supervision of correctional or assigned staff.

Access to Care – offender seen in a timely manner by health care professional and professional care using clinical judgment.

Accreditation cycle – the three-year cycle between audits.

Accreditation manager – an agency employee designated by the agency administrator to supervise the planning and implementation of accreditation activities in the agency. He/she has comprehensive knowledge of the agency and sufficient authority within the agency to design and administer a successful accreditation strategy.

Accreditation panel – the subunit of the Commission on Accreditation for Corrections empowered to review applications and make final decisions on agency accreditation.

Accredited status – the three-year period during which the agency maintains and improves upon its standards compliance levels that were achieved at the time of the accreditation award.

Acute Psychiatric Episode – a brief, short term episode of mental illness lasting for approximately one month or less. This may be due to experiencing a stressful event.

Adjudicatory hearing – a hearing to determine whether the allegations of a petition are supported by the evidence beyond a reasonable doubt or by the preponderance of the evidence.

Administrative segregation – a form of separation from the general population administered by the classification committee or other authorized group when the continued presence of the inmate in the general population would pose a serious threat to life, property, self, staff, or other inmates or to the security or orderly running of the institution. Inmates pending investigation for trial on a criminal act or pending transfer also can be included. (*See* Protective custody, Segregation.)

Administrator – *see* Program director.

Administrator of field services – the individual directly responsible for directing and controlling the operations of the adult probation and/or parole field services program. This person may be a division head in a large correctional agency, a chief probation officer answering to a judge, or the administrative officer of a court or parole authority with responsibility for the field services program.

Admission – the process of entry into a program. During admission processing, the juvenile or adult offender receives an orientation to program goals, rules, and regulations. Assignment to living quarters and to appropriate staff also is completed at this time.

Adult community residential service – also referred to as halfway house, a community-based program providing group residence (such as a house, work release center, prerelease center) for probationers, parolees, residents in incarcerated status, and referrals through the courts or other agencies. Clients also may receive these services from the agency on a nonresidential basis. (*See* Out-client.)

Adult correctional institution – a confinement facility, usually under state or federal auspices, that has custodial authority over adults sentenced to confinement for more than one year.

Adult detention facility or jail – a local confinement facility with temporary custodial authority. Adults can be confined pending adjudication for 48 hours or more and usually for sentences of up to two years.

Affirmative action – a concept designed to ensure equal opportunity for all persons regardless of race, religion, age, sex, or ethnic origin. These equal opportunities include all personnel programming, such as selection, promotion, retention, rate of pay, demotion, transfer, layoff, and termination.

Aftercare – control, supervision, and care exercised over juveniles and in some case adults released from facilities through a stated release program. (*See* Releasing authority.)

Agency – the unit of a governing authority that has direct responsibility for the operations of a corrections program, including the implementation of policy as set by the governing authority. For a community residential center, this would be the administrative headquarters of the facilities. A single community facility that is not a part of a formal consolidation of community facilities is considered to be an agency. In a public agency, this could be a probation department, welfare department, or similar agency. For a juvenile correctional organization, this would be the central office responsible for governing the juvenile correctional system for the jurisdiction.

Agency administrator – the administrative officer appointed by the governing authority or designee who is responsible for all operations of the agency, such as the department of corrections or parole, and all related programs under his or her control.

Agency industries administrator – the individual who has functional responsibility for industries operations throughout the correctional system. Titles, such as head of industries, superintendent, chief, director, or general manager, may be used to denote this position.

Alternative meal service – foods provided to comply with the medical, religious, or security requirements. Alternative meals must be designed to ensure basic health needs are met and are provided in strict compliance with the policies signed by the chief executive officer, the chief medical officer, and for the religious diets, by the appropriate religious leader.

Annual certification statement – the document an accredited agency submits to ACA to verify continued compliance with the standards, report on its progress of implementing plans of action, and advise the Association of any significant events that may have occurred. It is due on the anniversary of the accreditation award.

Appeal – the agency's attempt to change the visiting committee's decision on a standard. The result of a successful appeal is a change in the status of the standard, either compliance or applicability, and a recalculation of the compliance tally.

Applicant agency – an agency involved in the exchange of materials, information, and correspondence with ACA while preparing to participate in the accreditation process.

Appropriately trained and qualified individual for working with offenders with disabilities – one who has been designated by the warden, superintendent, or other authority to coordinate efforts to comply with and carry out responsibilities defined by the Americans with Disabilities Act. This individual should develop relationships with, and use the expertise of institutional staff, advocacy groups, nonprofit organizations, agencies of government, and others who have relevant knowledge and experience.

Arrival – the act of physically entering and being in the care and custody of the facility. The arrival process commences immediately upon an offender entering and shall not extend beyond 12 hours of an offender's initial entrance into the facility.

Audit – an examination of agency or facility records or accounts to check their accuracy. It is conducted by a person or persons not directly involved in the creation and maintenance of these records or accounts. An independent audit results in an opinion that either affirms or disaffirms the accuracy of records or accounts. An operational or internal audit usually results in a report to management that is not shared with those outside the agency.

Auditor – the term frequently used to refer to ACA consultants who conduct the pre-accreditation assessments, technical assistance visits, standards compliance audits, and monitoring visits.

Authority having jurisdiction – may be a federal, state, local, or other regional department or individual, such as the fire chief, fire marshal, chief of a fire prevention bureau, labor department, health department, building official, electrical inspector, or other with standing authority who are knowledgeable about the requirements of the National Fire Protection Life Safety Code. This person may be employed by the department/agency, provided that he or she is not under the authority of the facility administrator and that the report generated is referred to higher authorities within the department/agency independent of influence by the facility administrator or staff, no matter who generates the report.

Behavioral Health Care Practitioner – *see* Mental health care practitioner/provider/professional.

Behavioral Health Outpatient Services – the most common level of services provided is outpatient services which allow inmates to remain housed in a general population setting and access behavioral health services when needed. Outpatient services allow inmates to participate in individual and/or group services based on need. The goal is always to provide treatment at the least intensive level of services which maintains the inmate's safety and behavioral health stability.

Behavioral Health Screening – *see* Mental health screening.

Behavioral Health Trained Staff – correctional officers or other correctional personnel who may be trained and appropriately supervised to carry out specific duties with regard to the administration of mental/behavioral health care.

Bio-hazardous Waste – any waste containing infectious material or potentially infectious material such as blood. It is waste that could cause injury during handling if not handled properly.

Body Fluid Testing Program – a program, often used in conjunction with substance use education or treatment programs, where urine samples and other bodily fluids/tissues are collected on a random or other basis from offenders suspected of having a history of drug or alcohol use to determine current or recent use.

Booking – both a law enforcement process and a detention-facility procedure. As a police administrative action, it is an official recording of an arrest and the identification of the person, place, time, arresting authority, and reason for the arrest. In a detention facility, it is a procedure for the admission of a person charged with or convicted of an offense, which includes searching, fingerprinting, photographing, medical screening, and collecting personal history data. Booking also includes the inventory and storage of the individual's personal property.

Boot camp – a short-term correctional unit designed to combine elements of basic military training programs and appropriate correctional components.

Camp – a nonsecure residential program located in a relatively remote area. The residents participate in a structured program that emphasizes outdoor work, including conservation and related activities. There are often twenty to sixty residents in these facilities.

Candidate status – the period after an agency has completed its self-evaluation report. Candidate status continues until standards compliance is verified during the audit and the accreditation decision is made.

Career development plan – the planned sequence of promotions within an agency that contains provision for (1) vertical movement throughout the entire range of a particular discipline, (2) horizontal movement encouraging lateral and promotional movement among disciplines, and (3) opportunity for all to compete for the position of head of the agency. Progression along these three dimensions can occur as long as the candidate has the ambition, ability, and required qualifications.

