



Arkansas Community Correction

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ADMINISTRATIVE DIRECTIVE: 17-02

**American Correctional Association (ACA)
Internal and External Audits**

TO: Arkansas Community Correction Employees

FROM: Sheila Sharp, Director

SUPERSEDES: AD 07-16

APPROVED: Signature on File

EFFECTIVE: April 28, 2017

- I. APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees.
- II. POLICY.** It is ACC policy to ensure efficient and responsible operations through quality improvement practices that use the results of monitoring and evaluating activities as a basis for ongoing program improvement. (4-ACRS-2D-02; 4-APPFS-3D-09; 2- CO-1A-22)
- III. AMERICAN CORRECTIONAL ASSOCIATION (ACA) AUDITS.** The American Correctional Association (ACA) conducts audits to determine whether ACA expected practices are met.

All managers/supervisors, the ACA Managers and ACA Coordinators must have a working understanding of the ACA audit process as described in the front of the ACA manuals.

The ACC publishes policy which when followed will result in successful accomplishment of ACA expected practices so staff do not need to examine expected practices to determine what needs to be done. Staff involved in the ACA audit process look at protocols, expected practices and process indicators to ensure ACC compliance with each expected practice.

ACC staff conducts “ACA internal audits,” and the majority of this policy provides guidance for internal audits. “ACA external audits” are conducted by auditors assigned by the ACA.

All employees must document work as required by policy and cooperate with the ACA audit process to ensure documentation is correct and is made available to ACA Coordinators.

IV. TERMINOLOGY. The following ACA terms are used in this policy:

- A. Expected Practice(s).** Actions and activities that, when implemented according to protocols, will produce the desired outcome. Previously these were referred to as “standards.”
- B. Outcome Measures.** Measurable events, occurrences, conditions, behaviors, or attitudes that demonstrate the extent to which the condition described in the expected practice has been achieved. Outcome measures describe the results of the program’s activities, rather than describing the activities themselves. Outcome measures can be compared over time to track progress.
- C. Protocol(s).** Written instructions that guide implementation of expected practices, such as policies, standard operating procedures, post orders, and offender handbooks.
- D. Process Indicators.** Documentation and other evidence that can be examined to determine whether expected practices are being implemented properly. Supervisors use this information to monitor ongoing operations.

V. PROCESS, ROLES AND RESPONSIBILITIES.

A. Center Supervisors and Area Managers.

Each Center Supervisor and Area Manager must:

- 1. designate an ACA Manager for each Center/Area
- 2. provide a qualified internal audit team to audit other Centers/Areas as needed
- 3. ensure a Welcome Book is prepared, as described below.

B. ACA Coordinators. The ACA Coordinators coordinate the overall internal and external accreditation process activities. There is one ACA Coordinator that handles Residential Services and Central Office, and another ACA Coordinator that handles Parole/Probation Services. Responsibilities include but are not limited to:

- 1. establishing electronic file folders for ACA documentation.
- 2. providing program oversight to include training ACA Managers.
- 3. ensuring timely and acceptable documentation is gathered.
- 4. informing appropriate managers when there are perceived problems.
- 5. work with the Center ACA Managers and Parole/Probation Assistant Managers to ensure an annual “internal ACA audit” of all ACA documentation is conducted by a qualified internal audit team from a different Center/Area unless the audit is waived by the appropriate Deputy Director. The schedule must allow timely identification and resolution of problems prior to an audit by ACA auditors.
- 6. preparing a request for audit for the appropriate Deputy Director or Director to submit to ACA, pursuant to ACA guidance in the manual.

7. in preparation for an ACA external audit, preparing other documentation prescribed by ACA to include as appropriate: the expected practice compliance presentation, release of information permission form, and personnel and offender records.
8. in preparation for an ACA external audit, post/provide notice to staff of the audit so staff are available to discuss specific issues or conduct tours. Also advise staff of the scheduled audit at least 30 days in advance.
9. ensure ACA Managers at each Center prepare the ACA Annual Reports in a timely manner, get the Center Supervisor's approval then forward the report to the ACA Coordinator who must forward it to ACA. The Parole/Probation ACA Coordinator must prepare the annual report for Parole/Probation Services, get approval of the "Parole/Probation Services Deputy Director and then forward it to ACA.

C. ACA Managers. ACA Managers are primarily responsible for managing the ACA accreditation process for their Center/Area; responsibilities include:

1. placing policy excerpts in the ACA presentation folders to show compliance with each ACA expected practice. The policy excerpts must include the front page of each policy and relevant pages where the text shows compliance with the expected practice. The text showing compliance must be highlighted. Only highlight the minimum words necessary to demonstrate compliance. If a cited policy changes during the year, add the new policy front page and excerpts above the existing material and, as appropriate, add a header indicating the audit year(s) for which the policy excerpts apply.

