

American Correctional Association

ACCREDITATION
REPORT



Commission on Accreditation for Corrections

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ELOY DETENTION CENTER
ELOY, ARIZONA

The mission of the Commission on Accreditation for Corrections is to upgrade and improve practices and conditions in adult and juvenile correctional facilities and programs through an accreditation process which is founded on a commitment to accountability, professionalism and respect for basic human rights and which recognizes sound and effective correctional practices, while striving towards excellence in the field of corrections.

AMERICAN CORRECTIONAL ASSOCIATION

206 NORTH WASHINGTON STREET ALEXANDRIA VA 22314

703.224.0000 FAX 703.224.0079

www.aca.org

August 21, 2009

U.S. Immigration and Customs Enforcement
Eloy Detention Center
Eloy, Arizona

Congratulations!

It is a pleasure to officially inform you that the Eloy Detention Center was accredited by the Commission on Accreditation for Corrections at the American Correctional Association 2009 Congress of Correction on August 10, 2009 in Nashville, Tennessee.

Your accreditation represents the satisfactory completion of a rigorous self-evaluation, followed by an outside review by a team of independent auditors.

Every profession strives to provide a high quality of service to society. To know that you, your staff, and other officials are complying with the requirements of the accreditation process is indeed a statement of a high level of commitment to the staff and persons under your care.

On behalf of the Commission on Accreditation for Corrections, thank you for your commitment to the corrections profession.

Sincerely,

Lannette Linthicum

Lannette Linthicum, Chairperson
Commission on Accreditation for Corrections

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For Immediate Release

Eloy Detention Center Awarded National Accreditation

Lannette Linthicum, Chairperson of the Commission on Accreditation for Corrections (CAC), recently announced the accreditation of the Eloy Detention Center, U.S. Immigration and Customs Enforcement. The award was presented in conjunction with the American Correctional Association Congress of Correction Conference in Nashville, Tennessee on August 10, 2009.

In presenting the award, Lannette Linthicum, Chairperson of the CAC, and Harold Clarke, President of the American Correctional Association (ACA), complimented the facility on their professional level of operation and their success in completing the accreditation process. The agency is one of over 1,500 correctional organizations currently involved in accreditation across the nation.

The accreditation program is a professional peer review process based on national standards that have evolved since the founding of the Association in 1870. The standards were developed by national leaders from the field of corrections, law, architecture, health care, and other groups who are interested in sound correctional management.

ACA standards address services, programs, and operations essential to effective correctional management. Through accreditation, an agency is able to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Standards set by ACA reflect practical up-to-date policies and procedures and function as a management tool for agencies and facilities throughout the world.

The three-year accreditation award granted to the Eloy Detention Center does not signal the end of their involvement in the accreditation process. During the award period, staff will work to improve any deficiencies identified during the audit and maintain continuous compliance with the standards.

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Congratulations on your accreditation award! You are now a member of the elite in achieving correctional excellence. The certificate you have received is but a small symbol of the enormous dedication and commitment demonstrated by each and every member of your staff to the accreditation process, and I urge you to display it prominently as a continual reminder of the level of professionalism achieved. This is just the beginning of your journey, however, for the true test of excellence is the test of time. It is critical that your operation be able to sustain this achievement over time and be constant through both prosperity and adversity.

The logo of the Commission on Accreditation for Corrections depicts a sextant. Those who chose this symbol did so because “the sextant is an instrument used by a navigator to pinpoint the location of his ship in relation to the established points of reference in the universe, with the purpose of charting his future course.” This is the exact purpose of accreditation; objectively reviewing an agency or facility and giving it a goal for which to strive, a destination to reach. Accreditation is the sextant for our profession; let it be your guide as well.

Thank you for your commitment to the American Correctional Association and the standards and accreditation process.

Mark A. Flowers, Director
Standards and Accreditation
American Correctional Association

Overview of the American Correctional Association

The American Correctional Association is the oldest and most prestigious correctional membership organization in the United States. Founded in 1870, ACA currently represents more than 20,000 correctional practitioners in the United States and Canada. Members include all levels of staff from a wide variety of correctional disciplines and programs, as well as professionals in allied fields and representatives from the general public. In addition, the Association represents the interests of 74 affiliated organizations whose goals, while similar to those of ACA, focus on specialized fields and concerns within the realm of corrections.

At its first organizational meeting held in Cincinnati, Ohio, in 1870, the Association elected then-Ohio governor and future U.S. President, Rutherford B. Hayes, as its first president. The *Declaration of Principles* developed at that first meeting became the guidelines for correctional goals in both the United States and Europe.

Since that time, ACA has continued to take a leadership role in corrections and work toward a unified voice in correctional policy. In recent years, one of the Association's major goals has been the development of national correctional policies and resolutions of significant issues in corrections. These policies are considered for ratification at the Association's two annual conferences and ratified policies are then disseminated to the field and other interested groups. ACA has also had a major role in designing and implementing professional standards for correctional practices, as well as methods for measuring compliance with those standards.

The Association conducts research and evaluation activities, provides training and technical assistance, and carries out the regular responsibilities of any professional membership organization, including a full publications program. The Association's two annual conferences, held in varying cities across the nation, attract more than 5,000 delegates and participants each year from the 50 states, U.S. territories, and several foreign countries.

Membership in ACA is open to any individual, agency, or organization interested in the improvement of corrections and the purposes and objectives of the Association. Members include the majority of state, local, provincial, and territorial correctional agencies, individual correctional institutions and local jails, pretrial programs and agencies, schools of criminal justice in colleges and universities, libraries, and various probation, parole, and correctional agencies. Most of ACA's members are employed at the federal, state, and local levels. Members also include more than 200 volunteers affiliated with these agencies as administrators or as members of advisory boards and committees.

Organizational Purposes of the American Correctional Association

Among the most significant purposes of the Association as outlined in its Constitution, are:

To promote the coordination of correctional organizations, agencies, programs, and services to reduce fragmentation and duplication of effort and increase the efficiency of correctional services on a national basis.

To develop and maintain liaisons and a close working relationship in America with national, regional, state, and local associations and agencies in the correctional, criminal justice, civic, and related fields for mutual assistance and the interchange of ideas and information, and to extend and strengthen cooperative working relationships with similar associations and agencies on the international level.

To develop and promote effective standards for the care, custody, training, and treatment of offenders in all age groups and all areas of the correctional field: detention facilities and services, institutions and other facilities for juvenile and adult offenders, probation, parole, community residential centers, and other community-based programs and services.

To conduct studies, surveys, and program evaluations in the correctional field, and provide technical assistance to correctional organizations, departments, institutions, and services.

To publish and distribute journals and other professional materials dealing with all types of correctional activities.

To promote the professional development of correctional staff at all levels.

In carrying out these purposes, ACA sponsors programs for policy analysis, demonstration, and research. ACA also provides testimony, consultation, publications, conferences, workshops, and other activities designed to stimulate constructive action regarding correctional issues.

Standards and Accreditation

Perhaps ACA's greatest influence has been the development of national standards and the accreditation process. ACA standards address services, programs, and operations essential to effective correctional management. Through accreditation, an agency is able to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Standards set by ACA reflect practical up-to-date policies and procedures and function as a management tool for over 1,500 correctional agencies in the United States.

Organizational Structure of the American Correctional Association

Executive Committee

The Executive Committee is composed of the elected officers of the Association - president, vice president, treasurer, two Board of Governors' members, the immediate past president, the president-elect, and the ACA executive director. The Executive Committee meets at least quarterly and exercises most of the powers of the Board of Governors during the intervals between meetings of the board.

Board of Governors

ACA's bylaws vest control of the Association with an 18-member elected Board of Governors composed of the officers of the Association and five at-large members. To ensure the interdisciplinary nature of the Association, board members must represent the following areas:

At-Large Citizen (not employed in corrections)	Community Programs (Juvenile)
Correctional Administration (Adult)	Aftercare or Post-Release Supervision (Juvenile)
Correctional Administration (Juvenile)	Detention (Adult)
Institutions (Adult)	Detention (Juvenile)
Institutions (Juvenile)	At-Large (Ethnic Minority) (3)
Probation (Adult)	Education
Probation (Juvenile)	Member At-Large
Parole or Post-Release Supervision (Adult)	
Community Programs (Adult)	

Delegate Assembly

The Delegate Assembly is composed of delegates from the professional affiliates, geographical chapters, membership at-large, Board of Governors, past presidents of ACA, and representatives of each military service. The Delegate Assembly can establish policy, define Association positions on broad social and professional issues, and determine major programs and legislative priorities. They meet at least twice annually, at the Winter Conference and Congress of Correction.

Committees

The majority of the Association's activities take place through committees. Each committee chair reports to the Association's Board of Governors at least twice a year. In this way, the Association collectively benefits from the involvement and contribution of the hundreds of individuals who function on the various committees. Ad-hoc committees are appointed by the president of the Association.

The current committees and councils are:

Committee on Affirmative Action	Committee on Legal Issues
Committee on Constitution and Bylaws	Committee on Correctional Awards
Committee on International Relations	Committee on Membership
Committee on Congress Program Planning	Committee on Military Affairs

Council of Professional Affiliates
Council of Dual-Membership Chapters and
State and Geographical Affiliates
Nominating Committee
Council on Professional Education
Credentials Committee
Research Council

Eligibility Committee
Resolutions & Policy Development Comm
Committee on Ethics
Standards Committee
Legislative Affairs Committee

Affiliates and Chapters

Affiliates and state chapters are major features of the Association's structure. They represent professional, regional, and state groups across the United States and Canada. Affiliates and chapters contribute to the professional development of all members by providing consultation in their respective areas of interest and by participating in seminars and workshops at ACA's annual conferences.

