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I. AUTHORITY

The chairman of the board is granted the authority to "direct the operations of the board and fulfill the functions established by the act…including organizing, staffing, controlling, directing, and administering the work of the staff."[1]

II. PURPOSE

The purpose of this procedure is to explain the process of accreditation and reaccreditation.

III. APPLICABILITY

This procedure is applicable to all board staff participating in the accreditation process.

IV. DEFINITIONS

Accreditation – generally defined as a determining process and resulting certification of competence in a specified area of expertise, and of the integrity of an agency, as awarded by a duly recognized and respected organization. Specifically, it is a system of verification whereby probation/parole agencies and correctional facilities comply with national standards promulgated by the American Correctional Association. It is achieved through a series of reviews, evaluations, audits and hearings.

Accreditation or Panel Hearing – a hearing during which the Commission on Accreditation for Corrections reviews an agency's application for accreditation and votes either to award or deny accreditation.

Accreditation Manager - the employee who is assigned to manage the agency's accreditation program. This includes the collection, organization and presentation of the audit documentation, as well as the coordination of the agency's participation in the accreditation process to ensure compliance.

Accredited Status – granted to the agency upon compliance with 100% of the mandatory standards and a minimum of 90% of the non-mandatory standards. It is awarded at the panel hearing, which is the last step in the process.

[1] Act of 1941, P.L. 861, No. 323 as amended.

Agency – the organization that is seeking accreditation. Refers to the Pennsylvania Board of Probation & Parole **(PBPP)**.

American Correctional Association (ACA) – the nationally recognized organization that conducts and awards accreditation.

Applicant Status – a preliminary stage where the agency is involved in an exchange of materials, information and correspondence with the ACA's Standards and Accreditation Department.

Audit – the process by which an agency's compliance with standards is measured by a visiting committee of auditors during an on-site visit to the agency.

Auditor – an individual selected, trained and appointed by the ACA's Standard's and Accreditation Department to serve on a visiting committee for the purpose of conducting an audit to measure agency compliance with the standards.

Board – also synonymous with the PA Board of Probation & Parole (**PBPP**).

Candidate Status – an agency enters into this stage whenever its self-evaluation report indicates levels of standards compliance are sufficient for accreditation and the agency requests an audit. The agency's activities during this stage focus on preparing for the on-site standards compliance audit by ACA auditors.

Chairman – the agency's executive director, who directs the operation of the board, administers its policies and procedures, and oversees the duties of all staff.

Commission on Accreditation for Corrections (CAC) – the entity or division with the ACA that has the sole responsibility for rendering all accreditation decisions.

Compliance – the term that confirms that an agency meets all of the criteria of a standard at all times and has the supporting documentation to prove it.

Compliance Levels – a "scorecard" reflecting the agency's compliance with ACA's mandatory and non-mandatory standards, expressed in terms of percentages and raw numbers.

Compliance Tally – a form that compiles the percentage calculations of compliance by standard weight (i.e., mandatory and non-mandatory). See Appendix B.

Contract – the written, signed agreement between the ACA and the agency specifying mutually agreed upon responsibilities, activities and financial obligations.

Correspondent Status – the status granted to an agency once the ACA has received its signed contract and organization summary. The ACA formally notifies the agency of its acceptance into the process and assigns an accreditation specialist as a liaison to provide technical assistance. The agency then conducts an internal review of its documentation by completing a self-evaluation report, which includes a standards compliance checklist for each standard in the applicable manual.

Documentation – the material organized and available at the time of the standards compliance audit that demonstrates that the agency complies with the standards. Examples include various completed agency reports and forms, letters, brochures, memorandums, logs, manuals, handbooks, certificates, rosters and photographs.

Entrance Interview – a meeting held at the beginning of the audit with the visiting audit committee, the chairman, the deputy executive director and the accreditation manager and other key members of the agency's senior staff. The audit team explains the purpose of the audit, presents a schedule of the team's activities and responds to any questions concerning the conduct of the audit.

Exit Interview – a meeting held between the auditors and board staff at the conclusion of the audit to discuss the results of the audit.

Finding – a conclusion reached by an auditor after examining documentation of audit standards submitted by the agency. Findings determine that the agency is either in compliance or non-compliance with audit standards, or that a particular standard may even be non-applicable to the agency.

Mandatory Standards – those standards that the ACA have determined directly affect the life, health and safety of offenders and parole supervision staff. To be eligible for accreditation, an agency must comply with 100% of all applicable mandatory standards.

Mock Audit - an audit conducted by the agency's staff to assess the agency's readiness for a standards compliance audit.

Non-applicable Standards – standards that are not relevant to the agency because of the structure of the organization or the nature of the services it provides. Written justification must be provided to support the findings of non-applicability.

Non-compliance – the term that stipulates that an agency does not adhere to the requirement of the standard or does not have the documentation to support a conclusion of compliance with the standard.

Non-mandatory Standards – the standards that are not designated as mandatory standards. To be eligible for accreditation, an agency must comply with 90% of all applicable non-mandatory standards.

Organization Summary – an application form completed by the agency that provides the ACA with descriptive background information about the agency and its operations. See Appendix C.

Policy – a stated course of action that guides and determines present and future decisions and activities in the attainment of an agency objective. To comply with a standard that requires a policy for a certain area, there must be both a policy and evidence that it has been implemented in the agency.