The latest copy of any policy must be present in the file folder. New policy may mean limited documentation. If practice has changed, proof of practice should be evident by process indicators. When documentation collected before the policy change does not adequately show compliance with the expected practice, appropriate action should be taken such as a note of explanation, and if appropriate, a copy of the old policy.

2. when an expected practice has a list of requirements, include process indicators in the same order as the items on the list to allow easy association.
3. ensuring the files are complete prior to ACA internal and external audits.

D. ACA Internal Audit - Auditor Qualifications.

1. All auditors for internal ACA audits must understand:
 - a. the operation(s) being audited to include related policies and procedures
 - b. the ACA system of expected practices, protocols, and process indicators
 - c. the audit process described in this policy and
 - d. report writing

2. Some Residential Services expected practices require “qualified individuals” to inspect and document compliance with certain safety and sanitation inspections. A “qualified individual” is a person whose training, education and/or experience specifically qualifies him /her to do the job indicated in the standard. The Residential Services ACA manual provides additional detail about this. For the purpose of ACA internal audits, the auditor who audits such standards should be a “qualified individual.”
3. At Centers, auditors with the following expertise are required:
 - a. Food and Sanitation Auditor. The qualified individual must be trained in the applicable Arkansas Department of Health rules and regulations to include “Communicable Disease (Tuberculosis)” and “Food Service Establishments.” The qualified individual must be able to inspect kitchen utensils, equipment and all areas used for the production, storage, sale, or distribution of food. The auditor must also be able to determine whether staff and residents working in food service comply with all applicable rules and regulations. This includes commissary operations.
 - b. Fire Safety Auditor. The qualified individual must be trained in the prevention and detection of fires in accordance with the National Fire Prevention Life Safety Code Handbook. A qualified individual will be familiar with the special challenges associated with protecting incarcerated individuals.
 - c. Chemical Control Auditor. The qualified individual must be trained according to specific guidelines for storage, use, and disposal of toxic, flammable, and combustible liquids under the Federal Hazardous Substances Act and be capable of determining substantial compliance with applicable requirements. A qualified auditor is expected to ensure constant inventories are kept and maintained for all toxic, flammable and caustic materials used in each department.
 - d. Treatment Auditor. The qualified individual must be a Treatment Supervisor or Treatment Coordinator.

E. Internal ACA Audit Team Leader. The Internal ACA Audit Team Leader must:

1. assign each team member specific areas/expected practices to be audited; and task them to audit the electronic ACA documentation and to complete the Audit Checklist before the on-site audit
2. ensure auditors understand their responsibilities
3. when appropriate, assign prospective auditors to shadow and learn from the team
4. conduct an entrance meeting with key center/area staff
5. serve as spokesperson for the team
6. serve as final authority in regard to compliance/non-compliance determinations

7. gather input from each auditor; and review and clarify as appropriate
8. conduct the exit meeting with key center/area staff
9. within 10 business days of the audit, prepare a final audit report and provide copies to the Center Supervisor/Area Manager and ACA Coordinator.

Note: At Centers, usually four auditors are needed and the audit process takes one full day to audit the electronic files and one day to conduct the internal audit at the center/area.

F. Internal Audit Team Auditing Process Overview. The following is an overview of key aspects of the internal ACA audit process. This process is similar to the process used by ACA.

1. Before the on-site visit. Before the on-site visit, the Team Leader assigns each auditor specific expected practices and asks the auditors to audit the electronic ACA documentation and complete the Audit Checklist.
2. Arrival. Upon arrival at the facility or area, the members of the audit team will meet with the Center Supervisor/Area Manager for introductions. The Team Leader will ask whether there are any specific areas needing review or potential problem areas.
3. Entrance Meeting. An entrance meeting with selected staff will then be conducted. At this meeting, the Center Supervisor/Area Manager will provide the audit team with a description of the Center/Area Office, accomplishments, introduction of key staff, and designated primary liaison. He/she may want to provide information the audit team leader can use in the important part of the report concerning “quality of life.” The quality of life statement that the ACA auditor must include in his/her report addresses consideration of staff training, current population, adequacy of medical services, offender programs, recreation, food service, classification, sanitation, use of segregation, crowding, and reported and/or documented incidents of violence. The presenter will also supply the Team Leader with a copy of the last accreditation or annual audit report.

Next, the Team Leader introduces the audit team members to include a brief summary of their work experience and credentials, then describes the audit purpose and planned audit activities/schedule. At this point audit team members go with an assigned staff person to conduct the audit.

