

American Correctional Association

**ACCREDITATION
REPORT**

Commission on Accreditation for Corrections

**DeKalb County Sheriff's Office
DeKalb County Jail
Decatur, Georgia**

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, SUITE 200 • ALEXANDRIA, VIRGINIA 22314

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WWW.ACA.ORG

March 1, 2017

DeKalb County Sheriff's Office
DeKalb County Jail
Decatur, Georgia

Congratulations!

It is a pleasure to officially inform you that the DeKalb County Jail was accredited by the Commission on Accreditation for Corrections at the American Correctional Association 2017 January Conference on January 23, 2017 in San Antonio, Texas.

Your accreditation represents the satisfactory completion of a rigorous self-evaluation, followed by an outside review by a team of experienced, 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 American Correctional Association and the Commission on Accreditation for Corrections, thank you for your commitment to the corrections profession and to the accreditation process.

Sincerely,

Elias Diggins

Elias Diggins, Chairperson
Commission on Accreditation for Corrections



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For Immediate Release

DeKalb County Jail Awarded National Accreditation

Elias Diggins, Chairperson of the Commission on Accreditation for Corrections (CAC), and Bridget Bayliss-Curren, Director of Standards and Accreditation, American Correctional Association recently announced the accreditation of the DeKalb County Jail. The award was presented in conjunction with the American Correctional Association 2017 Winter Conference on January 23, 2017 in San Antonio, Texas.

In presenting the award, Elias Diggins, Chairperson of the CAC, and Mary Livers, 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, health care and security 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 DeKalb County Jail 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.

Achieving American Correctional Association Accreditation means you have demonstrated your dedication to getting the job done right, and that you are holding your agency to a higher standard.

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

Bridget Bayliss Curren

Bridget Bayliss-Curren, Director
Performance Based Standards &
Expected Practices 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 provide a professional association of persons, agencies, and organizations, both public and private, who hold in common the goal of improving the profession of corrections and enhancing their contribution to that profession.

To broaden and strengthen support for the Association's goals by advocating Association policies, resolutions, positions, and standards to policymakers and the public and by forming coalitions with other professional organizations sharing these goals.

To develop standards for all areas of corrections and implement a system for accreditation for correctional programs, facilities and agencies based on these standards. Where feasible, standards shall be based on performance outcome.

To conduct or sponsor corrections conferences, congresses, institutes, forums, seminars and meetings.

To publish and distribute journals and other informative materials relating to criminology, crime prevention, and corrections and to encourage and stimulate research of these matters.

To promote recognition of corrections as a profession, and those who work in corrections as professionals, and to ensure validity of that recognition by encouraging the recruitment and development of highly qualified corrections professionals, and by developing and implementing a certification program for corrections professionals

In carrying out these purposes, ACA supports programs for policy analysis, demonstration, effective delivery of health services to offender populations and research. ACA also provides testimony, consultation, publications, conferences, workshops, and other activities designed to stimulate constructive action regarding correctional issues.

Standard 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 correctional agencies in the United States and Mexico.

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:

Correctional Administration
Institutions
Juvenile
Probation
Parole, Aftercare or Post-Release
Supervision

Community Programs
Detention
Education
Health Care

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 Constitution and Bylaws

Committee on International Relations
Committee on Congress Program Planning
Committee on Legal Issues
Committee on Correctional Awards
Committee on Membership
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
Performance 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:

American Catholic Correctional Chaplains
Association
American Correctional Chaplains Association
American Correctional Food Service Association
American Jail Association
American Probation and Parole Association
Arizona Probation, Parole, and Corrs Assn 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
ACA Mexico Chapter
Jamaica Federation of Corrections
Hawaii Criminal Justice Association
Michigan Corrections Association
Middle Atlantic States Correctional
Association
Minnesota Corrections Association
Missouri Corrections Association
District of Columbia Criminal Justice Association

National Association of Adult and Juvenile
State
Community Corrections Association of
Georgia
National Assn of Blacks in Criminal Justice
National Association of Juvenile Corrl
Agencies
Oregon Criminal Justice Association
Parole and Probation Compact
Administrators Association
Pennsylvania Assn of Probation, Parole, and
Corrections
Prison Fellowship
South Carolina Correctional Association
Tennessee Corrections Association
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
Council of Juvenile Correctional
Administrators
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
National Organization of Hispanics in Criminal
Justice
Nebraska Justice Association
Nevada Correctional Association
New Jersey Chapter Association
New Mexico Criminal Justice Association
New York Corrections and Youth Svcs Assn
Department of Corrections and Rehabilitation
of Puerto Rico Chapter of the American
Correctional Association

North American Association of Wardens &
Superintendents
North Carolina Correctional Association
Ohio Correctional and Court Svcs
Association
Oklahoma Correctional Association
Oregon Criminal Justice Association
Texas Corrections Association
The Salvation Army
Utah Correctional Association Virginia
Correctional Association Volunteers
of America
Washington Correctional Association
Wisconsin Correctional Association
Wyoming Criminal Justice 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 also are published by ACA.

The following are just a few of the many publications that ACA offers.

Corrections Today is the major corrections magazine in the United States. Published six times a year, the magazine 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.

The Juvenile and Adult Directory has been published since 1939. 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 attempts to list all jails in the United States that house offenders or detainees for more than 48 hours.

The Probation and Parole Directory provides more than 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.

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 more than 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.

Performance Based Standards & Expected Practices Accreditation Department

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 correctional agencies in the United States and Mexico.

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

- Correctional Administration
- Juvenile Institutions
- Probation Parole, Aftercare or Post-Release Supervision
- Community Programs
- Detention
- Education
- Health Care
- Legal
- Architecture
- Non-correctional administration

Association Staff

Accreditation activities are supported by the staff of the American Correctional Association, Performance Based Standards & Expected Practices Accreditation Department, under the leadership of the director of the department. Performance Based Standards & Expected Practices Accreditation Department staff is 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 ACA auditors 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.

Traditional Standards and Expected Practices 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, over 1,200 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 Adult Correctional Institutions –Fourth Edition
Performance -Based Standards for Adult Probation and Parole Field Services
Performance -Based Standards for Adult Local Detention Facilities--Fourth Edition
Performance -Based Standards for Adult Community Residential Services –Fourth Edition
Performance -Based Standards for Correctional Industries
Standards for Correctional Training Academies
Standards for Juvenile Community Residential Facilities –3rd Edition
Performance -Based Standards for Juvenile Correctional Facilities -- Second Edition
Standards for Juvenile Probation and Aftercare Services –Second Edition
Standards for Juvenile Detention Facilities –3rd Edition
Standards for Juvenile Day Treatment Programs
Standards for Juvenile Correctional Boot Camps

Performance -Based Standards for Therapeutic Communities
Standards for Small Juvenile Detention Facilities
Performance-Based Health Care Standards for Adult Correctional Institutions
Performance Based Core Jail Standards-First Edition
Performance Based International Correctional Core Standards- Adult
Performance Based International Correctional Core Standards- Juvenile
Standards for Administration of Correctional Agencies - Second Edition
Standards for Adult Parole Authorities - Second Edition
Standards for Electronic Monitoring Programs
Standards for Adult Correctional Boot Camps Programs

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 different correctional practices, case law, and after careful examination of experiences, 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. Performance Based Standards & Expected Practices Accreditation Department has developed an on-line process specifically for this purpose. 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 Performance Based Standards & Expected Practices 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 three options for standards found in noncompliance: a plan of action; an appeal; or a waiver 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.

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 Performance Based Standards & Expected Practices & 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 request 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 request for waivers 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

Three decisions relative to the accreditation of an agency are available to panels:

- *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 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, 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, or placement into probationary status. Therefore, if an agency is denied accreditation, it is immediately appealed to the full commission.

If an agency is put in probationary status by the panel, it may submit an appeal of the placement into probationary status. The basis for reconsideration of probationary status is based on grounds that the decision(s) were:

- A misinterpretation 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 expected practices, criteria, and/or procedures for the process may not serve as the basis for reconsideration.

The procedures for reconsideration are as follows:

- The agency can submit a verbal appeal immediately to the Performance Based Standards & Expected Practices & Accreditation or a written request for reconsideration 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 as soon as possible if the appeal is made verbally or if in writing, 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 compliance achieved during the audit and work towards compliance of those expected practices found in non-compliance. Regular contact with Performance Based Standards & Expected Practices & Accreditation Department staff should also be maintained. The Annual Report, Critical Incident Report and Significant Incident Summary forms discussed below are available on the ACA website at www.aca.org or through your Accreditation Specialist.

Annual Report

During the three year accreditation period, the agency submits an annual report to the Performance Based Standards & Expected Practices & Accreditation Department. This statement is due on the anniversary of the accreditation (panel hearing) date utilizing the annual report form, which is available on the ACA website or from Performance Based Standards & Expected Practices & Accreditation Department staff. It contains the following information:

Current compliance levels - This includes any changes in compliance since accreditation, listing on a case by case basis any expected practice 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 the status of the completion of the plans. Potential revision to plans reflecting the need to request additional time, funds, and/or resources to achieve compliance should also be included.

Significant Incident Report Summary - A report is made of events and occurrences at the agency during the preceding year that impact on compliance, agency operation, or the quality of services provided by the agency.

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

Critical Incident Report

In addition to submission of the annual report, the agency is responsible for notifying Performance Based Standards & Expected Practices & Accreditation Department staff of any critical incident that has the potential to affect expected practice compliance or facility accreditation as soon as possible within the context of the incident itself, using the Critical Incident Report template on the ACA website or through Performance Based Standards & Expected Practices Accreditation Department staff.

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 Performance Based Standards & Expected Practices & 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 Performance Based Standards & Expected Practices 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 last for a specific period of time designated by the Commission at its next regularly schedule 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 Performance Based Standards & Expected Practices & Accreditation 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.

Performance Based Standards & Expected Practices & Accreditation Department staff notify the agency in writing of the specific reasons identified by the Commission for the revocation hearing.

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 Accreditation 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 Performance Based Standards & Expected Practices & 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
STANDARDS COMPLIANCE REACCREDITATION AUDIT**

DeKalb County Sheriff's Office
DeKalb County Jail
Decatur, Georgia

September 20-22, 2016

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A. Introduction

The audit of the DeKalb County Jail, Decatur, Georgia, was conducted on September 20-22, 2016 by the following team: Ken Burger, Chairperson; Karen Brown, Member; Jamil Niazi, Member and James Allen, Member.