Case conference – a conference between individuals working with the juvenile or adult offender to see that court-ordered services are being provided.

Case record – information concerning an offender's or juvenile's criminal, personal, and medical history, behavior, and activities while in custody. The record typically includes commitment papers, court orders, detainers, personal property receipts, visitor's list, photographs, fingerprints, type of custody, disciplinary infractions and action taken, grievance reports, work assignments, program participation, and miscellaneous correspondence.

Case Management – the process of assisting offenders in maintaining access to medical, social, educational, and other services, including but not limited to, the development of a specific care plan, referrals, monitoring, and follow-up.

Cases of exceptional merit – outstanding prison adjustment beyond that normally expected, performance of a meritorious deed by the inmate or juvenile, or existence of an unusual employment opportunity for which the inmate or juvenile is especially qualified and which would not be available at the time of the normal parole or release date.

Casework – the function of the caseworker, social worker, or other professional in providing services, such as counseling, to individuals in custody.

Caustic material – a substance capable of destroying or eating away by chemical reaction.

Cellblock – a group or cluster of single and/or multiple occupancy cells or detention rooms immediately adjacent and directly accessible to a day or activity room. In some facilities, the cellblock consists of a row of cells fronted by a day-room of corridor-like proportions.

Chemical agent – an active substance, such as tear gas, used to defer activities that might cause personal injury or property damage.

Chief – *see* Agency industries administrator.

Chief of police – a local law enforcement official who is the appointed or elected chief executive of a police department and is responsible for the operation of the city jail or lockup.

Chronic care – health care services provided to patients with long-term health conditions or illnesses. Care usually includes initial assessment, treatment, and periodic monitoring to evaluate the patient’s condition.

Chronic illness – a disease process or condition that persists over an extended period of time. Chronic illnesses include but are not limited to diabetes, hypertension, asthma, HIV, seizures, and mental health diagnosis.

Classification – a process for determining the needs and requirements of those for whom confinement has been ordered and for assigning them to housing units and programs according to their needs and existing resources.

Clinical services – health care services administered to offenders in a clinic setting by persons qualified to practice in one of the health care disciplines.

Clinician – persons qualified to assess, evaluate and treat patients according to the dictates of their professional practice act. These may include physicians, nurses, physician assistants, nurse practitioners, dentists, psychologists, psychiatrists, licensed professional counselors, and social workers.

Co-correctional facility – an institution designed to house both male and female juvenile or adult offenders.

Code – any set of standards set forth and enforced by a local government agency for the protection of public safety, health, and so forth, as in the structural safety of buildings (building code), health requirements for plumbing, ventilation, and so forth (sanitary or health code), and the specifications for fire escapes or exits (fire code).

Code of ethics – a set of rules describing acceptable standards of conduct for all employees.

Combustible liquid – a substance with a flash point at or above 100 degrees Fahrenheit, a Class II or Class III liquid.

Commissary – an area or system where approved items are available for purchase by juveniles or inmates.

Commission on Accreditation for Corrections (CAC) – the term used collectively to refer to the elected and appointed members empowered to render accreditation decisions.

Committing authority – the agency or court responsible for placing a juvenile in a program.

Communicable disease – a disease that can be transmitted from person to person, or animal to person.

Community-based program – *see* Adult community residential service.

Community resources – human services agencies, service clubs, citizen interest groups, self-help groups, and individual citizen volunteers that offer services, facilities, or other functions that can meet the needs of the facility or have the potential to assist residents. These various resources, which may be public or private and national or local, may assist with material and financial support, guidance, counseling, and supportive services.

Comprehensive Evaluation – *see* Mental Health Evaluation.

Computing device – any electronic equipment controlled by a CPU, including desktop and laptop computers, smartphones and tablets. A general-purpose device that can access software for many purposes, including software applications distributed through a network, in contrast with information technology infrastructure equipment, such as a server, network switch or router.

Consult – a patient evaluation as requested by a health care practitioner/provider seeking additional information, and approved by a utilization review process or by the health care authority.

Contact visiting – a program inside or outside the facility that permits offenders or juveniles to visit with designated person(s). The area is free of obstacles or barriers that prohibit physical contact.

Continuity of care – health care provided on an ongoing basis without interruption beginning with the offender's initial contact with health care personnel through discharge planning.

Continuous Quality Improvement – a structured systematic process that is used to review and monitor the quality, efficiency and effectiveness of a health care delivery system. The process includes the identification of areas in need of improvement and the development and implementation of corrective actions, including an evaluation of the efficacy of implemented actions.

Contraband – any item possessed by confined juvenile or adult offenders or found within the facility that is illegal by law or expressly prohibited by those legally charged with the administration and operation of the facility or program.

Contract – the written, signed agreement between the ACA and the agency specifying responsibilities, activities, and financial obligations.

Contractor – a person or organization that agrees to furnish materials or to perform services for the facility or jurisdiction at a specified price. Contractors operating in correctional facilities are subject to all applicable rules and regulations of the facility.

Contractual arrangement – an agreement with a private party (such as an incorporated agency or married couple) to provide services to juveniles or adult offenders for compensation. (*See* Independent operator.)

Control center – a very secure, self-contained unit designed to maintain the security of the facility. Policies governing the design, staffing, and accessibility of the control center ensure that it cannot be commandeered by unauthorized persons.

Controlled substance – any drug regulated by the Drug Enforcement Act.

Copayment – a fee charged an offender by the correctional institution for health care or other services.

Corporal punishment – any act of inflicting punishment directly on the body, causing pain or injury.

Correctional facility – a place used for the incarceration of individuals accused of or convicted of criminal activity. A correctional facility is managed by a single chief executive officer with broad authority for the operation of the facility. This authorization typically includes the final authority for decisions concerning the employment or termination of staff members, and the facility operation and programming within guidelines established by the parent agency or governing body. A correctional facility also must have (1) a separate perimeter that precludes the regular commingling of the inmates with inmates from other facilities, (2) a separate facility budget managed by a chief executive officer within guidelines established by the parent agency or governing authority, and (3) staff that are permanently assigned to the facility.

Correspondent status – the initial period after an agency applies for accreditation. At this time, the agency evaluates its compliance with the standards and prepares a self-evaluation report.

Counseling – an activity designed to assist an individual or group to develop understanding of personal strengths and weaknesses, to restructure concepts and feelings, to define goals and to plan actions as these are related to personal, social, educational and career development and adjustment.

County parole – the status of a county jail inmate who, convicted of a misdemeanor and conditionally released from a confinement facility prior to the expiration of his or her sentence, has been placed under supervision in the community for a period of time.

Counseling Evaluation – *see* Comprehensive Evaluation.

Credentials – documentation that demonstrates health care professionals are qualified and currently licensed, certified, and/or registered as applicable to provide health services within their scope of practice.

Criminal record check – process of investigating whether the background of an individual has any criminal convictions. It is conducted in accordance with state and federal statutes.

Crisis Intervention – emergency behavioral health care aimed at assisting inmates in a crisis situation to restore equilibrium and minimize potential for psychological trauma.

Critical Incident Debriefing – a small group supportive crisis intervention process that focuses on the immediate incident. Its purpose is to help staff return to their daily routine with less likelihood of experiencing symptoms of a trauma disorder.

Custody – level of restriction of inmate movement within a detention/correctional facility, usually divided into maximum, medium, and minimum risk levels.

Dayroom – space for activities that is situated immediately adjacent to the offender/juvenile sleeping areas and separated from them by a wall.

Decontamination – the neutralization or removal of dangerous substances or germs from an area, object or person.