Procedure – the established method of detailed, sequential actions that must be executed to ensure that a policy is fully implemented and properly carried out on a regular basis. It differs from a policy in that it directs action in a particular situation to perform a specific task within the guidelines of the policy, or even in the absence of specific policy. To comply with a standard that requires a procedure, there must be both a procedure and evidence that it is being followed by the agency.

Process Indicators – the backup material that demonstrates written policies and procedures have been implemented and are being complied with on a regular, consistent basis. They are also referred to as **secondary documentation or practice.** (Also see **Documentation**).

Protocols – written instructions that guide implementation of expected practices, specifying what will be done and how it is to be accomplished. This is generally accomplished or represented by agency policies or procedures, or both, which are also known as **primary documentation**.

Re-accreditation – the subsequent awarding of accreditation after the initial award. It occurs every three years.

Self-Evaluation Report – the document completed by the agency prior to its standards audit that includes basic descriptive information about the agency and the results of the agency's evaluation of its compliance with the standards.

Standards – measures of the agency's performance that contain specific criteria to assess all areas of the agency's operations, from supervision of offenders to administrative functions.

Standards Compliance Checklist – forms used to indicate agency compliance with specific accreditation standards. Each contain the identity of both the agency staff and the auditor verifying compliance, type of documentation submitted and, if necessary, the rationale for non-applicability or justification for a request for a waiver.
See Appendix A.

Standards Supplement – the bi-annual publication of the ACA that contains standard revisions, additions and deletions for all manuals of standards.

Visiting Committee – one or more auditors who conduct an on-site audit of the agency to verify compliance with ACA standards. Also referred to as the audit team.

Visiting Committee Report – the document prepared by the visiting committee team and the Standards and Accreditation Department staff based on information submitted as a result of the audit. The report includes a description of the agency and the non-compliant and non-applicable standards, and the agency response to the audit findings.

V. POLICY

It is the policy of the board that procedure and practice for all agency functions and operations shall incorporate and be consistent with the corresponding standards of the American Correctional Association, and that annual staff inspections be conducted of all field supervision units. The objectives and ultimate goal of this policy are to achieve and maintain ACA accredited status.

A. The agency's mission statement affirms that the supervision program is to provide necessary services to the offender with the goal of reducing the probability of continued criminal behavior on the part of the offender.

VI. PROCEDURE

A. Accreditation: General Background

The American Correctional Association is the entity that conducts and awards accreditation to the board. It was founded in 1870 and currently has over 20,000 members in the United States, Canada and other countries. Its membership represent a variety of criminal justice agencies - including adult and juvenile correctional institutions, community corrections, juvenile justice, health care and probation and parole – and also includes professionals in allied fields and representatives of the general public. In addition to accreditation, the ACA conducts research and evaluation activities and provides its membership with training courses and technical assistance; educational materials and publications, including Corrections Today magazine; and seminars, bi-annual conferences and other networking opportunities.

The ACA's Standards and Accreditation Department staff are responsible for the daily operation of the accreditation program. When an agency is officially notified that they have been accepted into the accreditation process, they are assigned an accreditation specialist, who functions as the ACA's liaison to the agency. The accreditation specialist is responsible for maintaining contact with the agency, providing technical assistance and monitoring the agency's progress. The agency and its accreditation manager may request assistance from the ACA, via the accreditation manager, at any time to clarify standards and requirements.

The Commission on Accreditation for Corrections is a distinct entity within the ACA. Its 28-member board is solely responsible for rendering accreditation decisions. The commission considers an agency's application at its next regular meeting, usually at ACA's bi-annual conferences, and after they have reviewed the visiting committee report. The accreditation decisions are made at panel hearings, which are the last step in the process. The commission is divided into panels consisting of at least three commissioners, including a panel hearing chairperson, that are empowered to reach accreditation decisions. The agency is notified in writing of the date, time and location of their hearing by the Standards and Accreditation Department staff, and is invited to have a representative at the hearing. There are four possible decisions that the CAC's Commissioners may reach at a panel hearing:

1. Three Year Accreditation Award – based upon sufficient compliance with standards and acceptance of adequate plans of action for all non-compliant standards. The balance of the contract must be paid in full in order to receive a certificate of accreditation.

2. Extension of the Applicant Agency in Candidate Status – this decision is rendered only to agencies applying for initial accreditation. The extension of candidate status is generally made for reasons of insufficient standards compliance or other deficiencies identified by the panel. It is for a specified period of time, during which the agency must be actively pursuing compliance.

3. Probationary Status – an award of accreditation is granted, but, like probation, it is conditional. Probationary status is also accorded to the agency when the panel decides that compliance levels are marginal, there is a significant decrease in compliance from the previous audit (in reaccreditation applicants), or there are quality of life issues that would require continued monitoring. A monitoring visit must be conducted, at the agency's expense, and the report presented at the commission's next meeting.

4. Denial of Accreditation – removes the agency from the process and, in the case of reaccreditation, withdraws the designation of "accredited status" from the agency. Reasons for this decision include insufficient standards compliance, inadequate plans of action, failure to meet other requirements or quality of life issues. The agency is not eligible to reapply for applicant status until at least six months after the date of the panel hearing.