B. Facility Demographics

Rated Capacity: 3732

Actual Population: 2,140

Average Daily Population for the last 12 months: 2,186

Average Length of Stay: 29 days

Security/Custody Level: Maximum, Medium and Minimum

Age Range of Offenders: 17 and Up

Gender: Male and Female

Full-Time Staff 505

One Administrative/Support, zero Program, 353 Security, 151 Other (Detention Technicians, Processing Technicians)

C. Facility Description

The Sheriff is the chief law enforcement officer and coordinates with local police departments, state bureaus and federal agencies to serve and process warrants, house inmates safely and securely and protect County courtrooms, judges and legal participants.

The Sheriff's Office Jail Division is responsible for the care, custody and control of inmates in the detention facility, which is situated on a 12.2 acre site bordering a major urban area about three miles from the city of Decatur which is six miles east of Atlanta. It comprises 940,000 square feet and is the single largest public building in the State of Georgia. It is also the largest pretrial detention facility in the region.

The jail consists of four towers connected by three levels of program, support and administrative areas. The towers have eight floors of which five contain inmate housing units. Each of these floors contains six cell blocks with adjacent dayrooms.

Each pod has 16 cells on two levels which can be double bunked as needed. Several of the living units were vacant due to the inmate census being lower in recent months. In total, there are a reported 183 single cells, 1791 multiple occupancy cells and no dormitories.

In the center of the cell block is a tower control center manned 24 hours a day which has direct observation into each living unit. All levels are accessed primarily by elevator controlled by central control and staff electronic access cards. Each floor has nearby exercise yards, interview and multi-purpose rooms, and washers/dryers for personal clothing.

The Mission Statement

To espouse ethics, honesty, openness, and fairness as we protect you, our citizens, in a way that respects the legal rights and dignity of each person we serve.

D. Pre-Audit Meeting

The team met on September 19, 2016, in Decatur, Georgia, at the Marriott Hotel to discuss the information regarding the up-coming audit. We did not have an evening opening dinner with staff from the DeKalb County Jail since they requested to do an opening breakfast the first day of the audit. This event was well attended and was a great opportunity to get acquainted with staff and share information.

The chairperson divided standards into the following groups:

Standards # 4-ALDF-2C-01 to 2D-02, 4A-01 to 4A-18, and 7A-01 to 7G-01- Chairperson Ken Burger

Standards # 4-ALDF-2D-03, 4C-01 to 4D-28, 7B-01, and 7D-25 to 7D-26- James Allen

Standards # 4-ALDF-1A-01 to 2B-08- Karen Bowden

Standards # 4-ALDF-3A-01 to 3A-02, 4B-01 to 4B-09, and 5A-01 to 6D-01- Jamil Niazi

E. The Audit Process

1. Transportation

The team was escorted to the facility by Melissa Manrow, Accreditation Manager. The first day she arrived at 7:30 a.m., the second at 6:00 a.m. and the third day at 7:30 a.m.

2. Entrance Interview

Melissa Manrow escorted the audit team to the meeting room where we met Jeffrey L. Mann, Sheriff. The team expressed the appreciation of the Association for the opportunity to be involved with DeKalb County Jail in the accreditation process. The formal entry was held in this area with a sit-down breakfast for all staff in attendance.

The following persons were in attendance:

Jeffrey Mann	Sheriff
Stacy M Clark	Deputy Sheriff Captain
T.W. Blossomgame	Health Services Coordinator
LaTryris Pugh	Health Services Administrator
Kevin L Crosby	Deputy Sheriff Captain
LoRandy Akies	Captain Administrative Day
Wanda Streeter	Director of Correctional Care Services

Billi Akins	Deputy Sheriff Major
Robert Sims	Deputy Sheriff Major
A Renee Toles	Administrative Assistant
Bridget Pollock	Dentist
Lashanae Stuart	Administrative Assistant
Yvonne McMullen	Mental Health Clinician
LJ Roscoe	Field Division Major
James Emerson	Deputy Sheriff Captain
Jeffery Leslie	Deputy Sheriff Captain
Dr. Joyce Patterson	Pharmacist
Jennifer Hartley	Detention Officer III
Eric Moore	Assistant Accreditation
Luarice Haney	Assistant Program Director
Joan Strom	Administrative Assistant
Ruth Stringer	Deputy Sheriff Captain
Reginald B. Scandrett	Chief Deputy
Xernia L. Fortson	Chief of Adm. & Legal Affairs
Melissa Manrow	Director of Accreditation
William Brickhouse	Mental Health Director

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.

Each staff person introduced themselves and gave a brief description of their role at the DeKalb County Jail. The audit team members then introduced themselves and provided background regarding their correctional experience and involvement in the accreditation process. The chairperson explained the mandatory standards would be audited first and any issues would be brought to the immediate attention of the Accreditation Manager.

The chairperson then re-affirmed there have been no consent decrees, class action lawsuits or adverse judgments against the DeKalb County Jail. The staff was informed the team would keep them abreast during the entire audit.

The chairperson also advised the facility how important it is to ensure staff are met and spoken to. The chair further went on to say if over the course of the next three days if there was anyone who we overlooked that the administration knows really wanted to speak with us to let us know and we would make sure we met with them. This is a team effort and everyone needs to know they are a vital part in this 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 9:30 a.m. to 3:30 p.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Randy Akies	Captain
Stacey Clark	Captain
Kevin Crosby	Captain
Jeffery Leslie	Captain
Tina Slack	Lieutenant
Terrance Graham	Lieutenant
Dorothea Turner	Lieutenant
Tameca Blossomgame	Health Service Coordinator
Latyris Pugh	Health Services Administrator
Yvonne McMullen	Accreditation Specialist, Mental Health
Melissa Manrow	Director of Accreditation & Inmate Services
Larshanae Stuart	Director of Accreditation & Inmate Services
Joan Strom	Director of Accreditation & Inmate Services
Angela Toles	Director of Accreditation & Inmate Services
Eric Moore	Director of Accreditation & Inmate Services
Jennifer Hartley	Detention Officer III

As we toured we noticed the jail had posted the ACA Notices of the upcoming audit throughout the facility for staff and inmates. There were no requests from either staff or inmates to speak with the audit team.

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security:

The building itself serves as the security perimeter with razor wire only in a few limited locations. There are no security towers or mobile patrols. There are two entrances into the administrative section of the structure, one at the public lobby and the other being the administrative lobby accessed by senior command staff and other administrative personnel.

They gain access via a card key system. There are three vehicular sally ports at the warehouse, intake and transport gates. In addition, there are three pedestrian sally ports at transport, central control and corridor control/intake/release. External controls are enhanced by 23 cameras monitored by Central Control 24 hours a day. Official visitors are screened and then escorted at all times, therefore visitor passes are not routinely provided.

The security staff works three shifts starting at 6:45 a.m. to 3:15 p.m., 2:45 p.m. to 12:15 a.m. and 11:45 p.m. to 7:15 a.m. The staff rotates every 6 months and staffs who have worked at the facility for 20 years can request a permanent shift assignment.

Internal control and accountability is maintained by 428 cameras monitored by Central Control 24 hours a day, a formal count once daily between 4:00 - 5:00 a.m., informal counts twice daily at 2:00 p.m. and 11:00 p.m., and escorted inmate movement. There is no inmate pass system. Staff is provided with radios with emergency call buttons, again monitored by Central Control.

This major control center is located on the main floor and is supplemented by floor housing unit satellite control centers.

An intercom and telephone system further enhances communication. Most keys which are not common usage are located in the locked first floor key room where they are stored on an assignment board. Blanks are secured in a locker file cabinet within this area. These items are inventoried annually. Every day keys are issued from the housing unit satellite control centers where they are inventoried daily at shift change. Other keys are designated as pass on keys exchanged by off going to oncoming officer.

Most weapons that are not issued to specific staff are stored in the Jail Emergency Services Team [JEST] Ready Room. This secure area requires a controlled key access and sign in by the range master. The items which include numerous firearms are inventoried monthly by the range master.

Chemical agents, specifically OC spray are issued to staff after qualification and carried by them on their person. Others are securely stored in the aforementioned JEST Ready Room on shelves and inventoried monthly. Likewise restraint devices such as handcuffs are stored in the JEST Ready Room and inventoried monthly. Each detention officer has these items issued and others are located in the satellite control rooms for issue as needed. Tools used by the private vendor, CGL are locked in a secure room or cabinet and routinely inventoried daily and after each use.

Control of inmates is further ensured by routine searches of persons, living areas, common areas, and the limited grounds.

The jail has a K-9 dog used for narcotics searches and cellphones. It was reported that the facility has about 20 known active gangs with approximately 420 gang members validated. The facility tries to keep them separate to the extent possible and several are housed in protective custody and mental health housing units.

Environmental Conditions

The temperatures in the facility were within normal comfort ranges and are all thermostatic controlled. Noise levels in the dorm areas and throughout the facility were extremely low during our visit. Inmates are provided with appropriate clothing for cooler temperatures. Water temperatures were well within the appropriate ranges. All fixtures tested were in good working order. The facility had good ventilation with no noticeable collections of dust in the vent openings. The floors, hallways, conference rooms offices were extremely clean and there was no dirt or dust found throughout the facility.

The jail has a good housekeeping plan to ensure all areas are kept clean and any problem areas are corrected. Inmates are assigned to cleaning details throughout the day and evenings.

Each housing unit had appropriate number of sinks, showers and toilets easily accessible to the dorm detainees. There were multiple telephones in the housing units for the inmate to use.

Sanitation

In the housing units inmates are required to take care of their personal space and keep their property in the storage space provided. The necessary furnishings and linens are provided for each of the pods and inmates are responsible for the sending their clothing and lines to the laundry. They are provided sufficient storage space for their personal items. The pods were extremely clean and well organized.

The team found the facility to be clean, neat and orderly throughout. Access to cleaning supplies and hygiene items is appropriate for the custody level of the inmate population. The staff is highly motivated to maintain the cleanliness of the facility.

Chemicals are controlled and spot checking of inventories revealed several discrepancies regarding inventories of chemicals. This was brought to the attention of staff, during our tour and a recheck the following day revealed corrective action had been taken.

A Preventative Maintenance plan is in place, which identifies equipment that is checked weekly, monthly, quarterly and semi-annually. This includes ventilation, plumbing, lighting, fire and safety systems.