The following affiliates and chapters are currently associated with ACA:

Alabama Council on Crime and Delinquency
Alston Wilkes Society
American Assn for Correctional Psychology
American Correctional Chaplains Association
American Correctional Food Service
Association
American Correctional Health Services Assn
American Institute of Architects
American Jail Association
American Probation and Parole Association
Arizona Probation, Parole, and Corrs Assn
Association for Corrl Research and Info Mgmt
Assn of Paroling Authorities, International
Assn of State Correctional Administrators
Assn of Women Executives in Corrections
International Assn of Correctional Officers
Iowa Corrections Association
Juvenile Justice Trainers Association
Kansas Correctional Association
Kentucky Council on Crime and Delinquency
Louisiana Correctional Association
Maryland Criminal Justice Association
Michigan Corrections Association
Middle Atlantic States Correctional Association
Minnesota Corrections Association
Missouri Corrections Association
National Association of Adult and Juvenile State
Corrections Mental Health Directors
National Assn of Blacks in Criminal Justice
National Association of Juvenile Corrl Agencies

Association on Programs for Female Offenders
Central States Correctional Association
Colorado Correctional Association
Connecticut Criminal Justice Association
Correctional Association of Massachusetts
Correctional Accreditation Managers Assn
Correctional Education Association
Correctional Industries Association
Family and Corrections Network
Florida Council on Crime and Delinquency
Illinois Correctional Association
Indiana Correctional Association
International Assn of Corrl Training Personnel
International Community Corrections Assn

National Association of Probation Executives
National Coalition for Mental and Substance
Abuse Health Care in the Justice System
National Correctional Recreation Association
National Council on Crime and Delinquency
National Juvenile Detention Association
Nebraska Correctional Association
Nevada Correctional Association
New Jersey Chapter Association
New Mexico Correctional Association
New York Corrections and Youth Svcs Assn
North American Association of Wardens &
Superintendents
North Carolina Correctional Association
Ohio Correctional and Court Svcs Association

Oregon Criminal Justice Association
Parole and Probation Compact Administrators
Association
Pennsylvania Assn of Probation, Parole, and
Corrections
Prison Fellowship
South Carolina Correctional Association
Southern States Correctional Association
Tennessee Corrections Association

Texas Corrections Association
The Salvation Army
Utah Correctional Association
Virginia Correctional Association
Volunteers of America
Washington Correctional Association
Western Correctional Association
Wisconsin Correctional Association

Major Activities of the American Correctional Association

Legislation

The American Correctional Association is involved with all major issues affecting corrections today. Members and ACA staff maintain close working relationships with committees of the U.S. Congress and all federal agencies and groups whose decisions affect correctional policy. Expert testimony on a wide range of correctional issues is prepared for congressional committee and subcommittee hearings, and recommendations are provided to federal administrative agencies.

To ensure that the concerns and issues of the corrections profession are represented in proposed legislation and public policy, ACA's legislative liaison is addressing legislative and government concerns that will impact the corrections profession. ACA has established partnerships between chapters and affiliates and other national policy making organizations to present a strong collective voice for correctional reform throughout the world.

Professional Development

The purpose of the Association's Professional Development Department is to plan, promote, and coordinate professional development through training seminars, workshops, and published materials including curriculums, resource guides, and monographs.

ACA's training plan calls for a variety of professional development activities. Nationally advertised workshops cover topics such as training for trainers, management training, community-based employment programs, and stress management. On-site workshops for state and local departments of corrections are offered in curriculum development, supervision, communications, and report-writing skills.

The *Training for Correctional Staff Trainers* workshops further the skills of correctional professionals qualified to initiate and deliver training. These workshops also enable agencies to comply with national standards for accreditation and ensure that training is job-related and professionally developed and presented.

The department also offers correspondence courses to further professional development. More than 6,000 correctional personnel have completed or are in the process of completing ACA's self-instruction training program for correctional officers. This program, developed under the auspices of the National Institute of Corrections, provides 40 hours of basic training in accordance with ACA standards. A score of at least 80 percent on the comprehensive examination must be attained to achieve certification.

The Association has similar courses available for correctional supervisors, juvenile caseworkers, and food service employees. Additional courses which cover report writing skills, correctional management skills, legal issues for probation and parole officers, and legal issues for correctional officers are also available.

Publications

As one of the leading publishers of practical correctional publications, ACA produces books, videos, and lesson plans. Among the wide ranging subjects available are management, community, security, counseling, law, history, and health. These excellent resources for career advancement appeal to practitioners and scholars alike. Directories for every major sector of corrections are also published by ACA.

The following is just a few of the many publications that ACA offers:

Corrections Today is the major corrections magazine in the United States. Published seven times a year, it focuses on the interests of the professional correctional employee and administrator. Articles include reports of original research, experiences from the field, discussion of public policy, and the perspectives of prominent practitioners and academicians.

On the Line is published five times a year and contains national and local news of interest to the criminal justice professional.

Corrections Compendium Newsletter publishes cutting-edge information about the corrections environment. Survey information is compiled from 52 U.S. and 14 Canadian correctional systems.

The Juvenile and Adult Directory has been published since 1939. A revised edition of the directory is released each January. This publication is the only up-to-date, comprehensive directory of all U.S. and Canadian juvenile and adult correctional departments, institutions, agencies, and paroling authorities.

The National Jail and Adult Detention Directory was first published in 1978. It is a source of information concerning jails. The directory, published every two years, attempts to list all jails in the United States that house offenders or detainees for more than 48 hours.

The Probation and Parole Directory, updated every two years, provides over 500 pages of information regarding federal, state, and county adult and juvenile probation, parole and aftercare systems in the United States. It includes statistics on caseloads, expenditures, and personnel.

The State of Corrections, formerly *The Proceedings*, includes the events of both the Congress of Correction and the Winter Conference. Published since 1870, it includes selected speeches and panel presentations concerning the latest thoughts and practices in the criminal justice field.

Correctional standards are the most significant improvement in correctional programming. As the basis for accreditation, they give administrators a nationally recognized system for upgrading and improving their correctional services. The Association currently publishes over 20 manuals for every correctional discipline.

To aid in the development of policy with relation to accreditation, *Guidelines for the Development of Policies and Procedures* are available for adult correctional institutions, adult parole authorities/adult probation and parole field services, adult local detention facilities, adult community residential services, juvenile detention facilities, and juvenile training schools.

Conventions

ACA hosts two national conventions each year that attract more than 5,000 professionals from all aspects of corrections; the Winter Conference held in January, and the Congress of Correction, held in August. These events include a variety of workshops, exhibits, and seminars devoted to addressing topics specific to the corrections profession.

Contracts and Grants

The American Correctional Association has a history of successful grant and contract management and administration. ACA has completed contracts and grants of more than \$30 million. These diverse initiatives, which are funded through federal and private sources, add to the technical expertise and knowledge of the organization as well as to the total field of corrections.

Standards and Accreditation

Perhaps ACA's greatest influence has been the development of national standards and the accreditation process. ACA standards address services, programs, and operations essential to effective correctional management. Through accreditation, an agency is able to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Standards set by ACA reflect practical up-to-date policies and procedures and function as a management tool for over 1,200 correctional agencies in the United States.

Overview of the Commission on Accreditation for Corrections

The Commission on Accreditation for Corrections (CAC) is a private, nonprofit organization established in 1974 with the dual purpose of developing comprehensive, national standards for corrections and implementing a voluntary program of accreditation to measure compliance with those standards.

The Commission was originally developed as part of the American Correctional Association. In 1979, by joint agreement, the Commission separated from the Association in order to independently administer the accreditation program. Between 1978 and 1986, the organizations shared the responsibility for developing and approving standards and electing members of the Commission. On November 7, 1986, the Commission on Accreditation for Corrections officially realigned itself with the American Correctional Association.

The Commission is composed of a board which meets at least twice each year. The responsibility of rendering accreditation decisions rests solely with the Commission. The members of the Commission represent the full range of adult and juvenile corrections and the criminal justice system. They represent the following categories:

- National Association of Juvenile Correctional Agencies (1 representative)
- Council of Juvenile Correctional Administrators (1 representative)
- Association of State Correctional Administrators (2 representatives)
- National Sheriff's Association (2 representatives)
- American Jail Association (1 representative)
- North American Association of Wardens and Superintendents (1 representative)
- International Community Corrections Association (1 representative)
- American Probation and Parole Association (1 representative)
- Association of Paroling Authorities International (1 representative)
- National Juvenile Detention Association (1 representative)
- American Bar Association (1 representative)
- American Institute of Architects (1 representative)
- National Association of Counties (1 representative)
- Correctional Health (Physician) (1 representative)
- Juvenile Probation/Aftercare (1 representative)
- Adult Probation/Parole (1 representative)
- At-Large (17 representatives)
- Citizen At-Large (Not in Corrections) (1 representative)

Association staff

Accreditation activities are supported by the staff of the American Correctional Association, Standards and Accreditation Department, under the leadership of the director of the department. Standards and Accreditation Department staff are responsible for the daily operation of the accreditation program. Agencies in the process have contact primarily with the accreditation specialist responsible for their state or agency.