5. The agency receives written notice of all accreditation decisions after the hearing.

B. The Standards

1. The ACA currently employs twenty-two standards manuals to evaluate all of the different types of its member agencies and facilities in the accreditation process. Most individual standards contain one or more of the following elements:

    a. A requirement for policy and procedure.

    b. A required condition.

    c. A specific number.

    d. A requirement that a process be in place.

2. A discussion or comment follows most standards to clarify the standard, provide guidance as to the standard's intent and offer information to assist in implementing the standard. Mandatory standards address conditions or situations that affect the life, health and safety of offenders, staff or the public.

100% of the applicable mandatory standards must be met for the agency to be awarded accreditation. The agency must be in compliance with at least 90% of the non-mandatory standards to receive accredited status.

3. Appropriate Manual of Standards

   The manual of standards that applies to the board at this writing is the Standards for Adult Probation and Parole Field Services, 3rd Edition. This manual contains 227 standards. Administration and management is covered by 124 standards, Supervision is addressed by 86 standards and pre-sentence investigations and reports are assigned 17 standards. The sections within these categories, along with the number of standards assigned to them noted in parentheses, are as follows:

   a. Administration and Management (124 standards)

      1) General Administration (36 standards)

      2) Fiscal Management (10 standards)

      3) Personnel (25 standards)

      4) Training & Staff Development (29 standards)

      5) Case Records (3 standards)

      6) Information Systems & Research (13 standards)

      7) Citizen Involvement & Volunteers (8 standards)

   b. Supervision (86 standards)

      1) Probation & Parole Agencies (68 standards)

      2) Parole Agencies Only (14 standards)

      3) Probation Agencies Only (4 standards)

   c. Pre-Sentence Investigation & Report (17 standards)

4. Standards Supplement

   The ACA publishes a bi-annual supplement to the collective standards, which addresses standards interpretations, deletions, revisions and additions for all of the manuals of standards issued by the Standards and Accreditation Department. The supplement in use at this writing is The 2006 Standards Supplement. It contains one additional standard applicable to the board, added in August 2000, and which is concerned with training and staff development. The standard and its number are as follows:

   3-3087-1.

Written policy, procedure and practice requite all personnel authorized to carry a weapon receive a medical/physical evaluation, a mental health screening, and drug and alcohol screening prior to being issued a weapon.

C. Establishing Standards Files

File folders are to be labeled and set up for each standard in a secure, designated cabinet or area that is only utilized for the purpose of accreditation. The ACA forms and documentation gathered for each standard should not be placed in their respective files in a haphazard or random fashion. Rather, materials placed in standards folders by the agency staff should be organized in a logical sequence, per the suggested format in the ACA's Manual of Accreditation Policy and Procedure. The reasons for this are twofold: First, it is to the agency's benefit to have its compliance with standards easily and quickly established, with all documentation for all years readily identifiable. The auditors are less likely to have questions about and to question the documentation, and the case or proof for compliance is clearly and solidly established. Second, it saves the time of the auditors. The visiting committee has a limited amount of time in which to conduct the standards compliance audit. Unnecessary time wasted on sorting through file folders during the standards compliance review could be better spent, for example, visiting more field offices or traveling to ones further from the PBPP's central office. The time gained could also be used for such activities as informing the auditors about new board initiatives and programs or taking them to a board sponsored training or training facility, or both.

1. Construction of Files

File folders should be purchased that have a minimum of two, metal, two-pronged fasteners or clasps, with one affixed to the inside of each file cover. The two main categories of documentation can then be separated into distinct sections for easy location and identification, namely, one on the left-hand side inside of the folder and the other on the right-hand side inside the folder. File folders with dividers or additional similar fasteners may ideally be purchased if the cost is not prohibitive. Staples should not be attached to the file folders so the auditors do not cut their hands when examining standards.

2. Standards Compliance Checklists

The ACA employs a form for each and every standard in the applicable manual of standards known as the standards compliance checklist (Attachment A). This blank form, which is numbered for every standard and states the corresponding standard at the top, should be affixed inside each file on the left as the file is opened. This form is completed and signed by both the accreditation manager and an auditor from the visiting committee. The agency conducts a self-evaluation before the visiting committee arrives for the standards compliance audit. The accreditation manager completes the left side of this form, indicating whether they believe that the agency is in compliance with the standard, in non-compliance or if the standard is not applicable to the agency. The form may be also utilized to request a waiver for a standard, if applicable. The accreditation manager then signs the form, also on the left-

hand side. The ACA auditors will complete the right side of the standards compliance checklist in a similar fashion, but forward any checklists for non-compliant and non-applicable standards to the Standards and Accreditation Department for later reference. This form is also used by the agency, to list all documentation (on the left side of the form), and by the auditors, to list all deficiencies if the standard is in non-compliance (on the right).