A written housekeeping plan was developed and assigned sanitation areas of responsibility in accordance with ACA standards. Departments have implemented this plan and established an effective cleaning routine and are maintaining high levels of sanitation. The facility has a Pest Control contract to ensure the facility is kept free of insects and rodents.

Facilities maintenance, mechanical and storage areas were well organized. Buildings, equipment and mechanical systems were well maintained. Institution grounds were well maintained with no evidence of dumping or improper material disposal.

The facility complies with all applicable laws and regulations of the local and state inspecting bodies of the governing jurisdiction and there was documentation showing any deficiencies had been addressed and repaired and/or cleaned.

Fire Safety

The fire enunciator boards are located in Central Control and all inspections for both the sprinklers and smoke alarms by the servicing company were in order. Weekly and monthly facility inspections are obviously keeping the building free of extra trash and debris.

Fire protection is provided by means of smoke detectors, sprinkler system and fire extinguishers were located throughout the facility. The kitchen has an automatic fire suppression system and is inspected on a routine scheduled.

The local Fire Department provides fire service and conducts the annual inspections. Fire drills are conducted quarterly in all areas of the facility and on all three shifts. All staff interviewed knew what to do in case of a fire and had received fire extinguisher training. Inmates interviewed reported fire drills are conducted on a regular basis and vary on the time of day/night and on different shifts.

The fire extinguishers and fire alarms are inspected and maintained on a regular basis. All exit signs were unobstructed and evacuation plans posted in all areas of the facility. Staff could not remember the last time the fire department had been called to the facility for a fire emergency. All staff receives annual training in the use of the fire extinguishers.

Food Service:

The food service operation is under the auspices of a private vendor, Trinity Food Service Management. The staff complement consists of a Food Service Director and 15 kitchen inmate workers on each of the two shifts, 12:00 – 8:00 a.m. and 8:00 a.m. – 6:00 p.m. The inmates are served two hot meals per day in the dayroom of their housing units at breakfast and lunch. The evening meal is a cold bagged meal. Approximately 7000 inmate and 200 staff meals are prepared each day in the large food service area or staff dining area.

The menu is a four week cycle approved annually by a registered dietician and is comprised of about 2800 calories. The inmate meal cost is approximately \$.83 per meal. It was reported that there are 550 medical diets of various types, 380 Vegan meals and 18 strictly religious diets [all Kosher]. The kitchen has seven coolers and four freezers, all of which were not cramped or cluttered and temperature controls seemed to be as required by the standards.

The dry goods storage area was spacious and well organized. Regular inspections are held internally and externally of these areas. All products were well organized and labeled according to the date received.

Kitchen utensils were securely stored and accounted for as were cleaning chemicals. The dish machine was inoperable and a new machine was being manufactured and should be delivered in the next six to eight weeks. Currently inmates are being served their meals on Styrofoam Trays. Food temperatures are taken upon the meal arrival on the pods to ensure proper temperatures are maintained.

Inmates can supplement their meal offerings by purchasing food items on a weekly basis from the commissary operated under a contract with a local vendor, JFK. The team sampled a lunch food tray on day two of the site visit and found the temperature to be adequate, the taste and appearance acceptable and the quantity in accordance with the menu. The staff can bring in food and consume it in the large and well-appointed dining area or purchase food from the line at a reasonable price.

Medical Care:

The Medical Department at the DeKalb County Sheriff's Office is contracted to Correct Care Solutions. The staffing of the department consists of a total of 88.8

Full Time Employees to include; 2.8 Physicians, 5.9 PA's/AARNP's , 17.7 Registered Nurses, 38.8 Licensed Practical Nurses, one Health Services Administrator, one Assistant Health Services Administrator, one Director of Nursing, 14.4 Medical Assistants/Paramedics, three Administrative, and 6.2 Medical Records Clerks.

In addition, the facility contracts for services with Diamond Pharmacy, JL Patterson, MHM Services, Inc., and Quality Plan Administrators.

The DeKalb County Sheriff's Office is charged with providing complete health services for the inmates under the care of the Sheriff's Department, including pharmaceutical, medical, mental health, and dental services.

The National Commission on Correctional Health Care (NCCHC) continues to recognize the department's dedication to this goal through professional accreditation. The sheriff's office is enjoying its second year of fully integrated electronic medical records system. With this system, hospitals as well as health care providers within the agency can receive up-to-date patient information within minutes.

The medical area at the facility is very large in that it has an infirmary and mental health in-patient area. The department serves both male and female clients, and the Medical and Mental Health Infirmary areas have 27 beds for both males and females, (in separate locations), with showers and baths for both. There are satellite clinics on various floors that are staffed Monday thru Friday from 8:00 a.m. to 4:00 p.m.

At the main clinic, the medical staff provides coverage 24/7, working 12 hour shifts, 7:00 a.m. – 7:00 p.m., and 7:00 p.m. – 7:00 a.m. There is an overlap that provides time for exchange of information. In addition to the infirmary areas, there is a suicide observation room on the Mental Health Unit. All areas are handicap accessible with hot and cold running water. There are also six Negative Pressure Cells.

The department has 12 examining rooms to include; seven West, six East, four East, two SE, Dialysis, Stretcher Room, Main Clinic, Wound Care, Chronic Care, Health Assessment, Infection Disease, and Laboratory.

There is a large waiting room with water, bathroom, and educational materials that include binders with health education materials in clinic areas.

There is an emergency area with secured supplies, crash cart, AED, and emergency meds. Referrals are sent to Grady Memorial Hospital. Medications are secured in locked cabinets and a locked refrigerator. There are 19 AED's strategically located throughout the facility. All staff is trained in the proper operation of the AED's.

The Pharmacy at the facility is staffed with one Pharmacist. Needed medications are obtained from Diamond Pharmacy, with a turn-around time of approximately 24 hours. After hours, medications can be obtained from the local CVS pharmacy. The last two pharmacy inspections were conducted on April 18, 2016, and July 18, 2016 by Dr, Joyce Patterson, Pharm D.

Medication hours are Monday thru Friday 8:00 a.m. to 4:30 p.m., and on Saturday from 8:00 a.m. to 12:00 noon. Medications are dispensed from pill call windows on each housing location. No shows for pill call are tracked by documenting in Point of Care Companion (POCC), which populates in the electronic medication administration record. The pharmacy dispenses 249 doses of psychotropic medications each day.

The following psychotropic medications are being delivered to the inmate population; Abilify, Amitriptyline, Benztropine, Bupropion, Citalopram, Diphenhydramine, Divalproex, Doxepin, Escitalpram, Fluoxetine, Fluphenazine, Haloperidol, Hydroxyzine, Lithium, Mirtazapine, Olanzapine, Paroxetine, Perphenazine, Quetiapine, Risperidone, Sertraline, trazadone, Valproic, Venlafaxine, and Ziprasidone.

Supplies are available for Universal Precautions. These supplies are ordered thru McKesson Medical Supply, with orders being received within two days. If needed, overnight supplies can be received within 24 hours. The department has not experienced any problems in this area.

Bio-Hazard waste receptacles are available throughout the department. Needle and sharp containers are removed and placed in the Bio-Hazard storage area when full. Other Bio-Hazard waste (Red Bags), containers are sent to the Bio-Hazard Waste storage area when full or daily as needed.

The storage area has Red Trash Receptacles in the closet in boxes and in areas throughout the department which are placed in appropriate boxes and removed by contract with Steri-Cycle. Steri-Cycle picks-up once a week or more frequently as needed. MSDS sheets are local in clinical areas in binders.

The sick call process for the facility is accomplished through Securus Kiosk or through paper request forms if necessary. Requests for sick call are triaged by an LPN face to face, and then the RN triages based on the face to face encounter; Urgent, Emergent, or Routine. The patient is then scheduled for Sick Call Clinic with provider or Nurse. All sick call requests are documented on the sick call sheet and ERMA. Sick call for all clinics is conducted on Monday thru Friday from 8:30 a.m. to 4:00 p.m. Face to face encounters are completed by nurses. During FTF, if a patient needs to be evaluated the same day, the patient is taken to the 3rd floor clinic to be evaluated by a Nurse and Mid-Level provider.

Sick call rounds for Segregation are conducted daily from 7:00 a.m. to 3:00 p.m. Stops are made at all cells, and encounters are recorded in Segregation Log. The sick call process is the same as that for general population.

Radiology services are offered at the clinic daily Monday thru Friday; however, services are available after-hours and weekends for urgent situations. Diagnostic X-Rays are digital. X-Rays are read by Georgia Licensed Radiologist with Health Care Corrections X-Ray, LLC. A typed report is available within 24 hours of interpretation by the radiologist.

The Laboratory is operated by a Medical Assistant who performs only draws. Services provided include; Patient Profiles, Screening Tests, Infectious Diseases, Chem 8, and Diagnostic Profile I, II, III. Specimens are sent to American Clinical Laboratories, Inc. Results of a routine (general chemistries) will be provided within 24 hours of the time that the specimen is picked up. STAT testing within three hours.

Outside consultation services are referred to Grady Memorial Hospital. The wait time from request to being seen varies depending upon consultation clinic. However, patient is followed in Chronic Care Clinic until consultation appointment. In addition, Alliance Recovery Center (Methadone Maintenance) is utilized for opioid dependent pregnant patients. Patients are referred upon arrival for treatment.

Specialty services being offered at the clinic include CharDonnay Dialysis and Global Diagnostic Services for Ultrasounds.

Communicable Disease/Infection Control is managed by an RN, who has received all of the appropriate training for the position. If there is an indication that an inmate may have an infectious disease, the inmate will be tested and treated. If inmate requires isolation, the inmate would be classified to Medical Infirmity Isolation Cell. (The facility has six Negative Pressure Cells) The inmate would remain in isolation until a determination is made for disposition.

All infectious diseases are reported to the Infection Control Nurse, the Medical Director, and the DeKalb County Board of Health. Upon release, the DeKalb County Board of Health is notified for continued treatment. PPD's are offered to both inmates and staff annually. All newly arriving inmates are offered HIV testing (which is optional), and all receive PPD's.

The intake process at DeKalb County Sheriff's Office includes each new arrival to participate in a Medical Screening, to determine if there is a need for any continuity of care situations. All new arrivals to the facility are provided information in the inmate handbook, which is available on the housing unit kiosks and in hard copy (upon request). All intake screenings are recorded in the inmate medical record. All information is available in both English and Spanish. If an inmate is illiterate, all information is provided verbally and on a DVD.