Auditors

Over 600 corrections professionals in the United States have been selected, trained, and employed on a contract basis by the Association. These individuals perform the field work for the Association which includes providing assistance to agencies working toward accreditation, conducting on-site audits of agencies to assess compliance with standards and confirming that requirements are met, and monitoring to ensure maintenance of the conditions required for accreditation. Teams of auditors, referred to as visiting committees or audit teams, are formed to conduct standards compliance audits of agencies seeking accreditation and reaccreditation.

Auditors are recruited nationally through announcements in prominent criminal justice publications and at major correctional meetings. Affirmative action and equal employment opportunity requirements and guidelines are followed in the recruitment of auditors. All auditors employed by the Association have a minimum of three years of responsible management experience, have received a recommendation from an agency administrator, and have demonstrated knowledge in the substantive area(s) in which they are employed to assist the Association. In addition, all auditors must successfully complete the Association's auditor training and be members of the ACA in good standing.

Standards Development

Development of the ACA standards began in 1974 with an extensive program of drafting, field testing, revising, and approving standards for application to all areas of corrections. Since then, approximately 1,500 correctional facilities and programs have adopted the standards for implementation through accreditation, and many others have applied the standards informally themselves.

In the development of standards, the goal was to prescribe the best possible practices that could be achieved in the United States today, while being both realistic and practical. Steps were taken to ensure that the standards would be representative of past standards development efforts, reflect the best judgment of corrections professionals regarding good corrections practice, recognize current case law, and be clear, relevant, and comprehensive. The standards development and approval process has involved participation by a wide range of concerned individuals and organizations. Twenty-two manuals of standards are now used in the accreditation process:

Standards for the Administration of Correctional Agencies

Standards for Adult Parole Authorities

Standard for Adult Probation and Parole Field Services

Standard for Adult Correctional Institutions

Standards for Adult Local Detention Facilities

Standards for Small Jail Facilities

Standards for Electronic Monitoring Programs

Standards for Adult Community Residential Services

Standards for Adult Correctional Boot Camps

Standards for Correctional Industries

Standards for Correctional Training Academies

Standards for Juvenile Community Residential Facilities
Standards for Juvenile Correctional Facilities
Standards for Juvenile Probation and Aftercare Services
Standards for Juvenile Detention Facilities
Standards for Juvenile Day Treatment Programs
Standards for Juvenile Correctional Boot Camps
Standards for Therapeutic Communities
Standards for Small Juvenile Detention Facilities
Standards for Performance-Based Health Care in Adult Correctional Institutions
Certification Standards for Food Service Programs
Standard for Adult Correctional Institutions (in Spanish)

The standards establish clear goals and objectives critical to the provision of constitutional and humane correctional programs and services. The standards include the requirement for practices to promote sound administration and fiscal controls, an adequate physical plant, adherence to legal criteria and provision of basic services. Basic services called for by the standards include the establishment of a functional physical plant, training of staff, adoption of sanitation and safety minimums, and provision of a safe and secure living environment. In offering specific guidelines for facility and program operations, the manuals of standards address due process and discipline, including access to the courts, mail and visitation, searches, and conditions of confinement of special management offenders.

The standards are systematically revised to keep pace with the evolution of correctional practices and case law, after careful examination of experiences, and after applying them over a period of time and circumstances. The ACA Standards Committee, which includes membership from the Commission on Accreditation for Corrections, is responsible for standards development and revision.

The ACA publishes biannual supplements to the standards with updated information and clarifications until new editions of standards manuals are published. Each supplement addresses standards interpretations, deletions, revisions, and additions for all manuals of standards issued by the Standards and Accreditation Department.

Suggestions and proposals for revisions to the standards from the field and interested others are encouraged. The Standards and Accreditation Department has developed a standards proposal form specifically for this purpose. The standards proposal form can be obtained from the *Standards Supplement*, the ACA website, or Standards and Accreditation Department staff (Appendix A). Proposals should be submitted via the ACA website.

Accreditation Process Descriptions

For over 120 years, the American Correctional Association has been the only national body involved in the development of standards for the correctional field. ACA standards are supported by ACA's Standards and Accreditation Department and the Commission on Accreditation for Corrections, which is the evaluating and certifying body for accreditation. The department is responsible for the administration of accreditation and ongoing development of correctional standards.

The accreditation process is a voluntary program for all types of correctional agencies. For these agencies, accreditation offers the opportunity to evaluate their operations against national standards, to remedy deficiencies, and to upgrade the quality of programs and services. The recognized benefits of such a process include: improved management; a defense against lawsuits through documentation; demonstration of a "good faith" effort to improve conditions of confinement; increased accountability and enhanced public credibility for administrative and line staff; a safer and more humane environment for personnel and offenders; and the establishment of measurable criteria for upgrading programs, staffing, and physical plant on a continuous basis.

A major component of the accreditation process is the standards compliance audit conducted by a visiting committee. The purpose of the audit is to measure operations against the standards, based on documentation provided by the agency.

The Visiting Committee Report

The results of the standards compliance audit are contained in the visiting committee report, a document prepared by the visiting committee chairperson. The report is distributed to the agency administrator and members of the visiting committee. This report is also submitted to the Commission on Accreditation for Corrections for consideration at the accreditation hearing.

The following information is usually contained in the visiting committee report:

Agency and Audit Narrative

The agency narrative includes a description of program services, a description of physical plant, number of offenders served on the days of the audit, a summary significant incidents and consent decrees, class action lawsuits and/or judgments against the agency/facility, if applicable.

The audit narrative, prepared by the visiting committee chairperson, describes audit activities and findings. The narrative examines issues or concerns that may affect the quality of life and services in an agency or facility. Quality of life issues include areas such as staff training, adequacy of medical service, sanitation, use of segregation and detention, reported and/or documented incidences of violence and crowding in institutions, offender activity levels, programming and provision of basic services. The audit narrative also contains comments as a result of staff and offender interviews, and a detailed explanation of all noncompliant and not applicable standards.

Agency Response

The agency has four options for standards found in noncompliance: a plan of action, an appeal, a waiver request, or a discretionary compliance request.

A **plan of action** is a detailed statement of tasks to be performed in order to achieve compliance with a standard found in noncompliance at the time of the audit. The plan of action designates staff responsibilities and timetables for completion.

An **appeal** is 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 and a recalculation of the compliance tally.

A **waiver** may be requested when noncompliance with a standard does not adversely affect the life, health, or safety of staff and offenders and when quality of life conditions compensate for the lack of implementation of a plan of action. The granting of a waiver by the Commission waives the requirement for submitting a plan of action; however, it does not change the noncompliant finding.

A **discretionary compliance request** is when there are circumstances in which agencies choose not to comply with a particular standard for a variety of reasons. These reasons include:

- An unwillingness to request funds from a parent agency or funding source
- A preference to satisfy the standard/expected practice's intent in an alternative fashion
- An objection from a parent agency, higher level government official, or funding source to the nature of the standard/expected practice
- A clear policy in place at a higher level that is contrary to the requirements of the standard/expected practice
- An existing provision in a collective bargaining agreement that makes compliance impossible (without bargaining with the employees' union to effect such a change).

Auditor's Response

This section contains the visiting committee's final reply to all responses received from the agency and includes comments regarding the acceptability of plans of action, appeals, and waivers.

Accreditation Hearings

The Commission on Accreditation for Corrections is solely responsible for rendering accreditation decisions and considers an agency's application at its next regular meeting following completion of the visiting committee report. The Commission is divided into panels that are empowered to reach and render accreditation decisions. These panels hear the individual application for accreditation and include a quorum of at least three Commissioners which includes the panel hearing chairperson. Agencies are notified in writing of the date, time, and location of the hearings by Standards and Accreditation Department staff.

The panel hearing is the last step in the process. With the panel chairperson presiding, panel members discuss issues and raise questions relative to all aspects of agency operations and participation in the process. The information presented during the hearing and in the visiting committee report is considered by the panel members in rendering accreditation decisions.

The agency is invited to have a representative at the hearing and, in most cases, one or more individuals attend. When special conditions warrant, the visiting committee chairperson or a member of the visiting committee also may be asked to attend the hearings. When this occurs, the auditor provides information to help clarify controversial issues and responds to questions and concerns posed by panel members.

Attendance by any other parties (i.e. media representatives, public officials, or personnel from agencies other than the applicant) occurs only with the permission of the applicant agency. In these cases, the applicant agency representatives and panel members discuss procedures to be followed before commencement of the hearing.

Conduct of Hearings

The panel schedule provides ample time for review of each individual agency pursuing accreditation. Hearings are conducted by the panel chairperson in accordance with established procedures. Panel proceedings require that a formal vote be taken on all final actions, i.e., agency appeals, waiver requests, and the final accreditation decision of the Commission. All panel proceedings are tape-recorded to assist in preparing minutes of the hearings. Panel activities generally occur as follows:

- applicant agency representatives are requested by Standards and Accreditation Department staff to be on-call to allow for scheduling flexibility
- a designated waiting area is usually provided for this purpose
- when the panel is ready to review the agency, the Standards and Accreditation Department staff representative notifies agency representative(s)
- the hearing opens with an introduction by the panel chairperson
- the agency representative is asked to give a brief description of the program
- if a visiting committee member is present at the hearing, the panel chairperson may request that the auditor present an account of the visit, focusing on matters particularly pertinent to the decision or specific panel actions. In some cases, however, the panel may wish to call on the visiting committee member only to

- request additional information at different points during the hearing
- the panel chairperson leads a standard by standard review of non-compliance issues. The agency representative presents information relative to their requests for waivers, plans of action, appeals, and discretionary compliance requests. The agency may also present additional materials, including photographs or documentation, for review by the panel.
- following the agency presentation, the chairperson has the option of calling the panel into executive session to consider the information provided, determine findings, and make an accreditation decision. Whether or not panel deliberations occur in the presence of agency personnel or in executive session varies from panel to panel, considering the preference of panel members and the sensitivity of issues to be discussed regarding the application.