Delinquent act – an act that, if committed by an adult, would be considered a crime.

Delinquent youth – also referred to as a juvenile delinquent or a criminal-type offender, a juvenile who has been charged with or adjudicated for conduct that would, under the law of the jurisdiction in which the offense was committed, be a crime if committed by an adult. (*See also* Status offender; Juvenile.)

Dental exam – an examination by a licensed dentist that includes a dental history, exploration and charting of teeth, examination of the oral cavity, and x-rays if clinically indicated.

Dental Screening – an assessment of dental pain, swelling or functional impairment that includes checking for cavities and gum disease. It may include dental x-rays or other diagnostic procedures.

Dental Specialist – a licensed dentist who specializes in specific area of oral health.

Detainee – any person confined in a local detention facility not serving a sentence for a criminal offense.

Detainer – a warrant placed against a person in a federal, state, or local correctional facility that notifies the holding authority of the intention of another jurisdiction to take custody of that individual when he or she is released.

Detention warrant – a warrant that authorizes the arrest and temporary detention of a parolee pending preliminary revocation proceedings. A detention warrant should be distinguished from a warrant for the return of a parolee to prison, although return warrants are sometimes used as detainers. For the purpose of these standards, return warrants used as detainers also are deemed to be detention warrants.

Developmental disabilities – a group of disorders characterized by deficits in mental functioning and adaptive behaviors that affect daily living.

Diagnostic Interview – an interview conducted to gather information from an individual to help determine if the individual has a mental illness and if so, the type of mental illness the individual may have.

Direct care staff – any staff member who routinely has contact with the inmate or juvenile population.

Direct supervision – a method of inmate management that ensures continuing direct contact between inmates and staff by posting an officer(s) inside each housing unit. Officers in general housing units are not separated from inmates by a physical barrier. Officers provide frequent, nonscheduled observation of and personal interaction with inmates.

Direct threat – significant risk of substantial harm to the health or safety of any person including the applicant or employee with a disability that cannot be eliminated or reduced by reasonable accommodation.

Director – *see* Agency industries administrator.

Disability – a physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment.

Disciplinary detention – a form of separation from the general population in which inmates committing serious violations of conduct regulations are confined by the disciplinary committee or other authorized group for short periods of time to individual cells separated from the general population. Placement in detention only may occur after a finding of a rule violation at an impartial hearing and when there is not an adequate alternative disposition to regulate the inmate's behavior. (*See* Protective custody; Segregation.)

Disciplinary hearing – a nonjudicial administrative procedure to determine if substantial evidence exists to find an inmate guilty of a rule violation.

Dispositional hearing – a hearing held subsequent to the adjudicatory hearing to determine what order of disposition (for example, probation, training school, or foster home) should be made concerning a juvenile adjudicated as delinquent.

Diversions – the official halting or suspension, at any legally prescribed point after a recorded justice system entry, of formal criminal or juvenile justice proceedings against an alleged offender. The suspension of proceedings may be in conjunction with a referral of that person to a treatment or care program administered by a nonjudicial agency or a private agency, or there may be no referral.

Due process safeguards – procedures that ensure just, equal, and lawful treatment of an individual involved in all stages of the juvenile or criminal justice system, such as a notice of allegations, impartial and objective fact finding, the right to counsel, a written record of proceedings, a statement of any disposition ordered with the reasons for it, and the right to confront accusers, call witnesses, and present evidence.

Ectoparasites – parasites that live on the outside of the host, such as fleas or lice.

Education program – a program of formal academic education or a vocational training activity designed to improve employment capability.

Educational release – the designated time when residents or inmates leave the program or institution to attend school in the community and return to custody after school hours.

Elective surgery – surgery that is not essential and is not required for survival; especially surgery to correct a condition that is not life-threatening.

Elective Therapy – therapy that is not required or essential to the well-being of the individual.

Emergency – any significant disruption of normal facility or agency procedure, policy, or activity caused by riot, escape, fire, natural disaster, employee action, or other serious incident.

Emergency care – care of an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call. Emergency care shall be provided to the resident population by the health care staff or other health trained staff. This care shall be expedited by following specific written procedures for medical emergencies described in the standards.

Emergency plans – written documents that address specific actions to be taken in an institutional emergency or catastrophe such as a fire, flood, riot, or other major disruption.

Emergency power – an alternate power system that is activated when the primary source of electricity is interrupted. The system may be an emergency generator, battery-operated power pack or an alternate supply source.

Environmental health – all conditions, circumstances, and surrounding influences that affect the health of individuals or groups in the area.

Escape – the act of breaking free of confinement or control while inside, or in the custody of, a correctional facility.

Expected practices – actions and activities that if implemented properly (according to protocols) will produce the desired outcome. They are what we think is necessary to achieve and maintain compliance with the standard – but not necessarily the only way to do so. They are activities that represent the current experience of the field, but that are not necessarily supported by research. As the field learns and evolves, so will the practices.

Extended Restrictive Housing – housing that separates the offender from contact with general population while restricting an offender/inmate to his/her cell for at least 22 hours per day and for more than 30 days for the safe and secure operation of the facility.

Extended Restrictive Housing with Medical and Behavioral Health Treatment – offenders who are placed in long term Restrictive Housing to his or her cell for at least 22 hours per day and for more than 30 days that are in need of Behavioral health treatment and services.

Facility – a place, institution, building (or part thereof), set of buildings, or area (whether or not enclosing a building or set of buildings) that is used for the lawful custody and/or treatment of individuals. It may be owned and/or operated by public or private agencies and includes the staff and services as well as the buildings and grounds.

Facility administrator – any official, regardless of local title (for example sheriff, chief of police, administrator, warden/superintendent), who has the ultimate responsibility for managing and operating the facility.

Field agency – the unit of a governing authority that has direct responsibility for the provision of field supervision services and for the carrying out of policy as set by the governing authority.

Field services – services provided to delinquent juveniles, status offenders, or adult offenders in the community by probation, parole, or other agencies.

Field staff/field workers – the professionals assigned case responsibility for control, supervision, and provision of program services to delinquent juveniles or adult offenders.

Firearm – a small arms weapon, such as a rifle or pistol, from which a projectile is fired by gunpowder.

First aid – care for a condition that requires immediate assistance from an individual trained in first aid care and the use of the facility's first aid kits.

Fiscal position control – the process that ensures that individuals on the payroll are legally employed, positions are authorized in the budget, and funds are available.

Flammable liquid – a substance with a flashpoint below 100 degrees Fahrenheit, classified as a Class I liquid.

Flash point – the minimum temperature at which a liquid will give off sufficient vapors to form an ignitable mixture with the air near the surface of the liquid (or in the vessel used).

Foot-candle – a unit for measuring the intensity of illumination, defined as the amount of light thrown on a surface one-foot away from the light source.

Formulary – a list of prescription and nonprescription medications that have been approved by the medical director and/or health authority.

Furlough/temporary leave – a period of time during which a resident is allowed to leave the facility and go into the community unsupervised.

Goal statement – a general statement of what is sought within the functional area of the performance-based standard.

Good time – a system established by law whereby a convicted offender is credited a set amount of time, which is subtracted from his or her sentence, for specified periods of time served in an acceptable manner.

Governing authority – in public/governmental agencies, the administrative department or division to which the agency reports; the policy-setting body. In private agencies, this may be an administrative headquarters, central unit, or the board of directors or trustees.

Grievance/grievance process – a circumstance or action considered to be unjust and grounds for complaint or resentment and/or a response to that circumstance in the form of a written complaint filed with the appropriate body.

Halfway house – *see* Adult community residential service.

Handicapped – having a mental or physical impediment or disadvantage that substantially limits an individual's ability to use programs or services.

