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| Compliance Monitoring Program | ACA Standards: 2-CO-1A-20, 2-CO-1A-22, 4-4017, 4-4423, 4-ACRS-7D-02, 4-APPFS-3D-08, 4-APPFS-3D-09 | | |
| Joe M. Allbaugh, Director Oklahoma Department of Corrections | | Signature on File | |

Compliance Monitoring Program

I. Policy

The Oklahoma Department of Corrections (ODOC) will monitor compliance with agency policy and procedures and national correctional standards, provided by the American Correctional Association (ACA), through an internal auditing process. These assessments provide a valuable mechanism for self-evaluation, improvement of correctional management and best practices, and enhance

accountability within the agency. Within budgetary constraints, ODOC voluntarily participates in the Standards and Accreditation Program of ACA/Commission on Accreditation for Corrections (CAC). (4-4017)

II. Purpose

The purpose of this procedure is to provide guidelines and outline responsibilities for the administration of the compliance monitoring program in ODOC.

III. Definitions

A. ACA Initial Accreditation/Reaccreditation Audit

An ACA audit is an examination of agency/facility records and operations to monitor compliance with ACA standards. This audit is conducted by qualified external persons/committees assigned by ACA. This review results in a recommendation to the Commission on Accreditation for Corrections for the approval/disapproval of awarding accredited status or other actions as deemed appropriate by the Commission.

B. Procedures Officer/Designee

The employee designated to coordinate accreditation and reaccreditation activities within the facility/district and provide ongoing monitoring of processes implemented at the facility/district as outlined in policies and procedures.

C. Accreditation Reference Handbook

A reference handbook developed and maintained by the administrator of the Auditing and Compliance Unit to provide specific guidelines for internal monitoring and the accreditation process. The handbook provides an overview of the compliance monitoring process for ensuring compliance with policy, procedure and ACA standards.

D. Auditing and Compliance Unit

The Auditing and Compliance Unit administers and directs the compliance monitoring program for the agency. This includes development of goals and objectives to successfully accomplish the mission of the agency; providing liaison functions with departments and agencies within the State of Oklahoma and on a national basis.

The Unit develops and evaluates policy and procedure to ensure compliance with agency operations, ACA standards, and state and national codes and regulations. The Unit also develops guidelines and provides interpretation/clarification in order to implement and direct the Agency's compliance/accreditation efforts.

An internal auditing process will be managed to monitor operations at facilities within ODOC, to include fiscal activities and processes.

E. American Correctional Association (ACA) and Commission on Accreditation for Corrections (CAC)

Nonprofit organizations that administer the national accreditation program for all components of adult corrections.

F. Standard/Standard Manuals

A standard is a statement that defines a required or essential condition to be achieved or maintained. A Standard Manual is a reference book that contains the set of standards developed for respective disciplines/units within the correctional field and published by ACA.

G. Applicable Standards

The guidelines or standards for which the agency/facility/district will be required to demonstrate compliance at the time of the inspection.

H. Compliance

The agency/facility/district conformation with each element of the requirement/standard.

I. Administrator of Auditing and Compliance

The designated ODOC staff who is assigned the primary responsibility to monitor and evaluate agency/facility/district compliance with policy, procedures, and ACA standards through internal inspections.

J. Internal Operational/Pre-ACA Audit

An internal operational inspection or pre-ACA audit is conducted by Auditing and Compliance to determine if national correctional standards, policy, procedures, health, sanitation, life/safety, environmental, and custody/control requirements are being met. These inspections result in a report to the facility heads/regional directors and designated senior staff.

K. ACA Accreditation File

Documentation, provided in an electronic format, which is presented by the facility/district to demonstrate practice in determining compliance/non-compliance with each applicable ACA standard.

L. Non-Compliance

If established requirements/standards cannot be satisfied by the practice and evidence presented, the standard will be considered non-compliant.

M. Response to Non-Compliance/Plan of Corrective Action

A response to a non-compliant finding on a national correctional standard (ACA) or agency requirement that specifies how compliance will be attained through a plan of corrective action. Plans will identify the area of responsibility, the affected procedure, and the date of completion or anticipated date of completion. A request for a waiver may be submitted for items beyond the facility's control. An appeal of a finding must provide documentation that reflects compliance in the audit time frame.

IV. Compliance Monitoring Program

The administrator of the Auditing and Compliance Unit will administer the compliance monitoring program through the facility/district head and appropriate regional director.

A. Operational Monitoring (2-CO-1A-20, 2-CO-1A-22, 4-4017, 4-ACRS-7D-02, 4-APPFS-3D-08, 4-APPFS-3D-09)

Auditing will be conducted at each facility/district as directed by the administrator of Auditing and Compliance. A schedule will be published with the dates of the projected annual inspections/audits by January 1 of each year.