All Medical Screenings are completed within four hours of an inmate arriving at the facility. Each new arrival is seen by Medical, Dental, and Mental Health. Part of the screening process, also includes identifying inmates who may be vulnerable for sexual abuse/assault, and/or offenders who may be sexually assaultive.

The medical records area is large, and has six clerical staff to manage the medical records. The facility does have an electronic medical records system, but they are also maintaining the old paper medical files. Security is quite adequate, with all staff that requires access to the inmate medical records being required to have a user code and password to gain access. The records section is available 24/7 since the facility is a 24/7 medical operation.

All medical department staff is CPR certified, and a check of cards found them to all be up to date with future expiration dates. All medical staff receives annual re-certification.

There were seven deaths during the reporting cycle. These include; #1 September 19, 2013, Inmate never arrived at the jail, he was arrested on a warrant at his residence, a struggle ensued, and he was handcuffed, and during the pat search, a green leafy substance was removed from the individuals pocket and placed on the hood of the car to continue the pat down search, the subject bent over and picked up the substance with his teeth and began chewing the substance and started to choke. The Heimlich was applied to subject and he was transported to DeKalb Medical, where he passed two days later. Cause of death Accidental Complications of Asphyxia due to air way obstruction with foreign object.

#2 Inmate in 7NE100 returned to his cell to discover his roommate had hung himself, tried to wake him but received no response. On July 4, 2015, Inmate (name left out) was charged by DeKalb CID with murder of the roommate in 7SE202. Cause of Death Ligature Hanging.

#3 August 24, 2015, Inmate was found during regular security rounds by officer and nurse unresponsive, transported to DeKalb Medical where he was pronounced dead. Cause of Death Chronic health issues-seizures.

#4 August 31, 2015, Inmate was arrested by Doraville Police and DKSO took over custody at Grady Medical. Death was due to pre-existing condition.

#5 September 16, 2015 Inmate was transported to Grady Medical due to chronic medical conditions and passed due to complications of his illness.

#6 February 14, 2016 Inmate hung himself after not receiving a valentine day visit from his partner. Cause of death, Ligature hanging suicide.

#7 April 6, 2016 Inmate was transported to Grady Medical where he remained for approximately 30 days prior to passing due to cancer.

Healthcare Outcome Measures reflected a couple of areas that would require an explanation, those being; Hepatitis C positive inmates in the past 12 months being at 0.2% treatment are offered, but it is voluntary. HIV positive inmates (1001), only 471 elected to receive treatment which is strictly voluntary. Admissions to the infirmary were slightly high, and most admissions were for short periods of time. There are several patients in the infirmary at the present time (both male & female) that cannot be managed in general population with their current conditions. Transports to outside hospitals for emergency conditions, were due to unavailable treatment options at the facility. The outside consultations were slightly high due to required services not being offered by the facility. All other outcome measures seem to be normal for this type of facility.

Dental

The Dental Department is staffed with 4.5 Full Time Employees, to include, two Dentists, and 2.5 Dental Assistants. The department has 3 chairs, and operates 40 hours per week. The wait time for dental service from request to being seen is determined after requests are triaged. Urgent are seen with 24 hours, intermediates are seen in three-five days, and routines are seen in five-seven days.

The wait time between initially being seen and follow-up appointments for an offender receiving treatment varies according to treatment plan and urgency status. Dental emergencies, for urgent patients are seen within 24 hours, and normally the same day if accessed by the Sick Call Nurse. Hygiene instructions are given at intake screening and in the clinic during appointments.

A hygiene kit is given to all new arrivals. The kit contains a toothbrush and tooth paste. If an inmate is receiving treatment at the clinic, time between appointments varies depending on the clinic case load, but generally one month. The clinic services approximately 40 clients each day.

Services offered by the clinic include; Exams, Extractions, Temporary Fillings, and Pulpotomies. Outside consultations are sent to Grady Memorial Hospital. Universal precautions are used, and supplies are readily available. All universal precautions supplies are contracted from McKesson Medical Supply, with orders being received within two days, with no problems being identified. All tools and sharps stored and accounted for appropriately. A check of inventories found them to be accurate and up to date.

The sanitation process is appropriate with all necessary precautions being followed. Packaging of all tools is appropriate. Storage procedures for all tools and sharps are appropriate. A check of inventories of dental tools and sharps found them to be accurate and up to date.

Mental Health

The Mental Health Department is staffed with; 19.5 FTE's and 4 PRN's. one full time Psychiatrist, two part time Psychiatrists, five Full time LCSW's. one Full Time Psychologist, one full time LPC, ten full time RN's one part time RN, and four PRN's.

Mental Health services provided for include; Crisis Intervention (Provided daily by clinician on call), Individual Counseling (Provided upon request and as recommended by the treatment team), Substance Abuse which is provided for by contract with DeKalb Community Service Board (Court Ordered), Dual Diagnosis, Multi-Disciplinary Team, and Individual Treatment Teams.

Access to Mental Health for general population inmates is accomplished by the inmate requesting service through the Kiosk in the housing unit, by paper request, or direct communication with an officer, or as scheduled by Mental Health Staff.

Segregation inmates access mental health during Mental Health reviews upon placement, via sick call request, direct communication with an officer, or as scheduled by Mental Health Staff. In addition, MH staff makes weekly rounds, or more frequently when clinician orders.

Mental Health staffs the facility 24/7. Absent any sick call request, inmates on MH caseload are seen every two – four weeks, or more frequently based upon individual treatment plans.

Mental Health emergencies are handled by Mental Health staff at the facility 24/7. Emergent situations are handled by an on call notification system that alerts medical and mental health staff. On call staff is assigned daily for any emergencies that occur during the day, nursing staff provide coverage after hours. Psychiatry staff is on call 24/7 in support of nursing staff.

Any suicidal inmate is placed in a secure location under constant observation and mental health staff is called for immediate assessment of the inmate and determination of disposition. Suicide protocols are initiated as necessary. All suicidal inmates are housed at the facility in the infirmary area. Acute suicidal inmates are housed on 3A under constant observation by Security and Mental Health Staff and non-Acute inmates can be housed on 3SW200.

The levels of observation for Acute and Non-Acute suicidal inmates are under constant observation by security or mental health staff on a 24 hour basis. Observation is documented in the inmate medical record by mental health staff and on suicide observation sheets by officers. Suicide Observation orders are provided by mental health staff, psychiatry, or the Director of Mental Health.

Inmates are provided a mattress and a shroud. Reading materials varies based on psychiatry orders.

Suicidal inmates are provided with a regular diet unless special diet ordered by psychiatrist. Suicidal inmates are not transferred out of the facility unless the acuity of the inmate is beyond the scope of the facility. If transferred, the inmate is transferred to Georgia Regional State Hospital.

All Psychiatric medications are provided at this facility without any formulary restrictions.

Inmates are provided an initial assessment, and follow-up in 30 days, or more frequently if indicated, and at least every two months following the initial assessment period, given stability.

Recreation:

De Kalb County Jail has two outdoor/indoor exercise yards on each housing floor with basketball rims and room where inmates may walk/jog to exercise. General housing inmates according to the Inmate Handbook are provided the opportunity for five hours of recreation time per week. The recreation yards were clean and there was no graffiti on the walls or floor areas. In addition, the dayrooms have one TV with Basic cable options as well as cards and some limited board games to occupy the inmates leisure time.

Religious Programming:

The DeKalb County Jail has a fulltime chaplain who coordinates all religious activities. There are over 75 volunteers representing a number of faiths and denominations. Religious services are provided in the floor multi-purpose rooms. Many inmates prefer to meet with religious volunteers on a one on one basis for counseling. Religious diets are approved by the chaplain.

Offender Work Programs:

Inmates wishing to become an Inmate Worker must submit a written request to the Inmate Work Force Coordinator. If selected to work County sentenced inmates may qualify for earned time based on satisfactory work performance, one day off their sentence for each day worked. Inmates can work in food service, laundry, and staff dining, health care sanitation, intake and facility maintenance.

There are approximately 75 inmates on work details at any given time.

Academic and Vocational Education:

The DeKalb County Jail has two fulltime teachers and inmates are given an opportunity to earn a GED Certificate.

Inmates desiring to do so must submit a request to the Programs Services Director. Applicants are screened and placed in class according to need and classification. The school program is through the Georgia Piedmont Technical College. The classes have a maximum of 12 students and there are four classes each day.

The GED test is held two times per month and over 3000 inmates have received their GED since the program began. There are no formal vocational training programs.

Social Services:

Programs provided by social services include; Anger Management, Life After Release, Self Esteem Group, Medication Education, Re-Entry Groups, Self-Esteem Group (Hands Up Don't Shoot, Part One), Self-Esteem Group (Black on Black Crime, Part Two), Social Skills Group, Substance Abuse Treatment Introductory Group, Music Therapy, and Dealing with Feelings. All of the Social Services Groups are presented by LPC's, LMSW's, LPN's and RN's.

Visitation:

Visiting at the DeKalb County Jail is non-contact with booths located on each floor which visitors accessed from outside the secure perimeter. Inmates are allowed to have five people on their visiting list and can change the list one time every six months. Visits can last up to 30 minutes and there are 25 video kiosks in the jail.

Inmates are provided the opportunity to visit with friends and family twice weekly by remote or home visitation. Home video visitation with a webcam through the internet is allowed for 30 minutes at a cost of \$5.00.

Visitation hours are from 8:00 a.m. to 11:45 a.m. and 4:00 p.m. to 9:50 p.m. twice a week according to the visitation schedule.

Clergy may also visit any day of the week for an hour if on the inmate's approved list. Attorneys may visit at any time with proper identification. These visits can be face to face.

Library Services:

The DeKalb County has a very specious library and is open Monday through Friday from 7:00 a.m. – 3:00 p.m. The legal reference section has both hard cover materials as well as Westlaw electronic access. The legal library is available upon request.

Leisure reading materials are not checked out but rather delivered to each housing unit dayroom area via carts where they are exchanged on a monthly basis. Most books are obtained via donation from local libraries and the community. Photocopying and typewriter services are available in the library area and notary services can be requested for a fee.

Laundry:

Inmates are allowed to exchange their clothing a minimum of twice each week and blankets are exchanged once a month. Inmates are given the opportunity to send their own personal items to be washed once a week.