Hardship cases – serious mental or terminal medical illness, imminent death or death of a member of the inmate's immediate family.

Head of industries – *see* Agency industries administrator.

Health agency – an organization that provides health care services to an institution or a system of institutions.

Health Appraisal – a health assessment that includes a review of previous health records, collection of data including any laboratory results or diagnostic tests, vital signs and other information necessary to provide care

Health authority – the health administrator, or agency responsible for the provision of health care services at an institution or system of institutions; the responsible physician may be the health authority.

Health care – a system of preventative and therapeutic services that provide for the physical and mental well-being of a population. It includes, but is not limited to: medical services, dental services, behavioral health services, nursing services, pharmaceutical services, personal hygiene, dietary services, and environmental conditions.

Health Care Administration – *see* Health Authority.

Health care personnel – individuals whose primary duty is to provide health services to juveniles or adult inmates in keeping with their respective levels of health care training, licensure, or experience.

Health care practitioner/provider – clinicians trained to diagnose and treat patients, such as physicians, dentists, psychologists, licensed professional counselors, licensed social workers, podiatrists, optometrists, nurse practitioners, and physician assistants.

Health care professional – staff who perform clinical duties, such as health care practitioners, nurses, licensed professional counselors, social workers, and emergency medical technicians in accordance with each health care professional's scope of training and applicable licensing, registration, certification, and regulatory requirements.

Health care provider – an individual licensed in the delivery of health care.

Health care services – a system of preventative and therapeutic services that provide for the physical and mental well-being of a population. Includes, but not limited to: medical services, dental services, behavioral health services, nursing services, pharmaceutical services, personal hygiene, dietary services, and environmental conditions.

Health Care Staff – *see* Health Care Personnel.

Health Care Supervision – health care services provided to an individual who needs health care treatment.

Health/medical screen – a structured inquiry and observation to prevent offenders who pose a health or safety threat to themselves or others from being admitted to the general population and to identify offenders who require immediate medical attention. The screen can be initiated at the time of admission, at scheduled intervals, or other times as appropriate, by health care personnel or by a health-trained correctional officer.

Health-trained personnel/Medically trained personnel – correctional officers or other correctional personnel who may be trained and appropriately supervised to carry out specific duties with regard to the administration of health care.

Hearing – a proceeding to determine a course of action, such as the placement of a juvenile or adult offender, or to determine guilt or innocence in a disciplinary matter. Argument, witnesses, or evidence are heard by a judicial officer or administrative body in making the determination.

Hearing examiner – an individual appointed by the parole authority who conducts hearings for the authority. His or her power of decision making may include, but not be limited to, making parole recommendations to granting, denying, or revoking parole.

Holding facility/Lockup – a temporary confinement facility, for which the custodial authority is usually less than forty-eight hours, where arrested persons are held pending release, adjudication, or transfer to another facility.

Holidays – all days legally designated as non-workdays by statute or by the chief governing authority of a jurisdiction.

House parent – *see* Program director.

Improvement – *see* Quality assurance.

Incident report – a written document reporting a special event such as de-escalation, use of chemical agents, discharge of firearms, and so forth. The term is often used interchangeably with the term “disciplinary report.”

Independent audit – an audit that is completed independent of influence by the agency or organization being audited.

Independent operator – a person or persons who contract with a correctional agency or other governmental agency to operate and manage a correctional program or facility.

Independent outside source – *see* Authority having jurisdiction.

Independent source – a person, organization or group that acts independently from the correctional unit being evaluated. An independent source may not be a staff member who reports to the chief executive officer of the unit being audited.

Indigent – an individual with no funds or source of income.

Individualized Treatment Plan – *see* Treatment Plan.

Industries – an activity existing in a correctional system that uses inmate labor to produce goods and/or services for sale. These goods and/or services are sold at prices calculated to recover all or a substantial portion of costs associated with their production and may include a margin of profit. Sale of the products and/or services is not limited to the institution where the industries activity is located.

Infection control program – a program designed to investigate, prevent, and control the spread of infections and communicable disease.

Infirmary – a specific area within an institution, separate from other housing areas, where offenders are admitted for skilled nursing care under the supervision and direction of a health care practitioner/provider.

Information system/Management information system – the concepts, personnel, and supporting technology for the collection, organization, and delivery of information for administrative use. There are two such types of information:

- (1) standard information, consisting of the data required for operations control such as the daily count, payroll data in a personnel office, probation/parole success rates, referral sources, and caseload levels;

- (2) demand information, consisting of information that can be generated when a report is required, such as information on the number of residents in educational and training programs, duration of residence, or the number of residents eligible for discharge during a 12-month period by offense, sentence, and month of release.

Information Technology Asset – any company-owned information, computing devices, computing software, data networks, data, and other resources necessary to support the agency's information technology system which is used in the course of business activities.

Informed consent – the agreement by a patient to a treatment, examination, or procedure after the patient receives the material facts regarding the nature, consequences, risks, and alternatives concerning the proposed treatment, examination, or procedure.

Inmate – any individual, whether in pretrial, unsentenced, or sentenced status, who is confined in a correctional facility.

Inmate compensation – incentives that are given for services provided. Incentives may be monetary compensation, special housing, extra privileges, good time credits, and other items of value.

Inpatient Behavioral health Care Unit – a designated, secure, treatment facility or housing unit that provides the most treatment intensive services. Qualified health care staff are available 24 hours a day, 7 days a week for the purpose of providing necessary treatment and services for patients with acute deterioration in mental functioning; or pose a significant danger to self or others; or exhibit marked psychosocial, behavioral and mental dysfunction that precludes them from adequate adaptive functioning in less restrictive settings.

Institution industries manager – the individual designated as responsible for industries operations at a specific institution in the correctional system.

Intellectual disability – a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which originates before the age of 18 and covers a range of everyday social and practical skills, as assessed by clinical evaluation and standardized testing.

Interstate Compact on Juveniles – this program established in 1955 regulates the interstate movement of juveniles under court supervision, specifically, juveniles who have run away from home without consent of a parent or legal guardian; been placed on probation/parole and want to reside in another state; those absconded or escaped from an institution in another state; or those who require institutional care/specialized services in another state; or those who have a pending hearing and have run away to another state.

Interstate Compact for the Supervision of Probationers and Parolees – an agreement entered into by eligible jurisdictions in the United States and its territories that provides the criteria for these jurisdictions to cooperate in working with probation and release.

Intersystem transfers – transfers from one distinct correctional system to another.

Intra-system transfers – transfers from facility to facility within a correctional system. This only applies to contractual relationships if the contracting agency is ACA accredited.

Jail – *See* Adult detention facility.

Judicial review – a proceeding to reexamine the course of action or continued confinement of a juvenile in a secure detention facility. Arguments, witnesses, or evidence are not required as part of the review. Reviews may be conducted by a judge, judicial officer, or an administrator who has been delegated the authority to release juveniles from secure detention with the approval of the judge.

Juvenile – a person under the age of 21, or as defined in the local jurisdiction as under the age of majority.

Juvenile community residential program – a program housed in a structure without security fences and security hardware or other major restraining construction typically associated with correctional facilities, such as a converted apartment building or private home. They are not constructed as or intended to be detention facilities. Except for daycare programs, they provide twenty-four-hour care, programs, and supervision to juveniles in residence. Their focus is on providing the juvenile with positive adult models and program activities that assist in resolving problems specific to this age group in an environment conducive to positive behavior in the community.