1. Inspections (2-CO-1A-22, 4-4423)

The Auditing and Compliance Unit maintains guidelines/audit tools for the inspection and review process. These instruments will be reviewed at least annually and routinely updated as policy, procedure, and accreditation standards are revised and published. Inspections will be planned, conducted, reported and will address correctional best practices, to include the following:

- a. Administration and management, including fiscal activities, personnel management, training, canteen operations, and citizen advisory activities;
- b. Physical plant compliance with building and life/safety codes, environmental conditions, general conditions of confinement, security aids, equipment, sanitation and hygiene;
- c. Facility operations including: custody/control, safety and emergency procedures, visiting program, transportation, tool control, inmate telephone system, special management, rules and discipline and inmate responsibilities and associated rights;

- d. Facility services including: food service operations, health care, social services, programs for reception/orientation, release/reentry and classification systems (4-4423);
- e. Inmate programs, to include work and correctional industries, academic, vocational, library services, recreation, volunteer and faith-based programs;
- f. Overall staff and inmate quality of life; and
- g. A review of documentation/evidence provided to the accreditation file for determining compliance levels for each ACA standard.
 - (1) For consistency throughout the agency, each file will be identified according to the applicable standard number.
 - (2) File construction and format will be in accordance with the accreditation reference handbook.
 - (3) Checklists are developed to demonstrate the key facets of each ACA standard, to include rules of protocols (written guidelines) and process indicators (documentation of practice).

2. Reporting

A written report will be prepared outlining or delineating the findings of the inspections and submitted to the facility/district head and affected regional director. The report will include the date the inspection occurred, who participated in the inspection (audit team members and work location), the requirement/standard reviewed, the outcome/finding of the requirement/standard and, if found non-compliant, the reason for the finding.

- 3. The facility/district head will submit a plan of corrective action response as outlined in Section III. item M. of this procedure to the Auditing and Compliance Unit within twenty days of receipt of the findings.

4. Reassessment for ACA Standards

Upon receipt/review of the final report, the Unit administrator may determine the need to reassess areas found noncompliant to reevaluate the current compliance level for accreditation. The assessment will include reviewing the implementation of the plans

of corrective action response or review of information provided for a finding.

5. A copy of all inspections and plans of corrective action will be submitted to designated senior staff.

V. Initial Accreditation/Reaccreditation ACA Audit

A. ACA Audit Preparation

In preparation for an initial ACA accreditation/reaccreditation audit, the Unit administrator will:

1. Provide required technical assistance to facility/district head in organizing for the audit;
2. Request the execution of required contract from ACA;
3. Schedule and coordinate a pre-ACA audit to determine readiness for the official audit and to identify any problem areas;
4. Submit necessary reports to ACA prior to audit;
5. Schedule and coordinate with ACA staff for auditors' arrival and accommodations; and
6. Represent the Agency and provide assistance to the facility/district throughout the accreditation process.

B. Self-Assessment

The facility/district head will develop a self-assessment/inspection process to ensure that operational processes and physical plant requirements are maintained.

C. Audit Protocol

The facility/district head is responsible for representing the facility/district, conducting the tour, responding to the audit team and attending all audit activities throughout the audit. In addition, the facility/district head will:

1. Provide full support and cooperation to the auditors including access to all property, records, staff, and inmates;
2. Ensure that, barring any emergency, the audit is given priority for its duration;
3. Ensure that key staff are available for the duration of the audit. Key staff are those most familiar with or assigned responsibility for any

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given operation or program area. If the primary staff member is not available, a secondary staff person, who is comparably qualified, must be available to assist the auditor(s); and

4. Provide timely initiation and completion of appropriate corrective actions as required.

VI. Ongoing Monitoring of Compliance

When a facility/district has completed an internal/pre-ACA inspection, or has been awarded ACA accreditation, the procedures officer or designee must maintain and monitor operations to ensure continual efforts to meet accreditation requirements and to maintain compliance with applicable standards and policy/procedure.

A. Facility/District Reporting

1. During the three-year ACA accreditation period, the facility/district head and the procedures officer/designee will communicate regularly with the administrator regarding any issues, concerns and/or changes that may affect the accredited status of the facility/district.
2. Accredited facilities are required to compile an annual report that is submitted to ACA through the Auditing and Compliance Unit. The requirements for this report are outlined in the accreditation handbook provided to each procedures officer/designee.

B. Agency Policy/Procedure

The Auditing and Compliance Unit will review all new and revised policy and procedures to ensure ACA standards are included and communicate with the respective senior staff member to resolve any issues related to the standards' requirements.