There are six commercial washers and seven dryers and staff assigned to the area with inmate workers. The laundry is open seven days a week. There is sufficient storage to ensure inmates have an adequate amount of clean clothing and bedding.

There were not issues with sanitation and the dryer vents were clean and well maintained. Chemicals are dispensed into the machines remotely and are only handled by staff.

F. Examination of Records

Following the facility tour, the team proceeded to the conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has zero notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had zero consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

The audit team reviewed and discussed the Significant Incident Summary and Outcome Measures worksheet and found the numbers reflected in the report are consistent with the overall mission and security level of the facility. The data reported on the SIS indicated low numbers for each category; the reported numbers are considered reasonable based on detainee demographics.

The data reported on the Outcome Measures also appeared reasonable for the reporting period. There were four deaths during the past year, two natural, one suicide and one due to excited delirium. There were no escapes or escapes attempts.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

Dietary Department	Laurence White
Medical Services	LaTryris Pugh
Dental Department	Bridget Pollock

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 8:00 a.m. to 6:00 p.m. During the first day we toured the facility and visited with many staff as we moved about the institution visiting all departments. Staffs were extremely positive about the facility and were anxious to visit with the audit team regarding their work areas. Staff reported they are supported by the administration and have direct access to their supervisor when needed. Staff had participated in a fire drill during the past three month and knew what to do in case of a fire.

b. Evening Shift

The team was present at the facility during the evening shift from 2:45 p.m. to 6:00 p.m. and attended the shifting briefing. We found the staff to be professional and eager to talk with us regarding the operation of the facility and their job duties. They clearly understood their job responsibilities and took pride in what they are doing for the DeKalb County Jail. They all felt safe, secure and supported by management.

They described their fellow staff as family and stated everyone gets along and supports each other. They all reported they were current on their required CPR and First Aide training.

c. Night Shift

The team was present at the facility during the night shift from 6:30 a.m. to 7:15 a.m. The team arrived at the facility at 6:30 a.m. on the second day of the audit to visit with offices in the dining area prior to leaving their shift.

2. Staff Interviews

Approximately 28 staff were interviewed and they stated they liked working at this jail and thought highly of the supervisors. They were polite, cooperative, and conducted themselves in a professional manner. There was a normal working relationship between the departments and communication flowed freely. Gender and ethnic diversity was good and morale also appeared to be good.

All staff was well versed on fire evacuation procedures. Staff was knowledgeable in their post orders and job duties. All of them reported they had received the required 40 hours of annual training and believed they were receiving adequate training to perform the required duties. They were all aware the ACA audit was going to be conducted at the facility and some of them had been involved in preparing for the review. The team was impressed with the professional appearance of the uniform staff and the knowledge and cooperation.

They all stated they felt safe, secure and were planning on making law enforcement a career. Some of them were looking for advance in the profession both in the jail and becoming field officers.

H. Exit Discussion

The exit interview was held at 12:00 p.m. in the staff dining room with the Sheriff, Jeffrey L. Mann and 57 staff in attendance.

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson 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.

AMERICAN CORRECTIONAL ASSOCIATION
AND THE
COMMISSION ON ACCREDITATION FOR CORRECTIONS

COMPLIANCE TALLY

Manual Type	Adult Local Detention Facilities, 4 th Edition	
Supplement	2014 Standards Supplement	
Facility/Program	DeKalb County Jail	
Audit Dates	September 20-22, 2016	
Auditor(s)	Ken Burger, Chairperson Karen Bowden, Member Jamil Niazi, Member James Allen, Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	60	323
Number Not Applicable	1	22
Number Applicable	59	301
Number Non-Compliance	0	3
Number in Compliance	59	298
Percentage (%) of Compliance	100%	99%
<ul style="list-style-type: none"> ● Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable ● Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance ● Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

DeKalb County Sheriff's Office
DeKalb County Jail
Decatur, Georgia

September 20-22, 2016

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #4-ALDF-1A-16 Revised August 2006.

ALL INMATE ROOMS/CELLS PROVIDE THE OCCUPANTS WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST THREE SQUARE FEET OF TRANSPARENT GLAZING, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN ROOMS/CELLS WITH THREE OR MORE INMATES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY)

FINDINGS:

Cell windows measure only 1.67 square feet.

AGENCY RESPONSE

Waiver Request

The largest DeKalb County Jail cell windows measure 1.67 square feet. Therefore, none of the housing areas meet the requirement of access to natural light by a window of at least three square feet. The DeKalb County Jail's physical plant cannot be modified nor can the windows be replaced. Please note that general population inmates are only confined in their cells up to five hours each night. With these considerations in mind, a waiver is requested for this standard.

AUDITOR'S RESPONSE

The audit team supports the waiver request in the natural light in the day rooms did not appear to be an issue, nor was there evidence of complaints from the inmate population.

Standard #4-ALDF-1A-17

EACH DAYROOM PROVIDES A MINIMUM OF 12 SQUARE FEET OF TRANSPARENT GLAZING WITH A VIEW TO THE OUTSIDE, PLUS TWO ADDITIONAL SQUARE FEET OF GLAZING PER INMATE WHOSE ROOM/CELL DOES NOT CONTAIN AN OPENING OR WINDOW WITH A VIEW TO THE OUTSIDE.

FINDINGS:

Windows measure only 4.59 square feet

AGENCY RESPONSE

Waiver Request

Each dayroom of the DeKalb County Jail has a total of four windows with a view to the outside. The windows measure 4.59 square feet in total. Therefore, none of the dayrooms meet the requirement of access to natural light by windows of at least 12 square feet. The physical plant cannot be modified or expanded to replace the current window design. Cost estimates are pending to replace the current multi-paned window with one piece of shatterproof glazing. With these considerations in mind, a waiver is requested for this standard.

AUDITOR'S RESPONSE

The audit team supports the waiver request in the natural light in the day rooms did not appear to be an issue, nor was there evidence of complaints from the inmate population.

Standard #4-ALDF-1A-18

NOISE LEVELS IN INMATE HOUSING UNITS DO NOT EXCEED 70 DBA (A SCALE) IN DAYTIME AND 45 DBA (A SCALE) AT NIGHT. MEASUREMENTS ARE DOCUMENTED BY A QUALIFIED, INDEPENDENT SOURCE AND ARE CHECKED NOT LESS THAN ONCE PER ACCREDITATION CYCLE.

FINDINGS:

Noise levels exceed significantly both daytime and nighttime scales.

AGENCY RESPONSE

Waiver Request

Sound levels in the housing units of the DeKalb County Jail range from the high eighties to low nineties dBA in the daytime, and the high fifties to low sixties dBA at night. Therefore, the dayrooms exceed the maximum allowed noise levels. Pursuant to a request from the panel at our 2011 ACA hearing, we have researched the possibility of headsets for televisions in the housing units. Our research indicates that initial costs for equipment and headsets would be between \$65,000 and \$70,000 per year. We have no foundation to estimate ongoing costs, since this facility has never offered headsets, but will begin with a rough guess that annual costs will average \$2,000. While this may not seem substantial, our agency is not prepared to pay these costs for a remedy that may not address all the noise issues (since many of the housing units exceed allowable levels even at night and when the televisions are off). We respectfully request a waiver of this standard.

AUDITOR'S RESPONSE

The audit team would support the waiver request for this standard as the noise levels did not seem too high nor was there documented complaints from the inmate population.

**COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT**

DeKalb County Sheriff's Office
DeKalb County Jail
Decatur, Georgia

September 20-22, 2016

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard # 4-ALDF-4C-23

ALL INTRA-SYSTEM TRANSFER INMATES RECEIVE A HEALTH SCREENING BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL, WHICH COMMENCES ON THEIR ARRIVAL AT THE FACILITY. ALL FINDINGS ARE RECORDED ON A SCREENING FORM APPROVED BY THE HEALTH AUTHORITY. AT A MINIMUM, THE SCREENING INCLUDES THE FOLLOWING:

INQUIRY INTO:

- WHETHER THE INMATE IS BEING TREATED FOR A MEDICAL OR DENTAL PROBLEM
- WHETHER THE INMATE IS PRESENTLY ON MEDICATION
- WHETHER THE INMATE HAS A CURRENT MEDICAL OR DENTAL COMPLAINT

OBSERVATION OF:

- GENERAL APPEARANCE AND BEHAVIOR
- PHYSICAL DEFORMITIES
- EVIDENCE OF ABUSE OR TRAUMA

MEDICAL DISPOSITION OF INMATES:

- CLEARED FOR GENERAL POPULATION
- CLEARED FOR GENERAL POPULATION WITH APPROPRIATE REFERRAL TO HEALTH CARE SERVICE
- REFERRAL TO APPROPRIATE HEALTH CARE SERVICE FOR SERVICE FOR EMERGENCY TREATMENT

FINDING:

DeKalb County Jail does not do intra-system transfers.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE REACCREDITATION AUDIT

DeKalb County Sheriff's Office
DeKalb County Jail
Decatur, Georgia

September 20-22, 2016

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard # 4-ALDF-2A-37

CONFINEMENT OF JUVENILES UNDER THE AGE OF 18 IS PROHIBITED UNLESS A COURT FINDS THAT IT IS IN THE BEST INTEREST OF JUSTICE AND PUBLIC SAFETY THAT A JUVENILE AWAITING TRIAL OR OTHER LEGAL PROCESS BE TREATED AS AN ADULT FOR THE PURPOSES OF PROSECUTION, OR UNLESS CONVICTED AS AN ADULT AND REQUIRED BY STATUTE TO BE CONFINED IN AN ADULT FACILITY.

FINDING:

The DeKalb County Jail houses 17 year olds but in the state of Georgia the adult legal age is 17.

Standard # 4-ALDF-2A-38

IF YOUTHFUL OFFENDERS ARE HOUSED IN THE FACILITY, THEY ARE HOUSED IN A SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS EXCEPT WHEN:

- VIOLENT, PREDATORY YOUTHFUL OFFENDER POSES AN UNDUE RISK OF HARM TO OTHERS WITHIN THE SPECIALIZED UNIT, OR
- A QUALIFIED MEDICAL OR MENTAL-HEALTH SPECIALIST DOCUMENTS THAT THE YOUTHFUL OFFENDER WOULD BENEFIT FROM PLACEMENT OUTSIDE THE UNIT

A WRITTEN STATEMENT IS PREPARED DESCRIBING THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE FACILITY ADMINISTRATOR OR HIS/HER DESIGNEE. CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE ADMINISTRATOR OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDING:

The DeKalb County Jail houses 17 year olds but in the state of Georgia the adult legal age is 17.