3. Categories of Documentation

   There are two main categories of documentation for accreditation audit standards: Protocols, which are also referred to as primary documentation; and, process indicators, which are also known as secondary documentation.

   a. Protocols – these documents are likely more commonly referred to as primary documentation because the guidelines they embody are typically found in policy and procedure. They must be placed underneath the standards compliance checklist on the left inside of each standard's file folder. If there is more than one example of primary documentation, each example should be tabbed and labeled for easy identification and reference. The most common examples of primary documentation used by the board are:

      1) Board policy or procedure, or both

      2) Pennsylvania statutes

      3) Governor's Executive Orders

      4) Governor's Management Directives

   b. Process Indicators – the backup material and documentation that demonstrate or prove written policies and procedures have been implemented and are being complied with. If protocols are known as "expected practices", then process indicators are referred to as "practices" because they are the actual activity – reality, if you will – representing if and how the protocols are being carried out. It is also routinely known as secondary documentation, because it results from the primary documentation. Typical examples of this type of documentation to verify compliance with ACA standards are:

      1) Completed supervision and arrest reports

      2) Completed and blank forms

      3) Letters

      4) Memorandums

      5) Brochures

      6) Logs

7) Manuals

8) Handbooks

9) Statistical Reports

10) Certificates

11) Rosters

12) Photographs

4. Organization and Presentation of Documentation

   a. Only include materials that demonstrate compliance with the standard

   b. No loose papers in standards files – punch holes in all documentation and affix them to the clasps/fasteners in the appropriate location

   c. Placement of documentation

      1) Left side of standards file

         a) Standards compliance checklist

         b) Primary documentation

      2) Right side of standards file

         Secondary documentation

   d. Tabbing

      1) Primary documentation (other than the Standards Checklist)

         Tab multiple examples, especially noting different types or categories (e.g., board procedure vs. management directives).

      2) Secondary Documentation

         Group documentation by year and label each tab with the year represented by the documents.

   e. Order of documentation – when a standard has multiple requirements, arrange the secondary documentation in the same order in which it appears on the standards compliance checklist.

   f. Numbering of documentation – assign the secondary documentation the same number that corresponds to its listing on the standards compliance checklist, to allow for easy association.

g. Amount of documentation – only one or two good examples of supporting documentation is required for each year being audited.

h. Audit period – documentation required is not based on calendar or fiscal years, but from one audit to the next. That is, the next audit period begins the date the current accreditation was awarded.

i. Reaacreditation term – it is awarded for a three-year period.

j. Primary documentation status – the policy or procedure, or both, provided by the agency must have been active or current for any year being audited. If there was a change in a policy/procedure during the three-year audit period, the latest or most recent procedure must be used from that point forward. Further, all secondary documentation should show compliance with the procedure submitted. If a new procedure was not in place long enough to collect sufficient documentation for a year, an explanatory memo should be placed in the file that refers to the previous policy and the time limitations.

k. Entire manuals, procedures or documents not to be placed in file.

    1) Highlighting – copy the title page of the procedure and attach to it the relevant page(s) that relate to a specific standard. Use a yellow highlighter to highlight the appropriate text, highlighting the minimum words necessary to demonstrate compliance. This allows for easy reference and the color yellow allows for “clean” copies.

    2) Manuals – if a particular manual, report or procedure is large and is referred to often, the specific cites can be referenced on the standards review checklist and the a copy of the entire publication or document can be made available for the auditors’ use. Pertinent examples include the PBPP procedures manual, especially the chapters for arrest and supervision, respectively; the “Parole Act;” and, the board’s annual report.

l. Secondary Documentation Status – all documents must be:

    1) Accurate – they must comply with all requirements of a standard (e.g., arrest reports completed, conviction papers secured and hearings held on a timely basis).

    2) Complete – narrative reports should be thoroughly written and pre-printed forms should be completely filled out.

    3) Neat and Legible – examples should be chosen where handwritten notations and photocopies are easily readable.

    4) Single-sided copies are preferable for ease in viewing.

D. Collecting Documentation

1. General Information – It must be emphasized that accreditation is an ongoing process. Standards files must be set up and the documentation for each standard must be kept current. This can only be ensured by establishing a system for the maintenance and continuous updating of the files. Documentation should be collected annually according to a planned schedule that assigns specific standards to designated individuals, bureaus, departments and supervision units. Deadlines must be adhered to in order to ensure the timely collection and presentation of standards documentation.

2. Responsibility – Agency staff at all levels must support the ACA accreditation process through such means as providing timely and adequate documentation, and cooperating with the board accreditation manager and the ACA auditors. This philosophy ensures that the workload is distributed more evenly and promotes the timely completion of tasks. Involvement means commitment, and all staff should be as committed to this process as the chairman and the deputy executive director. The primary responsibility for the collection of accreditation documentation is assigned to the agency accreditation manager. It must emphasized, however, that achieving success in accreditation is ultimately a team effort and, therefore, requires total cooperation from all staff.

3. Authority – the accreditation manager has the authority to assign accreditation standards to or request assistance from any applicable staff to provide documentation of compliance, set deadlines for the expected return of such materials or completion of projects, and to expect cooperation from all staff involved in the accreditation process. Failure by any staff to cooperate shall be referred to their respective office, department or division head, and dealt with via the chain of command.