4. Exit Meeting. Audit team members will give a report of the areas they inspected. Areas/problems that do not meet ACA expected practices will be identified. The Team Leader will summarize the audit and note if there are any areas that require immediate corrective action.

G. ACA Internal Audit Guidance for Auditors and Staff. The following guides auditors in evaluating and documenting compliance.

1. Review of Personnel and Offender Records. Auditors must review a random selection of personnel and offender files to ensure forms are completed properly and records are up-to-date. For Parole/Probation offender records, the auditor must use the regular case file audit form.
2. Review of ACA Audit Electronic File Folders. Auditors will assess the adequacy of file documentation prepared by ACC staff.
 - a. Parole/Probation Services maintains one set of electronic accreditation folders in each Area and these are audited during internal audits.
 - b. The Parole/Probation Services ACA Coordinator maintains another set of electronic accreditation folders for the entire Parole/Probation Services division, consisting of documentation from various Areas, and this documentation is audited during external audits.
 - c. In addition, a checklist approved by the Deputy Director of Parole/Probation Services must be used as a basis for auditing each Area.
 - d. The first step in reviewing ACA documentation folders is to determine whether the expected practice has been met as evidenced by the process indicators.
 - e. In Area Offices, emphasis is placed on those files that address parolee/probationer supervision, case record maintenance to include eOMIS and paper records, and caseload management.
 - f. ACA requires neat and legible copies. Accreditation Managers must not over document. The ACA has indicated that documentation could be reduced by as much as 60 to 70 percent in many cases and still be sufficient to support compliance with an expected practice.
 - g. ACA Managers should choose a method of proving compliance and remain consistent. Ideally, the same method should be used at each Center.
 - h. Staff must not create additional documentation once the external ACA audit has begun.
 - i. Be aware of problematic expected practices. Ensure documentation reflects compliance with the entire expected practice.

H. Reports and Follow-up.

1. Audit Report. Each auditor will provide his/her report to the Team Leader within three (3) business days. Reports must include all expected practices found to be in noncompliance, citing the reference number, then the finding including recommended corrective action where deficiencies are noted. Although not required, additional observations may be included.

The audit team leader must prepare a final written audit report within 30 business days of the site visit. Audit reports identify each subject area inspected and departure from established policy or procedural guidance. Other appropriate content includes the following: effective practices and programs, enhancements and accomplishments and, recommended corrective action where deficiencies are noted.

2. Initial Follow-up Report and Actions. The audited Area Manager/Center Supervisor must submit an initial report within 30 days. For each audit finding, the report must indicate agreement or disagreement with the finding, corrective action taken/planned or an explanation why correction is unnecessary, when corrective action was or will be taken, and the person responsible for implementing the action(s).
4. Distribution of Reports. Send all audit reports to the Center Supervisor/Area Manager, appropriate Parole/Probation Assistant Director, appropriate Deputy Director and ACA Coordinator.
3. Follow-up to Resolve Failed Expected Practices. For internal audits, the responsible Center Supervisor or Area Manager must ensure appropriate action is taken to resolve all failed expected practices and must submit a progress report quarterly through the supervision chain to the Deputy Director with a copy to the ACA Coordinator until resolved.

The ACA Managers must monitor progress on resolving failed expected practices to help ensure timely resolution.

VI. WELCOME BOOK FOR ACA EXTERNAL AUDITS.

Staff responsible for preparing a Welcome Book must have it reviewed and approved through the supervision chain to the Deputy Director in sufficient time so any necessary corrections can be made and the final copy can be sent to the ACA external auditors no later than two (2) weeks before a scheduled external audit.

The Welcome Book must include at a minimum:

- an appropriate cover page
- history of the agency and Center or Parole/Probation. This may include newspaper articles and descriptions of programs and accomplishments

- agency documents to include:
 - ACC Mission Statement, philosophy and motto
 - ACA “Organization Summary” (an ACA form)
 - “Self Evaluation Report” (using ACA format) that includes:
 - Self Evaluation Report cover sheet (an ACA Form)
 - Compliance Tally (an ACA form)
 - Not Applicable Expected Practices (an ACA form)
 - Noncompliant Expected Practices (an ACA form)
 - The applicable “Outcome Measures Worksheet” (an ACA form)
 - Significant Incident Summary (an ACA form)
- Facility Information. For Centers, this includes a facility description, facility schedule, map/diagram of the residential and administrative buildings and facility menu.
- Staffing. This includes an organization chart, staff contact information, and may include positions authorized/filled/vacant
- “ACA Auditor Information Sheet” (an ACA form)
- For Central Office audits, a litigation summary limited to case number, cause of action, and the resolution of any class action suits and consent decrees. When there is a decree, information should be detailed and include the scope and specific requirements. Individual actions need not be included.