In final deliberations, the Commission panel:

- ensures compliance with all mandatory standards and at least 90 percent of all other standards
- responds with a formal vote to all appeals submitted by the applicant agency
- responds with a formal vote to all requests for waivers, discretionary compliance, and plans of action submitted by the applicant agency

At this time, the panel also:

- assures that an acceptable plan of action will be submitted for every non-compliant standard, including those standards for which appeals of non-compliance and waiver requests have been denied by the panel. In judging the acceptability of plans of action, the panel ensures that all of the information requested on the form is provided. Furthermore, the feasibility of plans to achieve compliance is considered, including specific tasks, time frames, and resource availability (staff and funding) for implementing proposed remedies.
- addresses to its satisfaction any concerns it has with visiting committee comments about the quality of life in the facility or program, patterns of non-compliance, or any other conditions reviewed by the panel relating to the life, health, and safety of residents and staff

For each application, a roll call vote to award accreditation, extend an agency in Candidate or Correspondent Status, or deny accreditation is conducted. The options for final action available to the panel are outlined in the next chapter.

If the panel has deliberated in executive session, agency representatives are invited back into the meeting and informed of the panel's final decision and actions or recommendations on all other issues raised by the applicant. If accreditation has not been granted, the chairperson discusses with agency personnel specific reasons for the decision and the conditions of extension in Candidate or Correspondent Status and procedures for appeal.

Accreditation Decisions

The decisions available to the Commission panel relating to the accreditation of an agency are:

- *Three-year accreditation award* based on sufficient compliance with standards, acceptance of adequate plans of action for all non-compliant standards and satisfaction of any other life, health, and safety conditions established by the panel. The balance of the contract must be paid in full in order to receive a certificate of accreditation.
- *Extension of the applicant agency in Candidate Status* (initial accreditation only) for reasons of insufficient standards compliance, inadequate plans of action, or failure to meet other requirements as determined by the panel. The Commission may stipulate additional requirements for accreditation if, in its opinion, conditions exist in the facility or program that adversely affect the life, health, or safety of the offenders or staff. Extension of an applicant in Candidate Status is for a period of time specified by the panel and for identified deficiencies if in the panel's judgment, the agency is actively pursuing compliance.
- *Probationary Status* is determined when the panel specifies that compliance levels are marginal, there is a significant decrease in compliance from the previous audit (in the case of reaccreditation), or there are quality of life issues that would indicate continued monitoring. While an award of accreditation is granted, a monitoring visit *must* be completed and the report presented at the next meeting of the Commission. The cost for a monitoring visit is borne by the agency at a rate of cost plus 25%. The agency does not have to appear before the Commission for the review of the monitoring visit report. If they choose to do so, all related travel expenses are borne by the agency. Specific expectations for removal from probation are outlined.
- *Denial of accreditation* removes the agency from Accredited Status (in the case of reaccreditation) and withdraws the agency from the accreditation program. Situations such as insufficient standards compliance, inadequate plans of action, failure to meet other requirements as determined by the panel or quality of life issues may lead to the denial of accreditation. If an agency is denied accreditation, it is withdrawn from the process and is not eligible to re-apply (as an applicant) for accreditation status for a minimum of six months from the date of that panel hearing. The Commission will explain the process for appeal.

The agency receives written notification of all decisions relative to accreditation after the hearing.

Appeal Process

The accreditation process includes an appeal procedure to ensure the equity, fairness, and reliability of its decisions, particularly those that constitute either denial or withdrawal of Accredited Status. Therefore, an agency may submit an appeal of any denial or withdrawal of accreditation.

The basis for reconsideration is based on grounds that the decision(s) were:

- arbitrary, capricious, or otherwise in substantial disregard of the criteria and/or procedures promulgated by the Commission
- based on incorrect facts or an incorrect interpretation of facts
- unsupported by substantial evidence
- based on information that is no longer accurate

The reasonableness of the standards, criteria, and/or procedures for the process may not serve as the basis for reconsideration. The procedures for reconsideration are as follows:

- The agency submits a written request for reconsideration to the Director of Standards within 30 days of the adverse decision stating the basis for the request.
- The Executive Committee of the Commission, composed of the officers of the Commission, reviews the request and decides whether or not the agency's request presents sufficient evidence to warrant a reconsideration hearing before the Commission. The agency is notified in writing of the Executive Committee's decision.
- If the decision is made to conduct a hearing, the hearing is scheduled for the next full Commission meeting and the agency is notified of the date.
- The agency, at its option and expense, has the right of representation, including counsel.
- Following the hearing held before the Commission, the decision, reflecting a majority opinion, is made known to the agency immediately.
- Pending completion of the reconsideration process, the agency maintains its prior status. Until a final decision has been reached, all public statements concerning the agency's accredited status are withheld.
- Following completion of the reconsideration process, any change in the status of an agency is reflected in the next regularly published list of accredited agencies.

Accredited Status

The accreditation period is three years, during which time the agency must maintain the level of standards compliance achieved during the audit and work towards compliance of those standards found in non-compliance. Regular contact with Standards and Accreditation Department staff should also be maintained.

Annual Report

During the three year accreditation period, the agency submits an annual report to the Standards and Accreditation Department. This statement is due on the anniversary of the accreditation (panel hearing) date and contains the following information:

Current standards compliance levels - This includes any changes in standards compliance since accreditation, listing on a standard-by-standard basis any standard with which the agency has fallen out of compliance or achieved compliance.

Update of plans of action - A progress report is included with respect to plans of action submitted to the hearing panel, indicating completion of plans resulting in compliance with standards and revised plans reflecting the need for additional time, funds, and/or resources to achieve compliance.

Significant Events - A report is made of events and occurrences at the agency during the preceding year that impact on standards compliance, agency operation, or the quality of services provided by the agency. This might include:

- a change in the agency administration and/or major staffing changes
- mission change or program revisions
- changes in the offender population, including number of offenders or general offender profile
- physical plant renovations, additions, or closings
- any major disturbances, such as extended periods of lock-down, employee work stoppages, etc
- any significant incident to include allegations of physical/sexual abuse
- a death from other than natural causes

Standards and Accreditation Department staff review the annual report received from the agency and respond to clarify issues or request additional information if necessary.

In addition to submission of the annual report, the agency is responsible for notifying Standards and Accreditation Department staff of any major incident, event, or circumstance that might affect standards compliance. This notice must be provided to the Standards and Accreditation Department immediately following the event. For example, an agency must notify the Standards and Accreditation Department if it 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 other disaster. It is the responsibility of the accredited agency to inform Standards and Accreditation Department staff or provide them with copies of news

articles, special reports, or results of investigations that address conditions that affect standards compliance.

Finally, the Standards and Accreditation Department may request that the agency respond to public criticism, notoriety, or patterns of complaint about agency activity that suggests failure to maintain standards compliance. The Standards and Accreditation Department may conduct an on-site monitoring visit to the agency to verify continued compliance.

Monitoring Visits

Monitoring visits to agencies in Accredited Status are conducted by an ACA auditor(s) in order to assess continuing compliance with the standards. A monitoring visit may be conducted at any time during the accreditation period, with advance notice to the agency. The determination of need for a monitoring visit is based on:

- compliance levels, findings, and recommendations by the Commission on Accreditation for Corrections during the hearing
- incidents or events reported by the agency in its annual report
- problems indicated by adverse media reports or correspondence received by Standards and Accreditation Department staff, disturbances at the agency, or special investigations

The length of the visit varies depending on the number of standards or special issues that must be addressed during the visit. The visits are conducted similar to standards compliance audits, but on a reduced scale. Monitoring visits are charged to the agency at a rate of cost plus twenty-five percent.

Activities, as a general rule, involve a review of all mandatory standards, all standards found in non-compliance at the time of accreditation, and any other concerns identified by the Commission. The visit also involves a tour of the agency and interviews with staff and offenders to ensure maintenance of the requirements of accreditation. It concludes with an exit interview during which the auditor informs the agency staff of the findings of the visit.

Following the visit, the auditor prepares a monitoring visit report that addresses findings of the visit. The report includes a list of standards reviewed, explanation of non-compliance findings, results of the tour and interviews with agency staff and offenders, and discussion of any issues believed to be relevant to the agency's accreditation. The report, as with others prepared by auditors, is reviewed and sent to the agency by Standards and Accreditation Department staff.

When a monitoring visit to the agency reveals deficiencies in maintaining compliance levels that existed at the time of accreditation, or less than 100 percent compliance with mandatory standards, the agency prepares a response providing explanation of the problems indicated in the report. When the agency has failed to maintain compliance with all mandatory standards, the monitoring visit report and the agency response are submitted to the Commission on Accreditation for Corrections for review during a regular hearing. Agency representatives are advised of the date, time, and location of the review, and are invited to attend. At the discretion of the Commission, the agency may be placed in probationary status and a revisit conducted to determine if deficiencies have been

corrected.