4. Sources of ACA Accreditation Standards Documentation

   The following is intended as a guide for sources of documentation to illustrate compliance with the ACA accreditation standards. While other resources certainly may be located or developed, those listed below are the main sources and are suggested as obvious starting points. It is noted that binders with lists of the documentation provided for each ACA standard in previous accreditation audits is available where the accreditation files are maintained. Also, the PBPP manual serves as a source for virtually every standard.

   a. Administration and Management

      1) General Administration

         a) PBPP Manual

         b) PBPP Annual Report

         c) Appointment Letters

         d) Organizational Charts

e) Office of Legislative Affairs, Communications & Policy

f) Office of Chief Counsel

g) Pre-Trial Services Standards - not applicable

2) Fiscal Management

Bureau of Budget and Office Services

3) Personnel

a) Bureau of Human resources

b) Personnel Division

c) Equal Employment Opportunity Office

4) Training and Staff Development

Training Division

5) Case Records

Case Management Division

6) Information Systems and Research

a) Information Systems – NOTE: The Board's Information Technology

Bureau was incorporated by the PA Department of Corrections. Therefore, since the Board does not have a BIT, standards related to this topic are labeled "not-applicable."

b) Research and Development Division

7) Citizen Involvement and Volunteers

Office of Probation and Parole Services

District Office Citizen Advisory Committee Meeting Minutes and citizen volunteer applications

b. Probation and Parole Agencies, Parole Agencies Only & Probation Agencies Only

1) Office of Probation and Parole Services

a) Field Supervision Staff

b) Interstate Parole Services Division

c) Interstate Probation Services Division

d) Bureau of Offender Re-Entry

2) Office of Board Secretary

a) Case Management Division

b) Case Analysis Division

c) Hearing Office

3) Office of the Victim Advocate

4) Office of Professional Responsibility

c. Pre-Sentence Investigation and Report

1) Office of Probation and Parole Services

Field Supervision Staff

2) Bureau of Probation Services

Division of Court Services – copies of PSIs from several field offices are available for review.

5. Assignment of Standards: Methodology

While the assignments for the various administrative and management accreditation standards are fairly obvious, the determination of which staff is designated to produce documentation for the standards related to supervision and pre-sentence reports are not similarly defined.

This allows for latitude in the methods developed or selected by the accreditation manager to assign the standards to staff and collect the documentation. The critical issue is not how the information is collected but, rather, that it is collected in its entirety and done in a timely fashion. Indeed, the accreditation team is encouraged to be creative in developing alternative methods of finding examples of compliance with standards. This not only results in a more equitable distribution of the tasks, but also increases the likelihood that the supporting documentation secured is the best available. Moreover, timeliness becomes less of a concern because the accreditation team has less of a reliance on other parties to supply documentation.

That said, the accreditation manager should be sensitive to not unnecessarily burdening the field supervision staff with assignments for accreditation documentation that is readily available elsewhere, in other offices. For example, optimal documentation for the following subjects could be

recommended or supplied, or both, by the following board offices: hearings, from the Hearing Officers Division; interstate cases, from the Interstate Parole Services and Probation Services Divisions, respectively; while pre-sentence reports could be secured by the accreditation manager's review of those available at the Court Services Division.

Another alternative for securing documentation of standards is for parole managers to obtain it during annual staff inspections at field offices. Parole managers should be instructed to be observant for good quality examples of documentation, such as written reports, and make copies to be forwarded to the accreditation manager. It is also efficient to assign standards to field supervision units that have developed a particular expertise in performing the task(s) embodied in specific standards. For example, those standards associated with absconders may best be handled by the board's Fugitive Apprehension Search Teams (F.A.S.T. Units), while a supervisor whose office prepares more PSIs than other offices can be requested to forward some of the better reports. Finally, the accreditation manager should have access to various supervisory reports, via computer, that demonstrate compliance with several standards related to supervision.

a. Whatever accreditation standards are assigned to field supervision units must be recorded in chart form to reflect the following information:

    1) Name of the Field Unit each standard(s) was assigned to

    2) Supervisor and deputy director assigned for each unit

    3) Number of the standard(s) assigned to each unit, per the ACA Manual

    4) Date the standards were assigned

    5) Expected and final date for return of the documentation

b. Excel spreadsheets are a preferred method for tracking the assignment and collection of documentation of accreditation standards.

    The luxury of having too much documentation is one that an accreditation program can well afford. Managing such a program involves the continuous updating of files. Therefore, documentation can be replaced at anytime if and when better examples are received.

6. Problematic Standards

There are certain accreditation standards which represent situations that, although they do doubtlessly occur with offenders under the board's supervision on a regular basis, they may occur in differing frequency, depending upon location. Moreover, certain standards do not easily lend themselves to documentation, some for obvious reasons. The standard that readily comes to mind reads: " The parole agency provides assistance and services to dischargees who request such help" (#3-3205, Section B, Parole Agencies Only). Parole agents are less likely to create documentation to place

in the file of an inactive, closed case. Further, documentation or the ability to document may be unavailable, due to the case file having been purged. For this, and other standards of a similar nature, the accreditation manager should broaden the assignment. That is, depending on the difficulty in complying with the standard, the standard could be assigned – via e-mail – to multiple supervision units, multiple district directors or the regional directors to increase the probability of finding an acceptable example of compliance with the standard.

7. Work Plans and Schedules: Timeliness

   The accreditation manager should develop a concrete plan for the assignment and the collection of documentation for the ACA accreditation standards to ensure that the documentation is received in a timely fashion. The plan should be a three or four-year plan, divided into one-year segments, covering the period from the date the current accreditation was awarded to the next accreditation. Firm deadlines must be established and adhered to by all parties. The accreditation manager should allow for a reasonable timeframe for the return of documentation after it is assigned – typically 60 to 90 days – and should allow a cushion of a similar timeframe to have all documentation and the agency self-evaluation complete.

8. Status Reports

   The accreditation manager should be prepared to submit status reports of the activity and readiness of the accreditation program to the chairman and director of the Office of Probation and Parole Services, at their request. The standards assignment charts, together with any spreadsheets, will provide all of the updated information necessary to prepare a sufficient report.