Juvenile correctional facility – an institution that may provide supervision, programs, and residential services for more than 100 residents. These facilities are designed and operated to be secure institutions. Juvenile development centers, juvenile treatment centers, secure training schools, and other facilities in the category may serve relatively smaller populations ranging from 40 to 100 juveniles. The age range served is generally from 13 to 18 years of age, although in many jurisdictions, residents may be as young as 10 or as old as 25 years of age. Older residents are usually juveniles who have been returned to the facility as parole violators.

Juvenile day treatment program – a program that provides services to juveniles who live at home and report to the program on a daily basis. Juveniles in these programs require more attention than that provided by probation and aftercare services. Often the program operates its own education program through the local school district. The population usually is drawn from court commitments but may include juveniles enrolled as a preventive or diversionary measure. The program may operate as part of a residential program, and it may provide space for occasional overnight stays by program participants where circumstances warrant additional assistance.

Juvenile delinquent – *see* Delinquent youth.

Juvenile detention – temporary care of juvenile offenders and juveniles alleged to be delinquent who require secure custody in a physically restricting facility.

Juvenile development center – *see* Juvenile correctional facility.

Juvenile group home – nonsecure residential program emphasizing family-style living in a homelike atmosphere. Program goals are similar to those for large community residential programs. Although group homes usually house juveniles who are court-committed, they also house abused or neglected juveniles who are placed by social agencies. Small group homes serve from four to eight juveniles; large group homes serve eight to twelve. Participating juveniles range in age from 10 to 17, with the concentration from 13 to 16.

Juvenile intake – process of determining whether the interests of the public or the juvenile require the filing of a petition with the juvenile court. Generally, an intake officer receives, reviews, and processes complaints, recommends detention or release, and provides services for juveniles and their families, including diversion and referral to other community agencies.

Juvenile nonresidential program – a program that provides services to juveniles who live at home and report to the program on a daily basis. Juveniles in these programs require more attention than that provided by probation and aftercare services. Often the program operates its own education program through the local school district. The population of non-residential programs may be as many as 50 boys and girls ranging in age from 10 to 18. The population is usually drawn from court commitments but may include juveniles enrolled as a preventive or diversionary measure. The program may operate as part of a residential program, and it may provide space for occasional overnight stays by program participants where circumstances warrant additional assistance.

Juvenile ranch – nonsecure residential program providing services to juveniles in a rural setting. Typically, the residents participate in a structured program of education, recreation, and facility maintenance, including responsibility for the physical plant, its equipment, and livestock. Often there are 20-to-60 juveniles in the ranch setting, ranging in age from 13 to 18.

Juvenile service center – *see* Juvenile correctional facility.

Juvenile village – *see* Juvenile correctional facility.

Library service – a service that provides reading materials for convenient use; circulation of reading materials; service to help provide users with library materials, educational and recreational audio/visual materials, or a combination of these services.

Licensed Health Care Staff – *see* Health Care Professional or Professional Staff of Health Care Practitioner/Provider.

Life Safety Code – a manual published and updated by the National Fire Protection Association specifying minimum standards for fire safety necessary in the public interest. Two chapters are devoted to correctional facilities.

Lockup – *see* Holding facility.

Mail inspection – examination of incoming and outgoing mail for contraband, cash, checks, and money orders.

Major equipment – equipment that is securely and permanently fastened to the building or any equipment with a current book value of \$1,000 or more.

Major infraction – rule violation involving a grievous loss and requiring imposition of due process procedures. Major infractions include (1) violations that may result in disciplinary detention or administrative segregation; (2) violations for which punishment may tend to increase an inmate's sentence; (3) violations that may result in a forfeiture, such as loss of good-time or work time; and (4) violations that may be referred for criminal prosecution.

Management information system – *see* Information system.

Management Plan – *see* Treatment Plan.

Mandatory standard – a standard that has been determined by the American Correctional Association to directly affect the life, health, and safety of offenders and correctional personnel.

Master index file – used in an institution to keep track of the inmates who are housed in particular housing units.

Medical Examination – *see* Physical Examination.

Medical Observation – specific care within an institution separate from other housing areas where offenders are monitored by health staff but do not require skilled nursing care. Examples include: observation following dental extraction, cast application, or medication administration – but NOT acute care like infirmary.

Medical records – separate records of medical and other health disciplines, examinations and diagnoses maintained by the responsible entity. The date and time of all medical examinations and copies of standing or direct medical orders from the physician to the facility staff should be transferred to the resident's or staff's record.

Medical restraints – any method of restricting an individual's freedom of movement, physical activity, or normal access to his or her body. This includes emergency medications, such as sedatives, or physical restraints, applied only for psychiatric or behavioral purposes. Metal handcuffs and leg shackles are not considered medical restraints.

Medical screen – *see* Health screen.

Medical Supervision – *see* Health Care Supervision.

Medically trained personnel – *see* Health trained personnel.

Medically unexpected deaths – those that occur suddenly without any clinical warning (in other words, sudden death) and are not a result of a previously diagnosed medical condition(s) that is life-threatening, for example, certain cancers, AIDS, congestive heart failure, kidney or liver failure, and geriatric co-morbidities. This may also include offenders who succumb despite well managed chronic conditions.

Medication administration – process of giving a dose of a prescribed or over-the-counter medication to a patient.

Medication dispensing – the process of placing one or more doses of a medication into a container that is labeled to indicate the name of the patient, the contents of the container, and other necessary information by pharmacies as authorized by the jurisdiction.

Medication disposal – destruction or removal of medication from a facility after discontinuation of its use per local, state, and federal regulation.

Mental disorder – a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning and usually associated with significant distress in social, occupational, or other activities of daily living.

Mental Health Appraisal – the process of identifying offenders with psychological needs through the review of information obtained in the mental health screening along with any other information regarding the individual's mental health needs. This review may include a mental status exam, mental health evaluation, clinical interview, psychological testing, psychological observation, records review, and gathering of collateral information. The review of this information should be completed by a QMHP.

Mental Health Assessment – a mental health screening by a Qualified Mental Health Person with in-depth gathering of information about an individual such as a mental status exam and psychosocial background along with a clinical interview. This assessment may result in a referral for a more comprehensive Mental Health Evaluation (MHE).

Mental Health Authority – a qualified mental health clinician credentialed with the responsibility to ensure the integrity of mental health care/delivery of mental health services and ensures compliance with American Correctional Association mental health expected practices.

Mental health care practitioner/provider/professional – mental health staff who are qualified to diagnose and treat patients with a mental illness, (for example, physicians, physician extenders, psychologists, licensed professional counselors, and social workers) in accordance with each health care professional's scope of training and applicable licensing, registration, certification, and regulatory requirements.

Mental Health Evaluation (MHE) – a comprehensive assessment of an offender's presenting problem or referral question which formulates a diagnostic impression and identifies treatment/intervention needs which are formulated in the development of an individualized treatment plan. The evaluation includes documentation of historical information such as mental health treatment and psychosocial background, a diagnostic interview which should include a current mental status exam and an assessment of self-harm risk. Psychometric testing may be conducted to assess personality, intellectual, and coping abilities.

Mental health screening – review by a qualified, mental health professional or mental health trained health care professional of any history of psychological problems and examination of any current psychological problems to determine, with reasonable assurances, that the individuals pose no significant risk to themselves or others.

Mental Health Services – the sum of all actions taken for the mental well being of the inmate population including a range of diagnosis, treatment and follow up services. These may include the use of a variety of psychosocial, psychoeducational and pharmacological therapies either individually or in group settings to alleviate symptoms, attain appropriate functioning, prevent relapses and help the patient develop and pursue their personal recovery plan.

Mental health staff – individuals whose primary duty is to provide mental health services to inmates commensurate with their respective levels of education, experience, training, and credentials.

Mental Health Trained Staff – correctional officers or other correctional personnel who may be trained and appropriately supervised to carry out specific duties with regard to the administration of mental/behavioral health care.