Revocation of Accreditation

If the Commission panel believes that an agency's failure to maintain continuous compliance with certain standards is detrimental to life, health, and safety of residents and staff, the Commission may place an agency on probation. Probationary Status lasts for a specific period of time designated by the Commission to allow for correction of deficiencies. At the end of the probationary status, another monitoring visit will be conducted to ensure that the deficiencies have been corrected. The cost of this visit is borne by the agency. Following the visit, a report is prepared for review by the Commission at its next regularly scheduled meeting. The Commission again reviews the program and considers removing the probationary status or revoking accreditation. When the agency corrects the deficiencies within the probationary status period and the corrections have been verified and accepted, the agency resumes its status as an accredited agency. An agency that does not satisfactorily correct the deficiencies may be withdrawn from accreditation.

Another condition that may result in a rehearing and consideration of revocation is following a significant event in an agency (i.e. major disturbance, death from other than natural causes or allegations of physical/sexual abuse of offenders). Failure to notify the Standards and Accreditation Department in a timely manner may result in suspension of the agency's accreditation. Once ACA is notified of the major event, the Director of Standards and Accreditation may consult with the Executive Committee of the Commission, who may request a monitoring visit. If a visit is warranted, ACA will notify the agency and a date will be established with the concurrence of the facility. The monitoring visit will take place within 14 days of this notification. The monitoring visit report will be sent to the Director of Standards within 7 days of the monitoring visit and then forwarded to the Executive Committee of the Commission. Following review of the report, a determination will be made by the Executive Committee as to whether revocation of accreditation is warranted. Prior to any rehearing, agency representatives will be notified, so that any issues may be addressed and responded to in writing.

Accreditation is revoked for the following reasons:

- failure on the part of the agency to adhere to the provisions on the contract
- failure on the part of the agency to maintain continuous compliance with the standards at levels sufficient for accreditation
- intentional misrepresentation of facts, lack of good faith, or lack of deliberate speed or a concerted effort to progress in the accreditation process, including the implementation of plans of action
- failure to notify ACA of significant incidents in the annual report to the Commission
- adverse conditions of confinement that affect the life health, and/or safety of staff and offenders
- failure to comply with the conditions of probation or suspension

Standards and Accreditation Department staff notify the agency in writing of the specific reasons identified by the Commission for the revocation hearing. Agencies may appeal the decision of the Executive Committee to the full board of the Commission on Accreditation for Corrections. Appeals must be submitted within 30 days. The agency may apply to re-enter the process 180 days after the

revocation of accreditation.

Expiration of Accredited Status

Accreditation is granted for a three year period. Unless the agency has applied for reaccreditation and completed activities in the process required for reaccreditation, the Commission withdraws the agency from Accredited Status after this three year period.

For agencies in Accredited Status that are seeking subsequent accreditation, administrative extensions of Accredited Status may be granted under certain conditions. For example, relocation of the facility, staff turnover, and major renovations often warrant an extension. In these cases, a written request to the Director of Standards and Accreditation is required, outlining the reasons for extending the accreditation period. Agencies that fail to successfully complete an audit within the three year period, or do not receive an extension prior to their expiration date, are withdrawn from Accredited Status.



Visiting Committee Report and Hearing Minutes

CONFIDENTIALITY

The American Correctional Association and the Commission on Accreditation for Corrections do not disclose to external parties specific information contained in this Accreditation Report or information discussed in the Accreditation Hearing. The Association encourages all participating agencies to provide information to the media about their accreditation activities, including disclosure of the Self-Evaluation and Accreditation Report.

**COMMISSION ON ACCREDITATION FOR CORRECTIONS
PANEL ACTION REPORT**

The Gaylord Opryland
Nashville, Tennessee

August 9, 2009

United States Immigration and Customs Enforcement
Eloy Detention Center
Eloy, Arizona

Agency Representatives:

Captain [redacted] Compliance Manager
Commander [redacted] Health Services
Administrator

Panel Members:

[redacted]
b6

Staff:

[redacted]
b6

Panel Action

No action was required by the panel.

Accreditation Panel Decision

Moved : Commissioner [redacted]
Seconded: Commissioner [redacted]

Three-Year Accreditation: Yes No

Accreditation Vote **Yes** **No**

Robert Kennedy, Chair ✓
Edwin Buss ✓
Justin Jones ✓
Albert Murray ✓

Final Tally

Mandatory	100%
Non-Mandatory	100%

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE INITIAL AUDIT

Division of Immigration Health Services
Eloy Detention Center
Eloy, Arizona

March 30 - April 1, 2009

VISITING COMMITTEE MEMBERS

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A. Introduction

The initial audit of the U.S. Public Health Service's Medical Unit at the Eloy Detention Facility, Eloy, Arizona was conducted on March 30 to April 1, 2009, by the following team: [REDACTED], R.N., Chairperson and [REDACTED], Member.

B. Facility Demographics

Rated Capacity: 1,596
Actual Population: 1503
Average Daily Population for the last 12 months: 1500
Average Length of Stay: 64.78 Days
Security/Custody Level: Medium
Age Range of Detainees: 18-73
Gender: Male & Female
Full-Time Medical Staff: 51

C. Facility Description

The 1,596-bed facility holds federal detainees for Immigration and Customs Enforcement (ICE). The facility is located on the outskirts of Eloy, Pinal County, Arizona and is 61 miles from Phoenix Airport.

The formal address is:

ELOY DETENTION CENTER
1705 EAST HANNA Rd.
Eloy, AZ 85231

The male and female detainees are housed in six housing units. The facility consists of 17 support buildings. Eloy Detention Center, which opened in May, 1994, was the Federal Bureau of Prison's first contract for a secure facility with a private company. The 392,000-square foot facility contains state-of-the-art safety and security equipment, including electronic controls and closed-circuit television cameras. The institution also has four courtrooms for deportation hearings.

The United States Public Health Services (USPHS) assumed medical services on February 1, 2007.

D. Pre-Audit Meeting

The Visiting Committee team met on March 29, 2009 at the Holiday Inn in Eloy, Arizona, to discuss the information provided by the Association staff and the officials from the Eloy Detention Center

The chairperson divided the Stand-Alone Health Care for Jails (HC), 1st Edition, 2008 Supplement standards as follows:

Standards #1-HC-1A-011 to 1-HC-3A-10: [REDACTED], Chairperson
Standards #1-HC-3A-11 to 1-HC-7C-03: [REDACTED], Member

E. The Audit Process

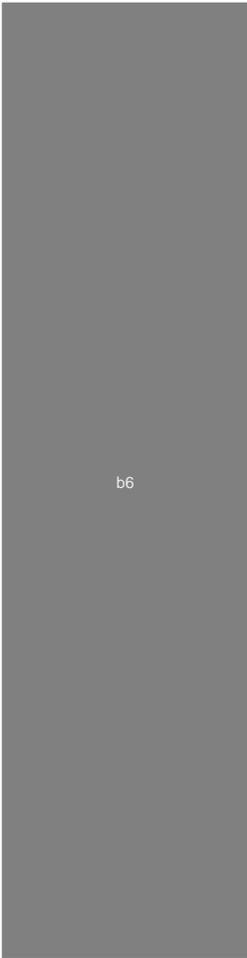
1. Transportation

The team was escorted daily to the facility by Captain Ron Dickey of the Corrections Corporation of America staff.

2. Entrance Interview

The audit team proceeded to the Administrative Board Room with Warden [REDACTED] and Assistant Warden [REDACTED].

Also present were:



- Warden
- Assistant Warden
- Chief of Security
- Chief of Unit Management
- Assist. Chief of Security
- Human Resources Manager
- ICE-SDDO
- ICE-AOIC
- ICE-AFOD
- Quality Assurance Manager
- Unit Manager
- Recreation Manager
- Unit Manager
- Investigator
- Food Service Manager
- Maintenance Supervisor
- Unit Manager
- Unit Manager
- Training Manager
- Security Threat Group Coordinator
- Unit Manager
- Classification Coordinator
- Case Manager
- Personnel Assistant II
- Shift Supervisor
- Health Services Administrator



Physician Assistant/Compliance
 RN/HSA
 Shift Supervisor
 Admin. Clerk, Human Resources
 Unit Manager
 Clinical Director
 Human Resourced Generalist

The Visiting Committee expressed the appreciation of the Association for the opportunity to be involved with Eloy Detention Facility in the accreditation process.

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire facility from 8030 to 1215.