9. Mock Audits

   The board's Bureau of Offender Reentry conducts internal staff inspection audits of each of its field supervision units once each fiscal year. The term "mock audits" more typically applies to correctional agencies and institutions, which conduct internal inspections of their respective facilities to ensure that certain requirement equipment, supplies and services are available, more so than procedures being in place. The board's staff inspections, on the other hand, are conducted to determine whether the actual practices of its field supervision staff conform to expected practices, namely agency procedure and the ACA standards. The board staff inspections, then, do not merely determine readiness for a standards compliance audit, but insure the overall ongoing agency compliance with ACA standards. One critical aspect of the PBPP that does lend itself to this procedure is the agency's firearms inventory. Mock audits are periodically conducted of the agency-issued firearms maintained at the board's central office, without advanced notice, so that the agency is accountable for these weapons.

E. Steps in the Accreditation Process

   There are four (4) major steps in the accreditation process: applicant status,

correspondent status, candidate status and accredited status.

1. Applicant Status

   This period involves an exchange of information and materials between the agency and the ACA.

   a. Submission of Application – it is advised that the agency submit its application for reaccreditation at least six but no more than nine months prior to the expiration of the agency's current accreditation status. The agency should allow for enough time to continuously maintain the agency's accredited status. If the agency allows its accreditation to expire, it must begin the process over and reapply for initial accreditation.

   b. Contract – the contract that the agency signs with the ACA specifies the tasks and the responsibilities of both the board and the ACA, time frames for the completion of tasks and activities and a fee schedule. Fees are typically established based upon the type and size of an agency. It is permissible for half of the total fee to be paid prior to the visiting committee's on-site audit of the agency, with the balance paid afterwards. The fee must be paid in full, however, in order to receive a certificate of (re)accreditation after the panel hearings.

   c. Materials – provided by the ACA to the Agency

      1) Manuals – the ACA determines the appropriate manuals of standards applicable to the agency or confirms that the board has the latest copy of the appropriate manuals, or both. This includes the bi-annual standards supplement.

      2) The ACA's Agency Manual of Accreditation Policy and Procedure is supplied to the accreditation manager

      3) Standards Compliance Checklists for each ACA standard (Appendix A)

      4) A Compliance Tally form (Appendix B)

   d. Significant Incident Summary – This ACA form requires information regarding assaults, deaths, escapes, disturbances and other similar events. It is not applicable to the board and its procedures, as this form applies to correctional facilities. The board was exempted from completing this form in the most recent accreditation audit and it is suggested that that this exemption again be obtained in writing for future reaccreditation audits.

   e. Organization Summary (Appendix C)

      This form is basically the application and it provides extensive background information about the agency, including staff and contact information, its facilities and the population it serves.

2. Correspondent Status

The agency is formally notified of its acceptance into the accreditation process by the Standards and Accreditation Department within 30 days of the ACA's receipt of both the completed organization summary and the signed contract. An accreditation specialist is assigned to the agency to guide them through the entire process. A significant portion of preparing for the audit in this stage involves self-evaluation by the agency of their compliance with ACA's standards. Specifically, this consists of a detailed examination of all of the primary and secondary documentation collected for each and every accreditation standard.

a. The Self-Evaluation Report – this report, compiled by the agency accreditation manager, compares the agency's policies, procedures and practices with each standard in the applicable ACA manual. For each standard, the agency explains if: the standard applies to the agency; if the agency is in compliance with the standard; how compliance can be demonstrated; and, if not compliant, what needs to be done to comply with the standard. A compliance tally must also be completed by the agency to reflect the agency's determination of the percentage of mandatory and non-mandatory standards that it is in compliance with. Agencies not meeting the minimum requirements are ineligible to request a standards audit.

   It is noted that, for agencies pursuing reaccreditation, the preparation and submission of self evaluation reports are strictly optional.

b. Standards Compliance Checklists – (Appendix A) All applicants for accreditation and reaccreditation must complete a standards compliance checklist for every standard in the manual and place it in the respective standard's file prior to the standards compliance audit by the visiting committee. (See sub-section C.2., "Establishing Standards Files: Standards Compliance Checklists.")

c. Reaccreditation Distinction – Every aspect of the reaccreditation audit is essentially the same as the accreditation audit with one exception: rather than focus only on compliance for the 12 months preceding the audit, reaccreditation audits seek to determine continuous compliance with the standards from the date of the previous audit throughout the three-year period ending in the date of the current reaccreditation audit.

3. Candidate Status

   The agency enters this stage of the accreditation process whenever it believes that its levels of standards compliance are sufficient for accreditation and it requests an audit. The agency's activities during this period focus on preparing for the standards compliance audit. Candidate status continues until the completion of the on-site audit by a visiting committee, and it has either been awarded or denied accreditation by the CAC.

   a. Audit Request – the accreditation manager should make the agency's request for the reaccreditation audit to the ACA accreditation specialist at least eight weeks in advance of the desired date. The accreditation

manager should also schedule the audit to allow for no less than six weeks after the audit until the next meeting of the Commission on Accreditation for Corrections. Sufficient time is needed to prepare the visiting committee report and for the panel hearing(s), which the CAC conducts in January, April/May and August of each year.

b. Public Notice – Several weeks prior to the on-site audit by the ACA's visiting committee, The Standards and Accreditation Department will e-mail letter-sized notices to the accreditation manager. These notices will announce that the agency shall be undergoing a reaccreditation audit and the date of the audit, and invite public comment that is relevant to the agency's compliance with standards. Copies of this notice are to be posted conspicuously throughout the PBPP's central office, as well as various field offices, particularly those that shall be visited by the ACA auditors (See Appendix D).

c. Logistics

1) Airport – the accreditation manager must advise the ACA liaison which airport is recommended for the auditors arrival.