Mental illness – psychiatric illness or disease expressed primarily through abnormalities of thought, feeling, and behavior producing either distress and/or impaired function.

Mental Status Examination (MSE) – an assessment of an individual’s level of cognitive abilities, appearance, emotional state and behavioral interactions. It involves questions, observations, objective findings, impressions and clinical judgment of the mental health professional and commonly includes observations of appearance, level of consciousness, speech and language, emotions, thoughts, perceptual alterations, orientation, dangerousness to self & others, memory, abstract thinking, intellectual ability, judgment, and insight.

Mid-level practitioner – nurse practitioner or physician’s assistant licensed or credentialed to assume an expanded role in providing medical care under the supervision of a physician.

Minor infraction – a violation of the facility’s rules of conduct that does not require due process and can be resolved without the imposition of serious penalties. Minor infractions do not violate any state or federal statutes and may be resolved informally by the reporting staff.

Multidisciplinary Services team – provides integrated services by assessing an inmate’s needs; developing an individualized plan and ensuring that services are delivered in an effective manner to assist the inmate in transition to general population or the community.

- The team may include but is not limited to a facility administrator and correctional, treatment, and programming staffs.

Multidisciplinary treatment team – provides an integrated team approach to inmate care and treatment. The members meet together to develop and provide necessary health and behavioral health care services and individualized treatment for inmates with particular emphasis on addressing needs during confinement in Restrictive Housing and step-down programs.

- The team may include psychologists, psychiatric practitioners, licensed social workers, licensed mental health counselors, registered nurses, activity therapists, and correctional staffs.

Natural light – the illumination from the sun; daylight.

Needs Assessment – a standardized tool administered to determine the level of substance use risks and treatment needs.

Neurodevelopmental Disorders – developmental disorders affecting intelligence and impairment in daily living skills, with onset in the developmental period, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning.

New construction – standards regulating “new construction” will be deemed applicable to a facility if the final plans were approved or legal permit was issued later than six months after the release of the *Standards Supplement*, which includes no official change to the standard. For example, a standard regulating new construction passed in 2010 will be applicable to all facilities whose final plans were approved or legal permits were issued in or after June 2012 (following the January release of the *2012 Standards Supplement*).

NFPA – National Fire Protection Association publishes the Life Safety Code.

National uniform parole report system – cooperative effort sponsored by the National Parole Institute that calls for the voluntary cooperation of all federal and state authorities having responsibility for felony offenders in developing some common terms to describe parolee (age, sex, and prior record) and some common definitions to describe parole performance. These types of data allow comparisons across states and other jurisdictions.

Not applicable – term used in the accreditation process to describe a standard that does not apply to the correctional unit being audited. While the initial determination of applicability is made by American Correctional Association staff and/or the audit team, the final decision rests with the Commission on Accreditation.

Noncontact visiting – a program that restricts inmates from having physical contact with visitors. Physical barriers usually separate the offender from the visitors with screens and/or glass. Voice communications between the parties are typically accomplished with phones or speakers. Offenders who present a serious escape threat, are a threat to others, or require protection are often designated for noncontact visits.

Non-formulary medication – medications not listed in the approved institution or agency formulary.

Occupational exposure – exposure to potentially harmful chemical, physical, or biological agents that occur as a result of one's occupation.

Offender – individual convicted or adjudicated of a criminal offense.

Official personnel file – current and accurate record of the employee's job history, including all pertinent information relating to that history.

Operating unit – one distinct operation of the industry's activity, which may be operated as a cost center or separate accounting entity. It may take the form of a manufacturing operation (for example, furniture making or clothing production), an agricultural operation (for example, dairy or poultry farming, crop or orchard farming, cow or pig farming), or a service activity (for example, a warehouse, keypunch operation, microfilming process, laundering, auto repair, and so forth).

Orientation and reception – the reception period includes interviews, testing, and other admissions-related activities, including distribution of information about programs, services, rules, and regulations.

Out-client – individual who does not live at the facility but who may use facility services and programs.

Outcome measure – measurable events, occurrences, conditions, behaviors, or attitudes that demonstrate the extent to which a condition described has been achieved.

Parent – individual with whom a juvenile regularly lives and who is the biological, adoptive, or surrogate parent.

Parent agency – administrative department or division to whom the agency seeking accreditation reports; the policy-setting body.

Parole authority/Parole board/Parole commission – decision-making body that has responsibility to grant, deny, and/or revoke parole. The term "parole authority" includes all of these bodies.

Parole hearing – procedure conducted by a parole authority member and/or hearing examiner in which all pertinent aspects of an eligible inmate’s case are reviewed to make a decision or recommendation that would change the inmate’s legal status and/or degree of freedom.

Peer review – process of having patient care provided by a clinician reviewed and evaluated by a peer with similar credentials. An external peer review is completed by a medical professional not employed by the facility being reviewed.

Perimeter security – a system that controls ingress and egress to the interior of a facility or institution. The system may include electronic devices, walls, fences, patrols, and/or towers.

Permanent status – personnel status that provides due process protection prior to dismissal.

Personal property – property that legally belongs to the offender.

Personnel policies manual – a manual that is available to each employee and contains the following: an affirmative action program, an equal opportunity program, a policy for selection, retention, and promotion of all personnel on the basis of merit and specified qualifications, a code of ethics, rules for probationary employment, a compensation and benefit plan, provisions of the Americans with Disabilities Act (ADA), sexual harassment and sexual misconduct policy, grievance and appeal procedures, infection control procedures, and employees disciplinary procedures.

Personnel record – contains the following: initial application; reference letters; results of employment investigation; verification of training and experience; wage and salary information; job performance evaluations; incident reports, if any; and commendations and disciplinary actions, if any.

Petition – application for a court order or other judicial action. For example, a delinquency petition is an application for the court to act in the matter of a juvenile apprehended for a delinquent act.

Physical examination – evaluation of a patient’s current physical condition and medical history conducted by or under the supervision of a licensed professional.

Placing authority – agency or body with the authority to order a juvenile into a specific dispositional placement. This may be the juvenile court, the probation department, or another duly constituted and authorized placement agency.

Policy – course or line of action adopted and pursued by an agency that guides and determines present and future decisions and actions. Policies indicate the general course or direction of an organization within which the activities of the personnel must operate. They are statements of guiding principles that should be followed in directing activities toward the attainment of objectives. Attainment may lead to compliance with standards and compliance with the overall goals of the agency or system.

Population center – geographical area containing at least 10,000 people, along with public safety services, professional services, employment and educational opportunities, and cultural/recreational opportunities.

Preliminary hearing – hearing to determine whether probable cause exists to support an allegation of parole violation pending a revocation hearing by the parole authority.

Pretrial release – procedure whereby an accused individual who had been taken into custody is allowed to be released before and during his or her trial.

Preventive maintenance – a system designed to enhance the longevity and or usefulness of buildings or equipment in accordance with a planned schedule.

Private agency – the contracting agency of the governing authority that has direct responsibility for the operation of a corrections program.

Probation – court-ordered disposition alternative through which a convicted adult offender or an adjudicated delinquent is placed under the control, supervision, and care of a probation field staff member.

Probationary period – a period of time designated to evaluate and test an employee to ascertain fitness for the job.

Procedure – detailed and sequential actions that must be executed to ensure that a policy is fully implemented. It is the method of performing an operation or a manner of proceeding on a course of action. It differs from a policy in that it directs action in a particular situation to perform a specific task within the guidelines of policy.

Process indicators – documentation and other evidence that can be examined periodically and continuously to determine that practices are being properly implemented.

Professional association – collective body of individuals engaged in a particular profession or vocation.