Standard # 4-ALDF-2A-39

DIRECT SUPERVISION IS EMPLOYED IN THE SPECIALIZED UNIT TO ENSURE THE SAFETY AND SECURITY OF YOUTHFUL OFFENDERS.

FINDING:

The DeKalb County Jail houses 17 year olds but in the state of Georgia the adult legal age is 17.

Standard # 4-ALDF-2A-40

CLASSIFICATION PLANS FOR YOUTHFUL OFFENDERS DETERMINE LEVEL OF RISK AND PROGRAM NEEDS DEVELOPMENTALLY APPROPRIATE FOR ADOLESCENTS. CLASSIFICATION PLANS INCLUDE CONSIDERATION OF PHYSICAL, MENTAL, SOCIAL, AND EDUCATIONAL MATURITY OF THE YOUTHFUL OFFENDER.

FINDING:

The DeKalb County Jail houses 17 year olds but in the state of Georgia the adult legal age is 17.

Standard # 4-ALDF-2A-41

ADEQUATE PROGRAM SPACE IS PROVIDED TO MEET THE PHYSICAL, SOCIAL, AND EMOTIONAL NEEDS OF YOUTHFUL OFFENDERS AND ALLOWS FOR THEIR PERSONAL INTERACTIONS AND GROUP ORIENTED ACTIVITIES.

FINDING:

The DeKalb County Jail houses 17 year olds but in the state of Georgia the adult legal age is 17.

Standard # 4-ALDF-2A-42

YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT FOR YOUTHFUL INMATES HAVE NO MORE THAN INCIDENTAL SIGHT OR SOUND CONTACT WITH ADULT INMATES FROM OUTSIDE THE UNIT IN LIVING, PROGRAM, DINING, OR OTHER COMMON AREAS OF THE FACILITY. ANY OTHER SIGHT OR SOUND CONTACT IS MINIMIZED, BRIEF, AND IN CONFORMANCE WITH APPLICABLE LEGAL REQUIREMENTS.

FINDING:

The DeKalb County Jail houses 17 year olds but in the state of Georgia the adult legal age is 17.

Standard # 4-ALDF-2A-43

PROGRAM PERSONNEL WHO WORK WITH YOUTHFUL OFFENDERS ARE TRAINED IN THE DEVELOPMENTAL, SAFETY, AND OTHER SPECIFIC NEEDS OF YOUTHFUL OFFENDERS. WRITTEN JOB DESCRIPTIONS AND QUALIFICATIONS REQUIRE TRAINING FOR STAFF WHO ARE RESPONSIBLE FOR PROGRAMMING OF YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT BEFORE BEING ASSIGNED TO WORK WITH YOUTHFUL OFFENDERS. TRAINING INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING AREAS:

- ADOLESCENT DEVELOPMENT
- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION
- LEGAL ISSUES
- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES
- MANAGEMENT OF, AND PROGRAMMING FOR, SEX OFFENDERS
- SUBSTANCE-ABUSE SERVICES
- COGNITIVE BEHAVIORAL INTERVENTIONS, INCLUDING

ANGER MANAGEMENT, SOCIAL-SKILLS TRAINING, PROBLEM SOLVING

- RESISTING PEER PRESSURE
- SUICIDE PREVENTION
- NUTRITION
- MENTAL-HEALTH ISSUES
- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION

FINDING:

The DeKalb County Jail houses 17 year olds but in the state of Georgia the adult legal age is 17.

Standard # 4-ALDF-4A-14

WHEN REQUIRED BY STATUTE, FOOD PRODUCTS THAT ARE GROWN OR PRODUCED WITHIN THE SYSTEM ARE INSPECTED AND APPROVED BY THE APPROPRIATE GOVERNMENT AGENCY; THERE IS A DISTRIBUTION SYSTEM THAT ENSURES PROMPT DELIVERY OF FOODSTUFFS TO FACILITY KITCHENS

FINDING:

The DeKalb County Jail does not grow nor produces food.

Standard # 4-ALDF-4D-10

ANY STUDENTS, INTERNS, OR RESIDENTS DELIVERING HEALTH CARE IN THE FACILITY, AS PART OF A FORMAL TRAINING PROGRAM, WORK UNDER STAFF SUPERVISION COMMENSURATE WITH THEIR LEVEL OF TRAINING. THERE IS A WRITTEN AGREEMENT BETWEEN THE FACILITY AND TRAINING OR EDUCATIONAL FACILITY THAT COVERS THE SCOPE OF WORK, LENGTH OF AGREEMENT, AND ANY LEGAL OR LIABILITY ISSUES. STUDENTS OR INTERNS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDING:

The DeKalb County Jail does not use students, interns or residents to deliver health care services.

Standard # 4-ALDF-4D-11

UNLESS PROHIBITED BY STATE LAW, INMATES, UNDER STAFF SUPERVISION, MAY PERFORM FAMILIAL DUTIES COMMENSURATE WITH THEIR LEVEL OF TRAINING. THESE DUTIES MAY INCLUDE THE FOLLOWING:

- PEER SUPPORT AND EDUCATION
- HOSPICE ACTIVITIES
- ASSISTING IMPAIRED INMATES ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING
- SERVING AS A SUICIDE COMPANION IF QUALIFIED AND TRAINED THROUGH A FORMAL PROGRAM THAT IS PART OF A SUICIDE PREVENTION PLAN
- HANDLING DENTAL INSTRUMENTS FOR THE PURPOSE OF SANITIZING AND CLEANING, WHEN DIRECTLY SUPERVISED AND IN COMPLIANCE WITH APPLICABLE TOOL CONTROL POLICIES, WHILE IN A DENTAL ASSISTANTS TRAINING PROGRAM CERTIFIED BY THE STATE DEPARTMENT OF EDUCATION OR OTHER COMPARABLE APPROPRIATE AUTHORITY

INMATES ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

- PERFORMING DIRECT PATIENT CARE SERVICES
- SCHEDULING HEALTH CARE APPOINTMENTS
- DETERMINING ACCESS OF OTHER INMATES TO HEALTH CARE SERVICES
- HANDLING OR HAVING ACCESS TO SURGICAL INSTRUMENTS, SYRINGES, NEEDLES, MEDICATIONS, OR HEALTH RECORDS
- OPERATING DIAGNOSTIC OR THERAPEUTIC EQUIPMENT EXCEPT UNDER DIRECT SUPERVISION, BY SPECIALLY TRAINED STAFF, IN A VOCATIONAL TRAINING PROGRAM

FINDING:

The DeKalb County Jail does not use inmates to perform health care duties.

Standard #4-ALDF-5A-05

THERE IS A TREATMENT PHILOSOPHY WITHIN THE CONTEXT OF THE TOTAL CORRECTIONAL SYSTEM AS WELL AS GOALS AND MEASURABLE OBJECTIVES. THESE DOCUMENTS ARE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

FINDING:

The DeKalb County Jail does not operate a therapeutic community.

Standard #4-ALDF-5A-06

THERE IS AN APPROPRIATE RANGE OF PRIMARY TREATMENT SERVICES FOR ALCOHOL AND OTHER SUBSTANCE-ABUSING INMATES THAT INCLUDE, AT A MINIMUM, THE FOLLOWING:

- INMATE DIAGNOSIS
- IDENTIFIED PROBLEM AREAS
- INDIVIDUAL TREATMENT OBJECTIVES
- TREATMENT GOALS
- COUNSELING NEEDS
- DRUG EDUCATION PLAN
- RELAPSE PREVENTION AND MANAGEMENT
- CULTURALLY SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE
- THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT
- PRERELEASE AND TRANSITIONAL SERVICE NEEDS
- COORDINATION EFFORTS WITH COMMUNITY SUPERVISION AND TREATMENT STAFF DURING THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

FINDING:

The DeKalb County Jail does not operate a therapeutic community.

Standard #4-ALDF-5A-07

THE FACILITY USES A COORDINATED STAFF APPROACH TO DELIVER TREATMENT SERVICES. THIS APPROACH TO SERVICE DELIVERY IS DOCUMENTED IN TREATMENT PLANNING CONFERENCES AND IN INDIVIDUAL TREATMENT FILES.

FINDING:

The DeKalb County Jail does not operate a therapeutic community.

Standard #4-ALDF-5A-08

THERE ARE INCENTIVES FOR TARGETED TREATMENT PROGRAMS TO INCREASE AND MAINTAIN THE INMATE'S MOTIVATION FOR TREATMENT.

FINDING:

The DeKalb County Jail does not operate a therapeutic community.

Standard # 4-ALDF-5A-10

IN FACILITIES OFFERING ACADEMIC AND VOCATIONAL TRAINING PROGRAMS, CLASSROOMS ARE DESIGNED IN CONSULTATION WITH SCHOOL AUTHORITIES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY)

FINDING:

The DeKalb County Jail was built in 1995 (new construction only).

Standard # 4-ALDF-5B-14

WHEN THE FACILITY IS DESIGNATED TO OPERATE ANY TYPE OF PRETRIAL INTERVENTION SERVICE OR OTHER RELEASE PROGRAMS, ITS AUTHORITY AND RESPONSIBILITY ARE STATED BY STATUTE OR ADMINISTRATIVE REGULATION.

FINDING:

The DeKalb County Jail does not operate any type of pretrial intervention services or release programs.

Standard # 4-ALDF-5B-16

WHERE TEMPORARY RELEASE PROGRAMS EXIST, THE PROGRAMS HAVE THE FOLLOWING ELEMENTS:

- WRITTEN OPERATIONAL PROCEDURES
- CAREFUL SCREENING AND SELECTION PROCEDURES
- WRITTEN RULES OF INMATE CONDUCT
- A SYSTEM FOR EVALUATING PROGRAM EFFECTIVENESS
- EFFORTS TO OBTAIN COMMUNITY COOPERATION AND SUPPORT

FINDING:

The DeKalb County Jail does not operate any temporary release programs.

Standard # 4-ALDF-5C-13

WHERE AN INDUSTRIES PROGRAM EXISTS, ITS ESTABLISHMENT IS AUTHORIZED AND AREAS OF AUTHORITY, RESPONSIBILITY, AND ACCOUNTABILITY ARE DELINEATED

FINDING:

The DeKalb County Jail does not operate an industries program.