2) Hotels - The agency/accreditation manager is responsible for arranging the hotel accommodations for the visiting committee. Consideration should be given to booking rooms at a hotel that is in close proximity to the PBPP central office, but also one that is close to several restaurants that are within walking distance of the hotel. The ACA has a tentative limit on the amount that its auditors can charge for rooms. The accreditation manager should be cognizant of this figure and get permission from the agency's ACA liaison before exceeding this it. The accreditation manager should also request a special government rate from the hotel when making the reservations. The accreditation manager should secure the auditors' rooms by placing them on his/her corporate credit card when making the reservations. The auditors must then transfer the rooms to their credit cards upon checking in at the hotel.

3) Transportation – the agency is also responsible for providing ground transportation for the ACA auditors. The accreditation manager or a reliable designee must pick them up at the local airport upon arrival and take them to their hotel. They must be picked up at and returned to their hotel each day while the accreditation audit is being conducted, as well as driven to any satellite offices that are included in the audit schedule. The agency staff must then drive the ACA auditors to the local airport for their departure upon completion of the exit interview.

4) Meals – The ACA auditors pay for all of their own meals and are responsible for arranging all of their meals, with one exception. The first day of the audit all takes place at the board's central office, and a substantial portion of the auditor's time is occupied by the examination of the documentation in the board's standards files. The auditors prefer to have lunch delivered to save time. The accreditation manger should

confirm that delivery is offered from 2-4 acceptable restaurants in the area, speak in advance to the restaurant managers to eliminate any potential problems and obtain takeout menus for the auditors from which to order.

d. Standards Compliance On-Site Audit Process

The accreditation manager must be available to the visiting committee at all times during the audit to answer any questions, to clarify documentation and provide additional materials, and to generally serve as a liaison between the agency staff and the visiting committee.

1) Preliminary Itinerary – the auditors and the accreditation manager discuss this after they are picked up from the airport the day before the audit begins. The auditors advise how they have planned their tentative schedule and the accreditation manager discusses, for example, the staff, central office tour and the satellite offices to be visited.

2) Entrance Interview – the auditors meet in the board meeting room with the board chairman, the deputy executive director, the accreditation manager and other senior staff members. The auditors, after providing a brief introduction including their backgrounds and credentials, explain the purpose of the audit, provide a schedule of their activities and respond to any questions from the senior staff. The chairman also addresses the auditors and senior staff with selected comments. Finally, senior staff members introduce themselves to the auditors in a round-table fashion and briefly explain their respective functions.

3) Agency Tour – the auditors are given a tour of the board's central office, typically by the agency accreditation manager or a designated staff member with sufficient knowledge of the office/agency and experience to answer the auditors' questions. This gives the auditors the opportunity to meet with department heads, supervisors and staff and to learn in more detail about the board's operations. Be aware that the auditors could request an evening visit to view agency operations. The tour should take between one to one and a half hours.

4) Standards Compliance Review – a room is provided where the visiting committee can examine records and work through the audit. This activity takes up the bulk of the first day of the audit. It is suggested that the boardroom be reserved well in advance of the audit. Whatever site is chosen should afford privacy and an atmosphere conducive to work. All documentation that the auditors need to review should be moved to the designated site before they are ready to begin their examination. The audit standards files should be moved to a staging area near the boardroom at least one day prior to the beginning of the audit, and then moved into the auditors' designated work site while they are participating in the agency tour.

5) Departmental Visits – the auditors are afforded more in-depth visits to offices, bureaus and departments in the board's central office in addition

to the agency tour to get a clearer understanding of their respective operations. Examples include Bureau of Offender Reentry, Human Resources, Training (re: firearms), Accreditation and the Office of Professional Responsibility.

6) Field Office Visits – day two of the audit consists entirely of escorted visits of the auditors to field supervision offices selected by board staff (The director of the Office of Probation and Parole services, in collaboration with the accreditation manager, the director of the Reentry Bureau and the regional directors). ACA policy states that no less than 20% of the field offices are to be visited during the audit. Bearing this and distance limitations in mind – since the board's offices are located statewide – staff should plan as efficiently as possible when selecting which field offices to visit. Also, staff should be cognizant that the auditors prefer to visit field offices that were not visited during previous reaccreditation audits. Further, auditors have expressed a preference to be provided with photographs of all field offices – especially ones they were unable to visit – and training facilities utilized by the board in each region. Directors and supervisors of the offices to be visited should organize an orientation session for the auditors explaining, among other things, the territory they cover, inter-agency cooperation, special initiatives and programs and any positive recognition that staff has received.