Professional staff – social workers, probation officers, and other staff assigned to juvenile and adult offender cases. These individuals generally possess bachelor's degrees and advanced training in the social or behavioral sciences.

Program – plan or system through which a correctional agency works to meet its goals. This program may require a distinct physical setting, such as a correctional institution, community residential facility, group home, or foster home.

Program Administrator – *see* Program Director.

Program director – individual directly in charge of the program.

Prosthesis – functional or cosmetic artificial device that substitutes for a missing body part such as an arm, leg, eye, or tooth.

Protective custody – form of separation from the general population for inmates requesting or requiring protection from other inmates for reasons of health or safety. The inmate's status is reviewed periodically by the classification committee or other designated group. (*See* Administrative segregation; Disciplinary detention.)

Protocols – written instructions that guide implementation of expected practices, such as policies and procedures, training curriculum, offender handbooks, diagrams, and internal forms and logs.

Psychological Autopsy – a reconstructive psychological profile of the decedent based on the evaluation of risk factors and motivational analysis for the purpose of determining the mode of death. It should be completed by a psychologist, or in their absence, another qualified mental health professional. It is sometimes referred to as a psychological reconstruction or post mortem.

Psychotropic medication – medications that are used to treat diagnosed mental disorders.

Public agency – the governing authority that has direct responsibility for the operation of a corrections program.

Qualified Health Care Personnel – *see* Health care professional or Professional staff or Health care practitioner/provider.

Qualified Health Care Professional – *see* Health care Professional or Professional staff or Health care practitioner/provider.

Qualified Health Care Provider – *see* Health care professional or Professional Staff or Health care practitioner/provider.

Qualified Health Care Staff – *see* Health care professional or Professional staff or Health care practitioner/provider.

Qualified medical person – *see* Health care professional.

Qualified mental health person – *see* Mental health care practitioner/provider/professional.

Quality assurance – formal, internal monitoring program that uses standardized criteria to insure quality and consistency. The program identifies opportunities for improvement, develops improvement strategies, and monitors effectiveness.

Quality Assurance Program – *see* Quality assurance.

Rated capacity – the original architectural design plus, or minus, capacity changes resulting from building additions, reductions, or revisions.

Reasonable accommodation – modifications or adjustments, which enable qualified applicants with disabilities to access the job application process or which enable qualified employees with disabilities to perform the essential functions of the job and to enjoy the same terms, conditions, and privileges of employment that are available to persons without disabilities.

Reasonably private environment – this may vary, depending on individual and institutional circumstances, but it is one which will maintain the dignity of the disabled individual in light of that person's disability.

Records (juvenile and adult offenders) – information concerning the individual's delinquent or criminal, personal and medical history and behavior, and activities while in custody, including but not limited to commitment papers, court orders, detainers, personal property receipts, visitors' lists, photographs, fingerprints, type of custody, disciplinary infractions and actions taken, grievance reports, work assignments, program participation, and miscellaneous correspondence.

Referral – process by which a juvenile or adult offender is introduced to an agency or service that can provide the needed assistance.

Release on bail – release by a judicial officer of an accused individual who has been taken into custody on the accused's promise to appear in court as required for criminal proceedings.

Releasing authority – decision-making body and/or individual who has the authority to grant, deny, and revoke release from a juvenile institution or program of supervision. In some jurisdictions, it is called the parole board or the parole commission. *See* Aftercare.

Renovation – significant structural or design change in the physical plant of a facility.

Residential Treatment Unit – a designated housing unit that provides a safe, protective and therapeutic environment for ongoing behavioral health care to inmates who have long-term or chronic needs for treatment.

Responsible Clinician – *see* Clinician.

Responsible Health Care Practitioner – *see* Health care practitioner/provider.

Responsible physician – individual licensed to practice medicine and provide health services to the inmate population of the facility and/or the physician at an institution with final responsibility for decisions related to medical judgments.

Restrictive Housing – a placement that requires an inmate to be confined to a cell at least 22 hours per day for the safe and secure operation of the facility.

Revocation hearing – hearing before the parole authority to determine whether revocation of parole should be made final.

Rule book, offender – a collection of the facility's rules of conduct and sanctions for violations defined in writing.

Safety equipment – primarily fire-fighting equipment, such as chemical extinguishers, hoses, nozzles, water supplies, alarm systems, sprinkler systems, portable breathing devices, gas masks, fans, first aid kits, stretchers, and emergency alarms.

Safety vestibule – grille cage that divides the inmate areas from the remainder of the institution. It must have two doors or gates, only one of which opens at a time, to permit entry to or exit from inmate areas in a safe and controlled manner.

Sallyport – enclosure situated in the perimeter wall or fence of a correctional facility containing gates or doors at both ends, only one of which opens at a time, ensuring there will be no breach in the perimeter security of the institution. The sallyport may handle either pedestrian or vehicular traffic.

School or home for boys and girls – *see* Juvenile correctional facility.

Secure institution – facility that is designed and operated to ensure that all entrances and exits are under the exclusive control of the facility's staff preventing a juvenile or inmate/resident from leaving the facility unsupervised or without permission.

Security devices – locks, gates, doors, bars, fences, screens, ceilings, floors, walls, and barriers used to confine and control detained individuals. Also included are electronic monitoring equipment, security alarm systems, security lights, auxiliary power supplies, and other equipment used to maintain facility security.

Security perimeter – outer portions of a facility that provide for secure confinement of facility inmates/residents. The design of the perimeter may vary dependent on the security classification of the facility.

Security Restraints – devices used by custody staff to restrict physical activity; for example, handcuffs, leg irons, straight-jackets, belly chain.

Segregation – confinement of an inmate to an individual cell separated from the general population. There are three forms of segregation: administrative segregation, disciplinary detention, and protective custody.

Segregation unit – a housing section that separates offenders who threaten the security or orderly management of the institution from the general population.

Self-insurance coverage – system designed to insure the payment of all legal claims for injury or damage incurred as a result of the actions of state officials, employees, or agents. In public agencies, the self-insurance program is usually authorized by the legislature. A “memorandum of insurance” or similar document is required that acts as a policy, setting the limits of liability for various categories of risk, including deductible limits. Approval of the policy by a cabinet-level official is also required.

Serious incident – situation in which injury serious enough to warrant medical attention occurs involving a resident, employee, or visitor on the grounds of the institution. A situation creating an imminent threat to the security of the institution and/or to the safety of residents, employees, or visitors on the grounds of the institution.

Serious Mental Illness – Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person’s ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s).

Psychological – *as relating to the mental and emotional state of an individual.*

Cognitive – *as relating to cognitive or intellectual abilities.*

Behavioral – *as relating to actions or reactions in response to external or internal stimuli that is observable and measurable.*

Severe Mental Health Problems – condition in which an individual is a danger to self or others or is incapable of attending to basic physiological needs.

Shelter facility – non-secure public or private facility designated to provide either temporary placement for alleged or adjudicated status offenders prior to the issuance of a disposition order or longer-term care under a juvenile court disposition order.

Special management inmates – individuals whose behavior presents a serious threat to the safety and security of the facility, staff, general inmate population, or themselves. Special handling and/or housing are required to regulate their behavior.

Special needs – mental and/or physical condition that requires accommodations or arrangements differing from those a general population offender or juvenile normally would receive.

Standard – statement that defines a required or essential condition to be achieved and/or maintained.

Status offender – juvenile who has been charged with or adjudicated for conduct that under the law of the jurisdiction in which the offense was committed would not be a crime if committed by an adult. (*See also* Delinquent youth.)