Standard # 4-ALDF-5C-14

THE NUMBER OF INMATES ASSIGNED TO INDUSTRIES OPERATIONS MEETS THE REALISTIC WORKLOAD NEEDS OF EACH OPERATING UNIT.

FINDING:

The DeKalb County Jail does not operate an industries program.

Standard # 4-ALDF-5C-15

THERE IS A COMPREHENSIVE QUALITY CONTROL PROCESS

FINDING:

The DeKalb County Jail does not operate an industries program.

Standard # 4-ALDF-5C-16

A COST ACCOUNTING SYSTEM FOR EACH INDUSTRIES UNIT IS DESIGNED, IMPLEMENTED, AND MAINTAINED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

FINDING:

The DeKalb County Jail does not operate an industries program.

Standard # 4-ALDF-7F-07

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTION, TRAINING, STAFF SUPERVISION, FACILITY ORIENTATION, AND A DEFINITION OF TASKS, RESPONSIBILITIES AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING. VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDING:

The DeKalb County Jail does not use volunteers in the delivery of health care.

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 DeKalb County Jail

Year 2015-2016

Incidents		Months											
		Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Assault: Offenders/ Offenders*	Indicate types (sexual**, physical, etc.)	-	-	-	-	-	-	-	-	-	-	-	-
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	37	41	46	46	40	39	44	44	30	48	38	47
Assault: Offender/ Staff	Indicate types (sexual**, physical, etc.)	-	-	-	-	-	-	-	-	-	-	-	-
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	1	0	2	2	0	1	1	1	0	2	1	0
Number of Forced Moves Used***	(Cell extraction or other forced relocation of offenders)	18	18	23	24	25	23	26	32	21	31	26	28
Disturbances****		0	0	0	0	0	0	0	0	0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0	0	0	0	0	0	0	0	0
Number of Times Special Reaction Team Used		2	2	2	21	4	2	5	6	5	0	0	1
Four/Five Point Restraints	Number	0	0	1	0	0	0	0	0	0	1	0	0
	Indicate type (chair, bed, board, etc.)	-	-	board	-	-	-	-	-	-	board	-	-
Offender Medical Referrals as a Result of Injuries Sustained	#'s should reflect incidents on this form, not rec or other source	14	14	21	21	33	30	24	22	23	27	19	23
Escapes	# Attempted	0	0	0	0	0	0	0	0	0	0	0	0
	# Actual	0	0	0	0	0	0	0	0	0	0	0	0
Substantiated Grievances (resolved in favor of offender)	Reason (medical, food, religious, etc.)	all reasons	-	-	-	-	-	-	-	-	-	-	-
	Number	44	14	21	21	33	30	24	22	23	27	19	23
Deaths	Reason (violent, illness, suicide)	natural deliriu	-	-	-	-	suicide	-	-	natural	-	-	-
	Number	2	0	0	0	0	1	0	0	1	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



Name of Facility DeKalb County Jail

Date __2015-2016

Number of Months Data Collected __ 12

ALDF Outcome Measure Worksheet				
IA	Outcome Measure	Numerator/Denominator	Value	Calculated O.M
		The community, staff, contractors, volunteers, and inmates are protected from injury and illness caused by the physical environment.		
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	2034	0
	(3)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	27295	0
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	43	
	divided by	The average daily population in the past 12 months.	2034	0.02114061
	(5)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	56	
	divided by	The number of admissions in the past 12 months.	27295	0.002051658
	(6)	Number of sanitation or health code violations identified by external agencies in the past 12 months.	27	
	divided by	The average daily population in the past 12 months.	2034	0.013274336
	(7)	Number of health code violations corrected in the past 12 months.	13	
	divided by	The number of health code violations identified in the past 12 months.	27	0.481481481
	(8)	Number of inmate grievances related to safety or sanitation found in favor of inmates in the past 12 months.	30	

	divided by	The number of inmate's grievances related to safety or sanitation in the past 12 months.	33	0.909090909
	(9)	Number of fire code violations corrected in the past 12 months.	32	
	divided by	The number of fire code violations cited by jurisdictional authority in the past 12 months.	32	1
	(10)	Number of inmate injuries resulting from fires requiring medical treatment in a 12-month period.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(11)	Number of inmate injuries (other than by fire) requiring medical treatment in the past 12 months.	271	
	divided by	The average daily population of inmates in the past 12 months.	2034	0.133235005
	(12)	Number of staff injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population of staff in the past 12 months.	2144	0
	(13)	Number of staff injuries (other than fire) requiring medical treatment in the past 12 months.	11	
	divided by	The average daily population of staff in the past 12 months.	779	0.014120668
	(14)	Number of inmate lawsuits related to safety or sanitation found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to safety or sanitation in the past 12 months.	0	#DIV/0!
1B		Vehicles are maintained and operated in a manner that prevents harm to the community, staff, contractors, volunteers, and inmates.		
	(1)	Number of vehicle accidents resulting in property damage in the past 12 months.	33	
	divided by	The average daily population in the past 12 months.	2	16.5
	(2)	Number of vehicle accidents resulting in injuries requiring medical treatment for any party in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(3)	Amount dollar of damage from vehicle accidents in the past 12 months.	55009	
	divided by	The average daily population in the past 12 months.	2034	27.04473943
1C		The number and severity of emergencies are minimized. When emergencies occur, the response minimizes the severity.		

	(1)	Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.	0	
	divided by	The number emergencies.		#DIV/0!
	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(3)	Number of times that normal facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	The number of emergencies caused by forces external to the facility.	0	#DIV/0!
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(6)	Number of injuries requiring medical attention that resulted from emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(7)	Number of times that normal facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(8)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The number of emergencies.	0	#DIV/0!
	(9)	Number of injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population in the past 12	2034	0

		months.		
	(10)	Number of fires that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(11)	Amount dollar of property damage from fire in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(12)	Number of code violations cited in the past 12 months.	32	
	divided by	The average daily population in the past 12 months.	2034	0.01573254 7
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(14)	Number of incidents of inventory discrepancies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
2A		The community, staff, contractors, volunteers, and inmates are protected from harm. Events that pose risk of harm are prevented. The number and severity of events are minimized.		
	(1)	Number of incidents involving harm in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(2)	Number of incidents in the past 12 months involving harm.	0	
	divided by	The number of admissions in the past 12 months.	27295	0
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of incidents in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2144	0
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	27295	0
	(5)	Number of unauthorized inmate absences from the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0

	(6)	Number of instances of unauthorized access to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
2B		Physical force is used only in instances of self-protection, protection of the inmate or others, prevention of property damage, or prevention of escape.		
	(1)	Number of instances in which force was used in the past 12 months.	84	
	divided by	The average daily population in the past 12 months.	2034	0.04129793 5
	(2)	Number of instances in which force was used in the past 12 months.	84	
	divided by	The number of admissions in the past 12 months.	22612	0.00371484 2
	(3)	Number of times that staff use of force were found to have been inappropriate in the past 12 months.	2	
	divided by	The number of instances in which force was used.	84	84
	(4)	Number of inmate grievances filed alleging inappropriate use of force in the past 12 months.	59	
	divided by	The average daily population in the past 12 months.	2034	0.02900688 3
	(5)	Number of grievances alleging inappropriate use of force decided in favor of inmate in the past 12 months.	0	
	divided by	The number of grievances alleging inappropriate use of force filed.		#DIV/0!
	(6)	Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
2C		Contraband is minimized. It is detected when present in the facility.		
	(1)	Number of incidents involving contraband in the past 12 months.	54	
	divided by	The average daily population in the past 12 months.	2034	0.02654867 3
	(2)	Number of incidents involving contraband in the past 12 months.	54	
	divided by	The number of admissions in the past 12 months.	27295	0.00197838 4
	(3)	Number of weapons found in the facility in the past 12 months.	10	

	divided by	The average daily population in the past 12 months.	2034	0.00491642 1
	(4)	Number of controlled substances found in the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(5)	Number of controlled substances found in the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	27295	0
2D		Improper access to and use of keys, tools and utensils are minimized.		
	(1)	Number of incidents involving keys in the past 12 months.	8	
	divided by	The average daily population in the past 12 months.	2034	0.00393313 7
	(2)	Number of incidents involving tools in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(3)	Number of incidents involving culinary equipment in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(4)	Number of incidents involving medical equipment and sharps in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
3A		Inmates comply with rules and regulations.		
	(1)	Number of rule violations in the past 12 months.	2347	
	divided by	The average daily population in the past 12 months.	2034	1.15388397 2
	(2)	Number of assaults—inmate against inmate, inmate against staff in the past 12 months.	511	
	divided by	The average daily population in the past 12 months.	2034	0.25122910 5
4A		Food service provides a nutritionally balanced diet. Food service operations are hygienic and sanitary.		
	(1)	Number of documented inmate illnesses attributed to food service operations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(2)	Number of inmate grievances about food service decided in favor of the inmate the past 12 months.	21	
	divided by	The number of inmate grievances about food	166	0.12650602

		service in the past 12 months.		4
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months.	9	
		Divided by number of violations cited by independent authorities in the past 12 months.	27	0.33333333 3
4B		Inmates maintain acceptable personal hygiene practices.		
	(1)	Inmate grievances regarding inmate access to personal hygiene decided in favor of the inmate in the past 12 months.	3	
	divided by	The average daily population in the past 12 months.	2034	0.00147492 6
	(2)	Number of inmate illnesses attributed to poor hygiene practices in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(3)	Number of inmates diagnosed with hygiene-related conditions (scabies, lice, or fungal infections) in the past 12 months.	47	
	divided by	The average daily population in the past 12 months.	2034	0.02310717 8
	(4)	Number of inmate grievances related to hygiene found in favor of the inmate in the past 12 months.	3	
	divided by	The number of inmate grievances related to hygiene in the past 12 months.	9	0.33333333 3
	(5)	Number of inmate lawsuits related to hygiene found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to hygiene in the past 12 months.	0	#DIV/0!
5A		Inmates have opportunities to improve themselves while confined.		
	(1)	Number of inmates who passed GED exams while confined in the past 12 months.	4	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	0	#DIV/0!
	(2)	Total number of grade levels advanced by inmates in the past 12 months.	25	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	0	#DIV/0!
	(3)	Number of certificates of vocational competency awarded to inmates in the past 12 months.	0	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	0	#DIV/0!
5B		Inmates maintain ties with their families and		