   A good or excellent review of the standards files does not necessarily mean that the agency is "home free", however. All board staff must continue to be vigilant in presenting the board and its operations in the best possible light at all times to demonstrate compliance. As the ACA notes, "Emphasis in field offices is placed on review of standards that reflect implementation of agency policies and procedures, including those standards that address case record maintenance, field supervision, caseload management, etc…… Since the accreditation of a field service agency is system-wide, a non-compliance finding at one office applies to the entire system." In other words, the auditors could later find the board to be in non-compliance with a certain accreditation standard after visiting a field office, even though they had previously found the board in compliance after viewing documentation in a standards file. The following issues are reviewed by the auditors during field office visits, with all issues except "offender interviews" also applying to PBPP central office:

   a) Staff Interviews – the auditors may also wish to interview field supervision staff via telephone who are from field offices whose geographic distance from PBPP central office makes a visit prohibitive.

   b) Offender Interviews

   c) Security (including agency firearms procedures)

   d) Environmental Conditions/Physical Layout

e) Sanitation/Fire safety

f) Educational/Vocational

g) Social Services

h) Library (Central Office only)

7) Exit Interview – a meeting is held on the third and final day of the audit in the boardroom (or an alternate site conference room, if the field office visit is far from central office) with the auditors and the chairman, the deputy executive director, the accreditation manager and any other senior staff requested, at which the visiting committee discusses the results of the audit. The board is responsible for securing an audio recording device, recording the entire exit interview and providing the recording to the chairperson of the visiting committee at the conclusion of the interview. Any disagreement that board staff may have with the audit finding must be expressed in response to the visiting committee report and at the panel hearing.

8) Re-audit – A re-audit may be required if the agency is found to be in non-compliance with one or more mandatory standards or lacks sufficient compliance levels with the non-mandatory standards. The cost of the re-audit is assumed by the agency and is determined on a cost plus 25% basis.

9) Visiting Committee Report – the results of the standards compliance audit are summarized by the auditors in this report. It contains the following sections:

a) Audit Narrative

b) Compliance Tally

c) Audit Findings

d) Agency Response

e) Auditor's Response

e. Accreditation Hearing – this is the last step in the accreditation process (see section A. "Accreditation: General background), where the Commission on Accreditation for Corrections reviews an agency's application and the visiting committee report and decides whether or not to award an agency (re)accreditation.

4. Accredited Status

The accreditation period is three years. During this time, the agency is expected to maintain the level of compliance achieved during the audit and

work towards compliance of those standards of which it was found to be in non-compliance. It consists of these components:

a. Annual Report – the board must submit an annual report to the Standards and Accreditation Department on the anniversary of the accreditation (panel hearing) date. It should contain the following information:

    1) Current Standards Compliance Levels – A listing of any changes in standards compliance since accreditation.

    2) Update of Plans of Action – a progress report for any plans of action submitted to the hearing panel concerning any standards for which an agency was initially not found in compliance.

    3) Significant Events – a report is made of events and occurrences at the agency during the preceding year which may impact on standards compliance, agency operation or the quality of services provided by the agency.

b. Additional Notification – the agency is also responsible for notifying the ACA of any "major incident, event, or circumstance that might effect standards compliance," immediately following the event. Examples provided by ACA include if the agency is the subject of a court order, has a major disturbance, escape, physical/sexual abuse (to include allegations), employee work stoppage, death from unnatural causes or experiences a major fire or disaster. The board must also inform ACA or provide them with copies of news articles, special reports or results of investigations that address conditions which effect standards compliance.

c. Monitoring Visits – are made to agencies in accredited status by ACA auditors in order to assess continuing compliance with standards. They are conducted with advance notice to the agency and their need is determined by the following factors:

    1) Compliance levels, findings and recommendations by the CAC during the panel hearing.

    2) Incidents or events reported by the agency in its annual report.

    3) Unusual instances or problems, as reflected by adverse media reports, correspondence or special investigations.

d. Revocation of Accreditation

    An agency may be placed on probation and even have its accreditation revoked if the commission panel believes that an agency's failure to maintain continuous compliance with certain standards is detrimental to the life, health and safety of its staff and the population it serves. An agency's accreditation may also be revoked following a significant event, especially due to the failure to notify the Standards and Accreditation Department in a timely manner. Accreditation may also be revoked for several other

reasons, including failure of the agency to adhere to provisions of the contract and intentional misrepresentation of facts.

e. Expiration of Accredited Status

Agencies that fail to successfully completed a reaccreditation audit and receive accredited status within the three year period are withdrawn from accredited status. Extensions of accredited status are granted for special circumstances after written request to the director of Standards and Accreditation.

VII. SUSPENSION DURING AN EMERGENCY

This procedure may be suspended during an emergency at the sole discretion of the chairman.

VIII. RIGHTS UNDER THIS PROCEDURE

This procedure creates no rights under law.

IX. RELEASE OF INFORMATION AND DISTRIBUTION OF PROCEDURE

A. This procedure does not contain information that impacts the security of board staff or offenders and, therefore, may be released to the public.

B. This procedure is to be distributed to all oard staff.

X. CROSS REFERENCES

A. Statutes

1. Federal:

None.

2. State: Pennsylvania Parole Act of 1941, P.L. 861, No 323, as amended.

B. PBPP Policies:

None.

C. American Correctional Association Standards

1. 2006 Standards Supplement

2. 4-APPFS-2A-01 Assessment

D. Management Directives

None.

E. Other

1. ACA Manual of Accreditation Policy and Procedure

2. Policy Statement, Pennsylvania Department of Corrections Accreditation Program and Annual Inspections.