Step-down Program – a program that includes a system of review and establishes criteria to prepare an inmate for transition to general population or the community. Individualized programs involve a coordinated, multidisciplinary team approach that includes mental health, case management, and security practitioners. Medical personnel will be part of the multidisciplinary team when inmates who have chronic care or other significant medical accommodation needs participate in this program.

Strip search – examination of an inmate's/resident's naked body for weapons, contraband, and physical abnormalities. This also includes a thorough search of all of the individual's clothing while it is not being worn.

Substance Use Disorder – a disorder resulting from the recurrent use of alcohol and/or drugs, which causes clinically and functionally significant impairment such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

Substance Use Education Programs: education programs help participants understand the problems of substance use (e.g., personal costs, health issues, impact on family and society, criminal thinking), and offer an overview of treatment and life changes which can help people overcome substance use disorders. The role of education is to engage the offender rather than to change their use behaviors. It sets the stage for readiness to change which follows evidenced- based practice.

Substance Use Support/ Peer Groups: Support Groups involve peer support from others who have experienced substance use disorders and who have been involved in the criminal justice system. Usually structured around a 12 step model (e.g., AA, NA), these groups attempt to provide a supportive environment where participants can discuss dealing with urges, handling life's challenges more effectively, and avoiding substance use. Groups have no identifiable leader. The purpose is to network with sober recovering people who offer support and friendship.

Substance Use Treatment Programs: Treatment Programs offer the most intensive level of substance use disorder intervention in a correctional setting. Programs may be offered in an outpatient setting or residential treatment setting and last for months. The purpose is to minimize or arrest the harmful effects of alcohol and other addictive drugs, and to mitigate criminogenic risks and needs, and to enhance offender lifestyle skills and recovery management skills. Content involves cognitive-behavioral principles and other evidence-based treatment protocols. Individualized assessment and treatment plans are followed to tailor treatment to each participant's specific needs, with specific attention on development of life skills and release plans which support avoidance of future substance use and recidivism.

Suicidal Ideation – thoughts of harm or killing oneself, without intent.

Suicidal Incidents/Suicidal Behavior – when an inmate engages in self-injurious behavior or threatens suicide with a specific plan to end his/her life

Suicide Watch – one-on-one constant and direct observation of someone who has threatened to harm or kill himself/herself.

Superintendent – *see* Warden.

Suspicious mail – this may include packages and letters unusual in appearance or that appear different from mail normally received or sent by the individual; packages and letters of a size or shape not customarily received or sent by the individual; packages and letters with a city and/or state postmark that is different from the return address; or packages and letters leaking, stained, or emitting a strange or unusual odor, or that have a powdery residue.

Syringe – a syringe consists of a barrel, plunger, and/or a needle. Any of the parts of a syringe are to be counted, controlled, and inventoried. Medical and dental instruments and supplies (which include syringes, needles, and blades) that are stocked for daily use are inventoried, controlled, and counted at a minimum daily.

Tele-health – the practice of psychiatry, psychology and medicine conducted via a video conference connection. A live, secure video connection is established between the provider's office and the patient's location. A typical office visit is conducted except that the provider and the patient are not in the same physical location. May require additional staff (eg. nurses or mental health staff) to be present to complete the evaluation/documentation.

Temporary disability – a condition that can be treated with an expectation of full recovery. It is not the result of a chronic condition, but short-term in nature and resolved over time.

Temporary leave – *see* Furlough.

Temporary release – period of time during which an inmate is allowed to leave the program or institution and go into the community unsupervised for various purposes consistent with the public interest.

Terms, conditions, privileges of employment – include, but are not limited to: recruitment, selection, and hiring; salary and compensation; benefits, holidays, leave, and work hours; promotion and advancement; staff development, including in-service training; and retirement, resignation, and termination.

Therapeutic community – a designed psychosocial environment with programs for substance use-disordered and/or mental health patients within a residential or day unit in which the social and group process is used with therapeutic intent.

Therapeutic diet – diet prescribed by a health care practitioner as part of the patient's medical treatment. Therapeutic diets can be ordered by physicians, physician's assistants, or nurse practitioners.

Toxic materials – substances that through chemical reaction or mixture can produce possible injury or harm to the body by entering through the skin, digestive tract, or respiratory tract (for example, zinc chromate paint, ammonia, chlorine, antifreeze, herbicides, pesticides).

Training – an organized, planned, documented, and evaluated or assessed activity designed to impart knowledge and skills to enhance job performance. Training is based on specific objectives, is job related, from an appropriate source, of sufficient duration, relevant to organizational need, and delivered to appropriate staff. *See* Appendix F.

Training plan – a set of long- or short-range training activities that equip staff with the knowledge, skills, and attitudes that they need to accomplish the goals of the agency.

Training school – *see* Juvenile correctional facility.

Treatment plan – a written assessment of individualized needs, required services and interventions, including short-term and long-term goals, measurable outcomes, and the roles of health care and non-health care personnel for the purpose of providing necessary treatment and services in accordance with a patient's identified needs and problems areas.

Triage – screening and classification of offender health care concerns by qualified medical staff to determine the priority of need and the appropriate level of intervention.

Undue hardship – an accommodation that would be unduly costly, extensive, or substantial.

Unencumbered space – usable space that is not encumbered by furnishings or fixtures. At least one dimension of the unencumbered space is no less than seven feet. In determining unencumbered space in the area, the total square footage is obtained and the square footage of fixtures and equipment is subtracted. All fixtures and equipment must be in operational position.

Unit management – management system that subdivides an institution into units. The unit management system has several basic requirements:

1. Each unit holds a relatively small number of inmates. Ideally, there should be fewer than 150 but not more than 500 inmates.
2. Inmates are housed in the same unit for a major portion of their confinement.
3. Inmates assigned to a unit work in a close relationship with a multidisciplinary staff team who are regularly assigned to the unit and whose officers are located within the unit.
4. Staff members have decision-making authority for the institutional programming and living conditions for the inmates assigned to the unit within broad rules, policies, and guidelines established by the agency and/or the facility administrator.
5. Inmate assignments to a unit are based on the inmate's need for control, security, and programs offered.

Unit management increases contact between staff and inmates, fosters increased interpersonal relationships, and leads to more knowledgeable decision making as a direct result of staff dealing with a smaller, more permanent group. At the same time, the facility benefits from the economies inherent in centralized service facilities, such as utilities, food service, health care, educational systems, vocational programs, and recreational facilities.

Victim Offender Dialogue (VOD): a post-conviction, victim-initiated process that includes preparation, dialogue and follow-up guided by a trained facilitator. Participation in the VOD program is completely voluntary for the victim/survivor and for the offender. Either party is always at liberty to withdraw from the VOD preparation or dialogue process at any time, and VOD is not intended to directly affect the offender's prison, parole, or community supervision (probation) status.

Volunteer – individual who donates his or her time and effort to enhance the activities and programs of the agency. They are selected on the basis of their skills or personal qualities to provide services in recreation, counseling, education, religion, and so forth.

Warden – individual in charge of the institution; the chief executive or administrative officer. This position is sometimes referred to by other titles, but “warden” and “superintendent” are the most commonly used terms.

Withdrawal Management (Detoxification): a medically supervised process of withdrawing a person from a specific psychoactive substance(s) in a safe and effective manner.

Work release – formal arrangement sanctioned by law whereby an inmate/resident is released into the community to maintain approved and regular employment.

Workers’ compensation – statewide system of benefits for employees who are disabled by job-related injury.

Work stoppage – a planned or spontaneous discontinuation of work. The stoppage may involve employees or inmates, acting separately or in concert by refusing to participate in institutional activities.

Youthful offender – person under the age of criminal majority in the jurisdiction in which he or she is confined who has been charged and/or sentenced as an adult.

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