The following persons either accompanied the team on the tour and/or responded to the team's questions concerning facility operations:

8:30 Training Classroom

8:35 Security Briefing Room, Ice Hallway, North Visitation, Correctional Officer [redacted]

8:40 Ice Administration

8:43 Armory Office, Senior Correctional Officer [redacted], Correctional Officer [redacted]

8:50 Court Hallway, Correctional Officer [redacted]

9:00 Fox Housing Unit, Unit Manager [redacted], Correctional Officer [redacted]
 Fox 300 Pod, Correctional Officer [redacted]

9:10 Fox 200 Pod, Correctional Officer [redacted]

9:25 Fox Outbuilding, Safety Manager [redacted]

9:27 Echo Housing Unit, Unit Manager [redacted], Counselor [redacted]
 [redacted] (ICE Compliance Team), Correctional Officer [redacted]

9:30 Echo 500 Pod, Correctional Officer [REDACTED]

9:33 Echo 100 Pod, Senior Correctional Officer [REDACTED], Correctional Officer, [REDACTED], Correctional Officer [REDACTED]

9:45 North Special Housing Unit, Correctional Officer [REDACTED], Correctional Officer [REDACTED] North Special Housing Unit: Medical Observation Correctional Officer [REDACTED] Correctional Officer [REDACTED], Correctional Office, [REDACTED], Delta Housing Unit, Unit Manager [REDACTED] Counselor [REDACTED]

10:18 Receiving And Discharge, Senior Correctional Officer [REDACTED], Senior Correctional Officer [REDACTED], Senior Correctional Officer [REDACTED] Correctional Officer [REDACTED]

10:35 Kitchen/Dining, Food Service Manager [REDACTED], Correctional Officer [REDACTED] Canteen Employees [REDACTED], [REDACTED], [REDACTED], [REDACTED]

11:00 Maintenance, Maintenance Supervisor Mccrea, Administrative Clerk [REDACTED]

11:15 Tool Room (Inside Maintenance), Tool Room Correctional Officer [REDACTED]

11:23 Charlie Housing Unit, Unit Manager [REDACTED], Counselor [REDACTED]

11:35 Bravo Housing Unit, Unit Manager [REDACTED] Correctional Officer [REDACTED] Bravo 500 Pod, Correctional Officer [REDACTED]

11:40 South Special Housing, Security Threat Group Coordinator [REDACTED], Senior Correctional Officer [REDACTED] Correctional Officer [REDACTED] Correctional Officer [REDACTED]

11:45 Alpha Housing Unit, Unit Manager [REDACTED], Counselor [REDACTED], Alpha 200 Pod, Case Manager [REDACTED]

11:55 Commissary, [REDACTED], [REDACTED]

12:00 Mailroom - [REDACTED], [REDACTED]

12:07 Property - Correctional Officer [REDACTED]

12:15 Medical - Dentist [REDACTED], Correctional Officer [REDACTED] Armory - Armorer Senior Correctional Officer [REDACTED] North Library - Library Aide - [REDACTED]

4. Conditions of Confinement/Quality of Life

During the tour, the medical team evaluated the conditions of confinement at the facility with respect to overall medical concerns and services.

The following medical narrative description of the relevant services and functional areas summarizes the findings regarding the quality of life.

Medical, Dental, and Mental Health

Initial observation of the waiting room found a clean appearing space with an acceptable seating area with water and a clean rest room provided.

The Medical Department consists of five clinic provider rooms, two satellite examination rooms, two triage rooms, one intake office, and one dental suite with two chairs.

The Auditors found all of the necessary supplies safely secured. The emergency bag contained all of the proper supplies, including medications such as Nitroglycerin, Aspirin, Epinephrine, and Glucagon. Everything was found in readiness for an emergency event. No outdated medications or supplies were identified. The AED was tested and found operative. Eloy is rich in AEDs having one in the Medical Area and 11 others distributed throughout the facility. It should be noted that the emergency area is not over equipped.

All emergencies and referrals are sent to Casa Grande Hospital Emergency Room Maricopa Medical Center (MMC) in Phoenix.

EDF does not have an infirmary.

EDF does have one Negative Pressure cell which presently is not operational. A requested work order was reviewed. Repair parts are on order. The Negative Pressure cell does have bathing facilities, Hot/Cold water and is Handicap accessible.

There are five suicide observation rooms; five in the North Special Housing Unit and one in the female housing.

The Medication Room is adequately secure with controlled substances under double lock. The Medical auditor conducted a sample count of controlled substances which was correct as was a similar sharps and syringe count. Emergency drugs are also kept in the Medication Room as well as in the Emergency bag as noted above. Needed medications are obtained from McKesson and/or Diamond Pharmacy Services. In the event of emergencies, stat medications are obtained from Walgreen's Pharmacy in Casa Grande, Arizona.

Pharmacy inspections were conducted by Detention Facility Inspection Group on February 10-12, 2009 and Creative Corrections Inspection Committee on February 17-19, 2009

Medications are dispensed at pill call windows strategically placed for both the North and South sides of the facility. Examples of medications dispensed by pill call are controlled medications, antibiotics, and psychotropic. Keep on Person, self administered, medications such as Anti-hypertensive, antibiotics, and non-narcotic analgesics are permitted. Over the Counter medications such as Aspirin, Tylenol, Ibuprofen, and vitamins are available for purchase in the commissary. Non-compliant patients not receiving life threatening medications are counseled after missing three consecutive doses. Psychotropic medications commonly prescribed at EDF are Seroquel, Risperidone, Haldol, Prolixin, Abilify, Thorazine, and Trilafon. Approximately 150 psychotropics are administered daily.

A sampling of the Medication Administrative Records was reviewed and found to be without error.

Supplies for Universal Precautions were adequately available and well stocked. Supplies are obtained from Seneca Medical Supply. No problems were noted. Biohazardous waste is disposed in dedicated receptacles. After collection from the various rooms, the waste is removed by SteryCycle, Inc.

MSDS sheets are available in several locations throughout EDF and readily available in binders in the Medical area. A cursory review of the collection was found correct and appropriate.

A correctional officer provides security whenever detainees are in the Medical area.

Detainees have direct access to the medical department through the utilization of a sick call system, by doctor's appointment, by scheduled appointment and through the declaration of a medical emergency.

Requests for sick call are initiated from the general population via a health services request which is deposited in a designated box located near Food Service. The requests are then triaged by a registered nurse who arranges for the patient to be seen at Nurse's sick call in his/her housing area. The average time from initial request to being seen by medical personnel is less than 24 hours. This is documented in a log which was reviewed and found appropriate.

With respect to Segregation, detainees are seen daily by a member of the medical team and stops are made at each cell. This visit is documented in a "door card" as well as at individual segregation log and in clinic Segregation log. Segregation

rounds are conducted on daily basis at or around 0830.

Detainee complaints are handled at the time of encounter. Staff secure a verbal response from each inmate assigned to those areas as to whether or not they need to be seen by a medical professional.

General sick call hours are held from 0800 – 1700 Daily; Monday – Friday. On weekends urgent sick call requests are evaluated by an on-duty RN.

The EDF Medical is staffed as follows:

Three Physicians
Three PAs
RNs 15 FT, Four PT
LPNS Eight FT, Four PT
Clerical Five FT, Two PT
One AA
Two Pharmacists
Two Pharmacy techs
One radiology tech
Two nurse assistant,
Three Medical Assistants

The physician's services are provided by the USPHS with supplemental services supplied by contracted local providers. In addition, specialty consults are also provided by contracted providers.

The Medical Records area was found to be well secured and quite spacious. Confidentiality of records is maintained per policy. EDF does not utilize a computerized Medical Record System. A check of several files indicates good organization and maintenance.

Communicable Diseases/Infection Control Coordinator is Lt. [REDACTED] RN. Lt. [REDACTED] received Special In-service on epidemiology from USPHS HQ in Washington, D.C. This training was primarily on TB. The ICC is also aware of current Pandemic flu training being offered to USPHS personnel. As ICC he checks PPDs, Flu and Hepatitis B injections. TB tests are offered annually to detainees and staff.

PPDs are not offered to detainees due to the shortness of their incarceration. Instead, all detainees are diagnostically X-rayed. Staff, on the other hand, is offered PPDs.

When a detainee is diagnosed with any communicable disease, he/she is placed in medical isolation if necessary, given education, and medicated. All cases of communicable disease are reported to the Arizona Department of Health Services

as well as to the Division of Immigration Health Services HQ. There have not been any major outbreaks of MRSA in individuals with common loci.

Cardiopulmonary resuscitation is renewed annually. Spot checks confirmed annual certifications for [REDACTED] b6, RN; [REDACTED] b6, DDS; [REDACTED] b6, RN; and [REDACTED] b6, CDR

The reception process for new arrivals was reviewed. Medical, Dental, and Mental Health orientation to health care is conducted immediately upon or soon after the detainee's arrival. Orientation information is disseminated to the detainees in their native language verbally and in writing. For other languages, the institution has means of utilizing translators from Translation Service. Uniquely, a pamphlet is provided in Mandarin Chinese.

The Visiting Committee observed medical and psychological staff conducting admission assessments on newly admitted detainees. It was observed that medical, dental or psychological problems were noted and the detainee referred to the proper discipline for immediate follow-up. This process was observed during the arrival of 33 detainees. All procedures were done professionally and in accordance with Division Immigration Health Services (DIHS) procedures for arrival of new detainees. This procedure meets ACA Standards.

The Dental Department is well equipped with two dental stations with the ability to take digital dental X-rays in one of the stations. The dental area was extremely clean and well-maintained. Dental services are provided 40 hours per week. Staffing includes a dental assistant, dental hygienist, and a full-time dentist. Wait time from receipt of request until seen is one-two days. Wait time between appointments depends on treatment required.

Cleanings are offered after being in custody one year. Urgent cases, extractions, temporary fillings, denture repair, temp crowns, periodontal cleanings, and root canals are offered.

Outside consultations sent to Maricopa Medical Center or to Casa Grande Regional Medical Center. As in Medical, universal precautions are observed and all supplies are available.