C. Standard Interpretation

Any questions by facility/district staff relating to ACA standards that the procedures officer cannot answer will be directed to the administrator through the procedures officer/designee and/or the facility/district head. Interpretations will be documented in writing.

D. Standard Revisions

The administrator of Auditing and Compliance will communicate changes in standards by ACA to the director, affected senior staff, facility/district heads and the procedures officers/designee.

E. Responsibilities of the Administrator of Auditing and Compliance

The administrator will:

1. Develop and maintain an accreditation handbook to be utilized by all ODOC procedures officers/designees;
2. Review the facilities recommended for accreditation considering issues of physical plant, staffing and existing conditions relating to mandatory standards;
3. Submit a final recommendation to the appropriate regional director and the facility/district head regarding the facility/district's preparedness to contract with ACA, within existing budgetary constraints;
4. Notify ACA of the Agency's intent and request a contract for accreditation;
5. Coordinate accreditation activities, working closely with the facility/district head and procedures officer/designee when a facility/district is preparing for an accreditation/reaccreditation audit;
6. Provide technical assistance to staff in preparing for accreditation and reaccreditation hearings;
7. Conduct training for staff upon initial hire/assignment to the procedures officer/designee position;
8. Conduct training on interpretation of standards for staff in the development of and/or review of agency/facility operational memorandums;
9. Serve as a liaison with other divisions to address areas of concern affecting standards and securing necessary documentation;
10. Schedule and coordinate internal audits to determine readiness for ACA audits;
11. Assist with responses to audit reports prior to the ACA/CAC hearing, including submission of plans of action, appeals and/or waivers for those standards found in non-compliance; and
12. Represent the Agency at ACA/CAC accreditation and reaccreditation hearings.

F. Procedures Officer/Designee Responsibilities

The procedures officer/designee will:

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1. Serve as liaison between the facility/district/region and Auditing and Compliance staff;
2. Coordinate all accreditation and inspection activities within the facility/district;
3. Supervise the on-site accreditation activities leading to the development of necessary field memorandums, best practices and compilation of standard files;
4. Provide the administrator with a "Significant Incident Summary" four weeks prior to their facility's internal/pre-ACA inspection and/or accreditation/reaccreditation audit;
5. Ensure submission of necessary reports to the administrator of Auditing and Compliance;
6. Assist the facility head with development of plans of corrective action for standards found non-compliant during internal/external audits, forwarding them to the administrator of Auditing and Compliance as required;
7. Provide training to staff on standards and accreditation;
8. Conduct inspections utilizing a team concept. Internal inspections will be "user friendly" and not designed to accent negative findings;
9. Maintain electronic files for each inspection review;
10. Participate in audits of electronic files as assigned by the administrator of Auditing and Compliance through the facility/district head.

VII. Compliance Managers/Compliance Review Specialists

Staff assigned to conduct an internal/pre-ACA inspection will possess adequate professional experience and knowledge for the task assigned. The administrator of Auditing and Compliance will determine competencies for the compliance managers/compliance officers/administrative programs officer II.

A. Conduct of Auditing and Compliance Staff

1. The assigned compliance manager/administrative programs officer II will plan, direct and provide oversight of the compliance review specialists/team members throughout the duration of the audit. All

audit team members will conduct themselves and adhere to the following:

- a. Conduct themselves in a professional manner in accordance with [OP-110215](#) entitled "Rules Concerning the Individual Conduct of Staff."
- b. Maintain an independent attitude so that conclusions and recommendations are accepted as objective and unbiased.
- c. Exercise good professional judgment in assessing the various operations and programs.

2. Compliance review specialists will determine compliance levels by:

- a. Reviewing evidence and/or documents, files and records;
- b. Interview staff and/or inmates;
- c. Observing staff and/or inmates for required processes (i.e.; caustic issuance, tool rooms);
- d. Consult with the assigned compliance manager/administrative programs officer II and the facility/district head for determination of non-compliance;
- e. Deficiencies reported will include, but are not limited to:
 - (1) Deviations from policies, procedures, regulations, or ACA standards;
 - (2) Weakness in internal controls;
 - (3) Lack of quality controls;
 - (4) Failure to observe accepted standards or adhere to established procedures;
 - (5) Failure to meet objectives; and/or
 - (6) Perceived need for improvement in operations or programs.
- f. Auditing and compliance staff will provide additional assistance to a facility/district requesting assistance in obtaining compliance as required.

VIII. References

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Policy Statement No. P-130100 entitled "Department of Corrections Annual Inspections and Monitoring"

Accreditation Reference Handbook

IX. Action

The administrator of Auditing and Compliance is responsible for compliance with this procedure and for the annual review and revisions.

Any exception to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-130101 entitled "Compliance Monitoring Program" dated April 8, 2014

Distribution: Policy and Operations Manual
Agency Website