		the community.		
		NONE		
5C		The negative impact of confinement is reduced.		
		NONE		
6A		Inmates' rights are not violated		
	(1)	Total number of inmate grievances in the past 12 months, regarding: (a) access to court; (b) mail or correspondence; (c) sexual harassment; (d) discipline; (e) discrimination; (f) protection from harm.	925	
	divided by	The average daily population in the past 12 months.	2034	0.45476892 8
	(2)	Number of inmate grievances (see [a] through [e] above) decided in favor of inmates in the past 12 months.	123	
	divided by	The total number of grievances filed in the past 12 months.	1344	0.09151785 7
	(3)	Total number of inmate court suits alleging violation of inmate rights filed against the facility in the past 12 months.	5	
	divided by	The average daily population in the past 12 months.	2034	0.00245821
	(4)	Number of inmate court suits alleging violation of inmate rights decided in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate suits filed in the past 12 months.		#DIV/0!
6B		Inmates are treated fairly		
	(1)	Number of inmate grievances regarding discrimination in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	2034	0.00049164 2
	(2)	Number of inmate grievances regarding discrimination resolved in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate grievances filed regarding discrimination in the past 12 months.	1	0
	(3)	Number of grievances resolved in favor of inmates in the past 12 months.	341	
	divided by	The average daily population in the past 12 months.	2034	0.16764995 1
	(4)	Number of grievances resolved in favor of inmates in the past 12 months.	341	
	divided by	The total number of inmate grievances filed in the past 12 months.	1744	0.19552752 3

	(5)	Number of court malpractice or tort liability cases found in favor of the inmate in the past 12 months.	0	
	divided by	The number of court malpractice or tort liability cases in the past 12 months.	0	#DIV/0!
6C		Alleged rule violations are handled in a manner that provides inmates with appropriate procedural safeguards.		
	(1)	Number of disciplinary incidents resolved informally in the past 12 months.	947	
	divided by	The average daily population in the past 12 months.	2034	0.46558505 4
	(2)	Number of formal inmate disciplinary decisions that were appealed in the past 12 months.	133	
	divided by	The total number of disciplinary decisions made in the past 12 months.	799	0.16645807 3
	(3)	Number of appealed disciplinary decisions decided in favor of the inmate in the past 12 months.	11	
	divided by	The total number of disciplinary decisions made in the past 12 months.	799	0.01376720 9
	(4)	Number of grievances filed by inmates challenging disciplinary procedures in the past 12 months. (NOT grievances, but JDCs that go to hearings).	1082	
	divided by	The average daily population in the past 12 months.	2034	0.53195673 5
	(5)	Number of disciplinary-related grievances resolved in favor of the inmate in the past 12 months. (not guilty, self-defense, or dismissed JDCs).	269	
	divided by	The total number of disciplinary-related grievances filed in the past 12 months.(NOT grievances, but JDCs that go to hearings).	1082	0.24861367 8
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months.	0	
	divided by	The total number of court decisions regarding discipline decided in the past 12 months.	0	#DIV/0!
	(8)	Number of rule violations in the past 12 months.	2347	
	divided by	The average daily population in the past 12 months.	2144	1.09468283 6
	(9)	Number of inmates terminated from the facility due to rule violations in the past 12 months.	0	

	divided by	The average daily population in the past 12 months.	2034	0
6D		Inmates take responsibility for their actions.		
	(1)	Number of inmates released in the past 12 months who made regular payments toward their restitution obligations. (damage to the facility ONLY).	99	
	divided by	The number of inmates who had restitution obligations in the past 12 months.	99	1
	(2)	Number of inmates who satisfy their court cost/fines obligations in the past 12 months.	n/a	
	divided by	The number of inmates who had court cost/fine obligations in the past 12 months.	99	#VALUE!
	(3)	Total amount of restitution paid by inmates in the past 12 months. (damage to the facility ONLY).	29568.44	
	divided by	The average daily population in the past 12 months.	2034	14.53708948
	(4)	Total number of hours of community service donated by inmates in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	2034	0
	(5)	Total number of inmates who participated in restitution in the past 12 months. (damage to the facility ONLY).	99	
	divided by	The total number of inmates housed in the past 12 months.	27295	0.003627038
	(6)	Total number of inmates who participated in community service work in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	27295	0
	(7)	Total number of inmates who participated in victim awareness programs in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	27295	0
	(8)	Total amount of restitution paid by inmates in the past 12 months. (Damage to the facility ONLY).	34825	
	divided by	The total number of inmates housed in the past 12 months.	27295	1.275874702
	(9)	Total number of hours delivered by inmates who participated in community service work in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	27295	0
7A		The facility operates as a legal entity.		
		NONE.		

7B		Staff, contractors, and volunteers demonstrate competency in their assigned duties.		
	(1)	Total number of years of staff members' education as of the end of the last calendar year. We do not offer educational incentives.	n/a	
	divided by	The number of staff at the end of the last calendar year.	779	#VALUE!
	(2)	Number of staff who left employment for any reason in the past 12 months.	110	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	779	0.14120667 5
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months.	0	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	779	0
	(4)	Number of professional development events attended by staff in the past 12 months.	0	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	779	0
7C		Staff, contractors, and volunteers are professional, ethical and accountable.		
	(1)	Number of incidents in which staff was found to have acted in violation of facility policy in the past 12 months.	37	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	779	0.04749679 1
	(2)	Number of staff terminated for conduct violations in the past 12 months.	7	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	779	0.00898587 9
	(3)	Number of inmate grievances attributed to improper staff conduct which was upheld in the past 12 months.	103	
	divided by	The number of inmate grievances alleging improper staff conducts filed in the past 12 months.	837	0.12305854 2
	(4)	Number of inmate grievances attributed to improper staff conduct which was upheld in the past 12 months.	103	
	divided by	The average daily population for the past 12 months.	2034	0.05063913 5
	(5)	Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.	0	

	divided by	The number of staff substance abuse tests administered in the past 12 months.	0	#DIV/0!
	(6)	Number of staff terminations for violation of drug-free work policy in the past 12 months.	0	
	divided by	The number of staff terminations in the past 12 months.	101	0
	(7)	The average number of physicians employed in the past 12 months.	5	
	divided by	The number of physician positions authorized in the past 12 months.	5	1
	(8)	The average number of nurses employed in the past 12 months.	23	
	divided by	The number of nurse positions authorized in the past 12 months.	23	1
	(9)	The average number of mid-level health care practitioners employed in the past 12 months.	6	
	divided by	The number of mid-level health care practitioner positions authorized in the past 12 months.	6	1
	(10)	The average number of ancillary health care staff employed in the past 12 months.	48	
	divided by	The number of ancillary health care staff positions authorized in the past 12 months.	48	1
7D		The facility is administered efficiently and responsibly.		
	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures).	0	
	divided by	The budget for the past 12 months.	\$77,949,260	0
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit.	0	
		NONE		#DIV/0!
	(3)	Number of grievances filed by inmates regarding their records or property in the past 12 months.	88	
	divided by	The average daily population in the past 12 months.	2034	0.043264503
	(4)	Number of inmate grievances (records/property) decided in favor of inmates in the past 12 months.	19	
	divided by	The total number of inmate grievances (records/property) in the past 12 months.	88	0.215909091
	(5)	Number of objectives achieved in the past 12 months.	5	
	divided by	The number of objectives for the past 12 months.	5	1

	(6)	Number of program changes made in the past 12 months.	1	
	divided by	The number of program changes recommended in the past 12 months.	1	1
	(7)	Number of problems identified by internal health care review that were corrected in the past 12 months.	0	
	divided by	The number of problems identified by internal health care review in the past 12 months.	0	#DIV/0!
7E		Staff are treated fairly		
	(1)	Number of grievances filed by staff in the past 12 months.	7	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	779	0.008985879
	(2)	Number of staff grievances decided in favor of staff in the past 12 months.	3	
	divided by	The total number of staff grievances in the past 12 months.	7	0.428571429
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year.	unavailable	
	divided by	The number of staff at the end of the last calendar year (e.g. average number of years experience).	unavailable	#VALUE!
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months.	0	
	divided by	The number of staff termination or demotion hearings requested in the past 12 months.	0	#DIV/0!
7F		The facility is a responsible member of the community.		
	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months.	247	
	divided by	The average daily population of inmates in the past 12 months.	2034	0.121435595
	(2)	Total number of individual community members who provided voluntary service in the past 12 months.	25	
	divided by	The average daily population of inmates in the past 12 months.	2034	0.012291052
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months.	14	
	divided by	The average daily population of inmates in the past 12 months.	2034	0.006882989

	(4)	Total number of positive statements made by media regarding the facility in the past 12 months.	26	
	divided by	The average daily population of inmates in the past 12 months.	2034	0.01278269 4
	(5)	Total number of complaints from the community in the past 12 months.	30	
	divided by	The average daily population of inmates in the past 12 months.	2034	0.01474926 3
	(6)	Total number of hours of community service work delivered by inmates in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	2034	0

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

San Antonio Marriot Riverwalk Hotel
San Antonio, Texas

Saturday, January 21, 2017

DeKalb County Sheriff's Office
DeKalb County Jail
Decatur, Georgia

Agency Representatives:

Jeffrey L. Mann, Sheriff
Xernia L. Fortson, Chief
Larry N. Tolbert, Colonel
Melissa F. Manrow, Accreditation Manager
Kevein Crosby, Captain
Kathy Trickey, Captain
Dorodea Jackson-Turner, LT
Lorraine Isham, LT
Jerome Soloman, Sergeant
Alfia Gibbs, Detention Officer
Lashane Stuart, Accreditation Assistant

Panel Members:

Marina Cadreche, Chairperson
Steve Andraschko
Michael Bradley

Staff:

Samuel Meyer

Panel Action

Standard #4-ALDF-1A-16 The request for waiver was approved.

Standard #4-ALDF-1A-17 The request for waiver was approved.

Standard # 4-ALDF-1A-18 The request for waiver was approved.

Accreditation Panel Decision

Moved: Commissioner Bradley
Seconded: Commissioner Andraschko

Three-Year Accreditation: Yes

Accreditation Vote

Yes

No

Commissioner Cadreche
Commissioner Andraschko
Commissioner Bradley

✓
✓
✓

Final Tally

Mandatory
Non-Mandatory

100%
99%