An inventory of the tools, sharps, and chemicals is in place and all inventories are conducted as required by policy and ACA standards. The inventory records were examined and found to be accurate. The inventory was conducted with detainees requiring dental services on weekends or holidays are examined by the on duty medical staff and, if needed, referred to the dentist. The dentist is available after hours for phone consultation with the medical staff. In case of an emergency, the detainee is sent to a local emergency room. Process for dental emergencies is on a same day basis by dentist or by provider if the dentist is not on site.

Hygiene instructions are given routinely upon intake, at physical examinations, and at dental appointments. Toothbrushes and toothpaste is issued by CCA. Floss will be available in commissary.

Daily digital Radiology services are provided at EDF, thus no developing is performed on site and no need for chemical inventory. The types of X-rays performed are limbs, chest, and general diagnostic work. X-ray interpretation is performed by University of Maryland Radiologists. The X-ray report is received by the facility within 4 hours. Emergencies are sent to Casa Grande Regional or MMC.

EDF does not have a phlebotomist. Laboratory services provided at the institution are phlebotomy, sputum collections, fingersticks, hemoglobin, and stool for occult blood. Specimens are sent to LabCorp, Inc or the Arizona State Laboratory. Results are typically received within 24 hours depending upon specimen type or study required.

For specialties such as Nephrology, Urology, etc. detainees are sent to free world specialist as arranged by the USPHS. Wait time from request to being seen is five to 60 days depending on specialty. There are no on-site specialty services at EDF.

The Mental Health Department consists of one Psychiatrist and two Licensed Social Workers. The Department provides crisis intervention and individual counseling, and dual diagnosis with Substance Abuse cases. Individual Treatment Plans are maintained. Detainees have access to Mental Health Services through sick call or provider referral. Generally, referred detainees are seen within 24-48 hours. In Segregation, daily rounds are conducted for referrals and/or diagnosed Mental Health patients. Emergency Mental Health problems are seen immediately when mental health is on site or within 24 hours otherwise.

The process for a detainee who says he/she is suicidal or states he/she will harm him/herself is that an assessment is completed and placed on one on one constant observation rooms with protocols in place for restrictions. A standardized form is used for communication with security staff. Suicidal detainees are housed, treated, and placed under constant watch provided by CCA Security. They are in a vacant North SHU Suicide cell and issued a non-tear shroud. The patient may be permitted reading material, is fed only finger food, and housed for an indeterminate time. He/she will not be transferred to a hospital except for medical reasons.

Mental Health Training is provided to health care staff on mental health assessments.

Psychotropics are prescribed as noted above. A medicated detainee is evaluated by the psychiatrist approximately every two to six weeks.

Mental health rounds are conducted by mental health team daily in Segregation for mental health patients, detainees on observation and monthly for others. Restraints can be but have not yet been authorized by a UPHS physician. There is an existing restraint policy. There is no charged co-pay for any USPHS treatment.

Institutional drills are conducted twice a year and documented with a written critique.

Informal medical grievances are addressed by and answered first by either the Health Care Administrator or Clinical Director who must respond within three business days. There were only 25 reported grievances related to health care services during the past twelve months, out of which only one was found in favor of the detainee.

With regard to therapeutic diets, there seems to be differing understandings by the departments involved. Special diets such as ADA, low sodium, etc. are ordered by the medical unit when so indicated. According to the Medical Department, 71 detainees are receiving prescribed therapeutic diets. However, when interviewed during the institutional tour Food Service listed 287 “special diets”. It was subsequently learned that Food Service lists “special diets” to include both religious and therapeutic diets. It did not appear to the Visiting Committee that there was any tracking of therapeutic diets. Further investigation into this matter included observation as to how therapeutic diets were tracked.

For all detainees, meals were tracked by a scanning of ID cards electronically. The Committee was advised that when a detainee on therapeutic diet would have his/her ID scanned, a notification would appear on the screen. The detainee would then be furnished his/her “special diet” card which was handed through the kitchen window, and a special tray was then given to the detainee. Observation of this procedure determined the following:

- no notification of special diet appeared on the computer screen
- the issuing of a medical diet was dependent upon the “honesty” of the detainee producing the diet card
- there did not appear to be any tracking as to how many therapeutic diets were issued.

Supposedly, non-compliant detainees were reported to Medical who then would counsel and educate the detainee. It was learned that non-compliant patients were only occasionally reported to Medical.

It was apparent to the visiting committee that Therapeutic Diet compliance is in question. It is recommended that a conference be held with USPHS, Food Service, and CCA administration to investigate this issue and formulate a combined plan of action as to how Therapeutic Diet compliance can be improved.

It is further suggested that this plan of action be presented to the Hearing Panel.

The Quality Assurance team is multidisciplinary including the following: Clinical Director, Program Manager, RNs, Pharmacists, Infection Control Nurse, Health Services Administrator, Radiology, and Safety and Sanitation. The committee meets quarterly. The minutes are reviewed by each member of the committee. Although there are quarterly goals in the current studies, there are no yearly goals. This is understandable in that the Performance Improvement Committee was only recently organized. It is recommended by the Visiting Committee that the performance improvement team (QA) meet before the end of the fiscal year, October 1, 2009 to October 30, 2010 and convert current quarterly studies into annual measurable goals. It is requested that the annual goals be presented to the Hearing Panel also.

It was also emphasized to EDF Medical that their inter-disciplinary committee should include representation from EDF Security, Food Service and/or Administration.

F. Examination of Records

Following the facility tour, the team proceeded to the Medical Department to review the accreditation files and evaluate compliance levels of the policies and procedures. Accreditation files were well-documented, easy to use, and well-organized. Since this is an initial accreditation, the Medical Department has no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

The Medical Department had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

The Outcome Measures Worksheet was reviewed and found to be within appropriate ranges for this facility. During the period of the report, the facility had 1,500 average daily population and 10,464 annual admissions. The Worksheet shows 2 suicide attempts with no suicides. There were only 25 reported grievances related to health care services during the past 12 months, out of which only 1 was found in favor of the detainee. A review of Significant Incidents and Outcome Measures found little of note other than 2 deaths of natural causes. (Coronary Vasculitis & Cerebral Vascular Accident)

3. Departmental Visits

Team members remained in the Medical department daily and were consistently reviewing conditions relating to departmental policy and operations:

4. Shifts – The visiting committee observed Medical Operations in the morning, afternoon and evening/night.

a. Day Shift – 0600 to 1400

The team was present at the facility during the day shift from 0530 to 1800 and we were able to observe clinical operations, including pill call during these hours. The committee was able to meet and converse with LCDR [b6], LCDR [b6], CDR [b6], [b6], LPN, LT [b6], [b6], MD.

b. Evening Shift – 1400 to 2000

The team was present at the facility during the evening shift from 1400 to 1800 and met primarily with the Mental Health staff [b6], LSW, LT [b6], and Dr. [b6].

c. Night Shift – 2000 to 0600

The team was present at the facility during the night shift from 0530 to 0600. During this time nurses [b6], LPN and [b6], LPN, A lengthy conversation was held between the team and the night nurses. It was particularly noted by the team with regard to the important function served by this staff. Furthermore, the team was present during shift change and report.

Since this was an initial audit, there were no previously Non-compliant Standards or Plans of Action

G. Interviews

During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

1. Offender Interviews

18 male detainees in the Echo Housing Area and 17 female detainees in the Delta Housing area were interviewed. Since both units had segregation units several detainees in each were interviewed. Overall, in both Housing Units the detainees responded that they were satisfied with receiving health services, food, personal safety, and communication with health and correctional staff.

During these interviews, the female sick call process was observed in the Delta unit, where health services also had a mini-clinic which reduces the need for movement of female detainees to health care services.

Detainees were treated fairly and had access to staff regarding their concerns.

2. Staff Interviews

The following Medical Department staff was formally interviewed during the course of the audit:

[REDACTED] (1200-0700 AM Shift)
[REDACTED] (Sick Call Delta Unit)
[REDACTED]
[REDACTED] (Sick Call Delta Unit)
[REDACTED] (0400 - 1200 Shift)
Dentist [REDACTED]
[REDACTED] (Dental Assistant)
CAPT [REDACTED] HAS
LT [REDACTED]
LCDR [REDACTED]
CDR [REDACTED]
LCDR [REDACTED]
[REDACTED], LPN
LT [REDACTED]
[REDACTED], LPN
[REDACTED], LPN
LT [REDACTED]
[REDACTED], MD
[REDACTED], LSW
LT [REDACTED]
Dr. [REDACTED]

All staff members were very professional, knowledgeable, cooperative, and dedicated to the mission of providing health services. Several USPHS Staff had been assigned at this facility for many years and there was a general satisfaction with this Medical Department. There was a spirit of cooperation and teamwork within the Health Unit and also with the assigned CCA Correctional Staff and those at the various housing units.

H. Exit Discussion

The exit interview was held at 11:00 a.m. in the Conference Room with Warden [REDACTED] and 35 staff in attendance.

Also in attendance was [REDACTED], Managing Director CCA

Chair [REDACTED], in concert with Admin/Security Chair [REDACTED], explained the procedures that would follow the audit.

The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed the individual findings with the group.

The chairpersons expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	<i>Health Care for Jails, 1st Edition</i>
Supplement	<i>2008 Standards Supplement</i>
Facility/Program	Detention Health Services Eloy Detention Center, Eloy, Arizona
Audit Dates	March 30-April 1, 2009
Auditor(s)	<div style="background-color: #cccccc; display: inline-block; width: 50px; height: 1em; vertical-align: middle;">b6</div> R.N., Chairperson <div style="background-color: #cccccc; display: inline-block; width: 50px; height: 1em; vertical-align: middle;">b6</div> , Member

	MANDATORY	NON-MANDATORY
Number of Standards in Manual	43	85
Number Not Applicable	0	8
Number Applicable	43	77
Number Non-Compliance	0	0
Number in Compliance	43	77
Percentage (%) of Compliance	100%	100%
<ul style="list-style-type: none"> ● Number of Standards minus Number of Not Applicable equals Number Applicable ● Number Applicable minus Number Non-Compliance equals Number Compliance ● Number Compliance divided by Number Applicable equals Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Division of Immigration Health Services
Eloy Detention Center
Eloy, Arizona

March 30 - April 1, 2009

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard # 1-HC-1A-02

WHEN MEDICAL CO-PAYMENT 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 CO-PAYMENT PROGRAM
- NEEDED OFFENDER HEALTHCARE IS NOT DENIED DUE TO LACK OF AVAILABLE FUNDS
CO-PAYMENT FEES SHALL BE WAIVED WHEN APPOINTMENTS OR SERVICES, INCLUDING FOLLOW UP APPOINTMENTS, ARE INITIATED BY MEDICAL STAFF.

FINDINGS:

Detainees are not charged co-pay for Medical Services.

Standard # 1-HC-1A-21

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.

FINDINGS:

Facility does not receive in-transit detainees.

Standard # 1-HC-1A-34

OFFENDERS HAVE ACCESS TO A CHEMICAL DEPENDENCY TREATMENT PROGRAM. WHEN A CHEMICAL DEPENDENCY PROGRAM EXISTS, THE CLINICAL MANAGEMENT OF CHEMICALLY DEPENDENT OFFENDERS INCLUDES AT A MINIMUM THE FOLLOWING:

- A STANDARDIZED DIAGNOSTIC NEEDS ASSESSMENT ADMINISTERED TO DETERMINE THE EXTENT OF USE, ABUSE, DEPENDENCY, AND/OR CO-DEPENDENCY;
- A MEDICAL EXAMINATION TO DETERMINE MEDICAL NEEDS AND/OR OBSERVATION REQUIREMENTS;
- AN INDIVIDUALIZED TREATMENT PLAN DEVELOPED AND IMPLEMENTED BY A MULTI DISCIPLINARY TEAM;
- PRE-RELEASE RELAPSE-PREVENTION EDUCATION INCLUDING RISK MANAGEMENT; AND
- THE OFFENDER SHALL BE INVOLVED IN AFTERCARE DISCHARGE PLANS.

FINDINGS:

Facility does not have a chemical dependency treatment program.

Standard # 1-HC-2A-04

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.

FINDINGS:

Facility has full qualified HC providers and staff.

Standard # 1-HC-3A-10-1

IF TELE-HEALTH 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

FINDINGS:

Facility does not have tele-health.

Standard # 1-HC-5A-06

OFFENDERS HAVE ACCESS TO OPERABLE WASHBASINS WITH HOT AND COLD RUNNING WATER IN THE MEDICAL HOUSING UNIT / INFIRMARY AREA AT A MINIMUM RATIO OF ONE BASIN FOR EVERY 12 OCCUPANTS, UNLESS STATE OR LOCAL BUILDING / HEALTH CODES SPECIFY A DIFFERENT RATIO.

FINDINGS:

EDC does not have an infirmary or a medical housing unit.

Standard # 1-HC-5A-09

THERE ARE SUFFICIENT BATHING FACILITIES IN THE MEDICAL HOUSING UNIT / INFIRMARY AREA TO ALLOW OFFENDERS HOUSED THERE TO BATHE DAILY.

FINDINGS:

EDC does not have an infirmary or a medical housing unit.

Standard # 1-HC-5A-10

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 ONE FOR EVERY 12 OFFENDERS IN MALE FACILITIES AND ONE 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 TWO TOILETS. THESE RATIOS APPLY UNLESS STATE OR LOCAL BUILDING/HEALTH CODES SPECIFY A DIFFERENT RATIO.

FINDINGS:

There is no medical housing unit or infirmary at this facility.

Significant Incident Summary

This summary is required to be provided to the chair of your audit team upon their arrival. 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. It should contain data for the last 12 months; indicate those months in the boxes provided. Please type the data. If you have questions on how to complete the form, please contact your regional manager.

Facility: Eloy Detention Facility (Division of Immigration Health Services)

Year: May 2008 – February 2009

		<i>Months</i>											
<i>Incidents</i>		05/08	06/08	07/08	08/08	09/08	10/08	11/08	12/08	01/09	02/09		
Assault: Offenders/ Offenders*	Indicate types (sexual**, physical, etc.)	Phys.	Phys.	Phys.	Phys.	Phys.	Phys.	Sexual Phys.	Phys.	Phys.	Phys.		
	# With Weapon	0	0	0	0	1	0	0	0	0	0		
	# Without Weapon	0	3	3	2	2	3	3	2	1	2		
Assault: Offender/ Staff	Indicate types (sexual**, physical, etc.)	Sexual Phys.	Phys.	Phys.	Phys.	Phys.	Phys.	Phys.	Phys.	Phys.	Phys.		
	# With Weapon	0	0	0	0	0	2	0	1	0	0		
	# Without Weapon	2 (1/1)	1	0	3	3	4	2	6	1	4		
Number of Forced Moves Used***	(Cell extraction or other forced relocation of offenders)	1	2	3	2	8	3	3	5	2	1		
Disturbances****		0	0	0	0	0	0	0	1	0	0		
Number of Times Chemical Agents Used		0	0	0	0	1	0	0	2	0	0		
Number of Times Special Reaction Team Used		0	0	0	0	0	0	0	1	0	0		
Four/Five Point Restraints	Number	0	0	0	0	0	0	0	0	0	0		
	Indicate type (chair, bed, board, etc.)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Offender Medical Referrals as a Result of Injuries Sustained	#'s should reflect incidents on this form, not rec or other source	0	1	0	1	0	1	1	0	1	1		
Escapes	# Attempted	0	0	0	0	0	0	0	0	0	0		
	# Actual	0	0	0	0	0	0	0	0	0	0		
Substantiated Grievances (resolved in favor of offender)	Reason (medical, food, religious, etc.)	Staff	N/A	N/A	N/A	N/A	N/A	N/A	Staff Other	N/A	Staff		
	Number	0	0	0	0	0	2	0	5	9	0		
Deaths	Reason (violent, illness, suicide, natural)	N/A	N/A	Natural	N/A	N/A	Natural	N/A	N/A	N/A	N/A		
	Number	0	0	1	0	0	1	0	0	0	0		

*Any physical contact that involves two or more offenders

**Oral, anal or vaginal copulation involving at least two parties

***Routine transportation of offenders is not considered "forced"

****Any incident that involves four or more offenders. Includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents



Health Care Outcomes				
Standard	Outcome Measure	Numerator/Denominator	Value	Calculated O.M.
1A	(1)	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months	11	
	divided by	The average daily population	1500	0.0073
	(2)	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months	2	
	divided by	Average daily population.	1500	0.0013
	(3)	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months	0	
	divided by	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.	0	0
	(4)	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months	7	
	divided by	Number of offenders treated for latent tuberculosis infection in the past twelve (12) months.	21	0.33
	(5)	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time	2	
	divided by	Total offender population at that time.	150	0.006
(6)	Number of offenders diagnosed with HIV infection at a given point in time	9		
divided by	Total offender population at that time.	1500	0.006	
(7)	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time	8		
divided by	Total number of offenders diagnosed with HIV infection at that time.	9	0.88	
(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	1		
divided by	Total number of treated offenders with HIV infection that were reviewed.	8	0.125	
(9)	Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) at a given point in time	90		
divided by	Total offender population at that time.	1500	0.06	
(10)	Number of offender admissions to off-site hospitals in the past twelve (12) months	45		

	divided by	Average daily population.	1500	0.03
	(11)	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months	204	
	divided by	Average daily population in the past twelve (12) months.	1500	0.136
	(12)	Number of offender specialty consults completed during the past twelve (12) months	1394	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.	1780	0.78
	(13)	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg	10	
	divided by	Total number of offenders with hypertension who were reviewed.	63	0.16
	(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	32	
	divided by	Total number of diabetic offenders who were reviewed.	165	0.19
	(15)	The number of completed dental treatment plans within the past twelve (12) months	19	
	divided by	the average daily population during the reporting period.	1500	0.012
2A	(1)	Number of health care staff with lapsed licensure or certification during a twelve (12) month period	0	
	divided by	Number of licensed or certified staff during a twelve (12) month period.	51	0
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job	22	
	divided by	Number of new health care staff during the twelve (12) month period.	22	1
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	2	
	divided by	Number of employees.	59	0.033
	(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	1	1
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	47	0.02
3A	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months	1	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months.	25	0.04
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period	0	
	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.	0	0
	(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	0	
	divided by	Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months	0	0

4A	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period	4	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	4	1
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	1	
	(3)	Number of offender suicide attempts in the past twelve (12) months	2	
	divided by	Average daily population	1500	0.0013
	(4)	Number of offender suicides in the past twelve (12) months	0	
	divided by	Average daily population	1500	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months	2	
	divided by	Total number of deaths in the same reporting period.	2	1
	(6)	Number of serious medication errors in the past twelve (12) months	23	