

*The American Correctional Association
and the
Commission on Accreditation for Corrections
Accreditation Report*

NW OHIO JUVENILE DETENTION, TRAINING AND REHABILITATION DISTRICT
NW OHIO JUVENILE DETENTION, TRAINING AND REHABILITATION CENTER
STRYKER, OHIO

The mission of the American Correctional Association's 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

703 • 224 • 0000 FAX: 703 • 224 • 0010

WWW.ACA.ORG

August 20, 2013

NW Ohio Juvenile Detention, Training and Rehabilitation District
NW Ohio Juvenile Detention, Training and Rehabilitation Center
Stryker, Ohio

Congratulations!

It is a pleasure to officially inform you that the NW Ohio Juvenile Detention, Training and Rehabilitation Center was accredited by the American Correctional Association's Commission on Accreditation for Corrections at the American Correctional Association 2013 August Congress of Correction on August 12, 2013 at National Harbor, Maryland.

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,

Justin W. Jones

Justin W. Jones, Chairperson
Commission on Accreditation for Corrections



AMERICAN CORRECTIONAL ASSOCIATION

206 NORTH WASHINGTON STREET, SUITE 200 • ALEXANDRIA, VIRGINIA 22314

703 • 224 • 0000 FAX: 703 • 224 • 0010

WWW.ACA.ORG

For Immediate Release

NW Ohio Juvenile Detention, Training and Rehabilitation Center Awarded National Accreditation

Justin W. Jones, Chairperson of the Commission on Accreditation for Corrections (CAC), and Kathy Black-Dennis, Director of Standards and Accreditation, American Correctional Association recently announced the accreditation of the NW Ohio Juvenile Detention, Training and Rehabilitation Center. The award was presented in conjunction with the American Correctional Association 2013 Congress of Correction on August 12, 2013 in National Harbor, Maryland.

In presenting the award, Justin W. Jones, Chairperson of the CAC, and Christopher Epps, 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 NW Ohio Juvenile Detention, Training and Rehabilitation Center does not signal the end of their involvement in the accreditation process. During the award period, staff will work to improve any deficiencies identified during the audit and maintain continuous compliance with the standards.



AMERICAN CORRECTIONAL ASSOCIATION

206 NORTH WASHINGTON STREET, SUITE 200 • ALEXANDRIA, VIRGINIA 22314
703 • 224 • 0000 FAX: 703 • 224 • 0010

WWW.ACA.ORG

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.

Kathy Black-Dennis, Director
Standards and Accreditation
American Correctional Association

Overview of the American Correctional Association

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

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

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

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

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

Organizational Purposes of the American Correctional Association

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

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

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

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

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

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

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

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

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 over 1,500 correctional agencies in the United States.

Organizational Structure of the American Correctional Association

Executive Committee

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

Board of Governors

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

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

Delegate Assembly

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

Committees

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

The current committees and councils are:

Committee on Affirmative Action

Committee on 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
Standards Committee
Legislative Affairs Committee

Affiliates and Chapters

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

The following affiliates and chapters are currently associated with ACA:

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

National Association of Adult and Juvenile
State
Corrections Mental Health Directors
National Assn of Blacks in Criminal Justice
National Association of Juvenile Corrl
Agencies
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
Family and Corrections Network
Florida Council on Crime and Delinquency
Illinois Correctional Association
Indiana Correctional Association

International Assn of Corrl Training Personnel
International Community Corrections Assn
National Association of Probation Executives
National Coalition for Mental and Substance
Abuse Health Care in the Justice System
National Correctional Recreation Association
National Council on Crime and Delinquency
Nation Juvenile Detention Association
Nebraska Correctional Association
Nevada Correctional Association
New Jersey Chapter Association
New Mexico Correctional Association
New York Corrections and Youth Svcs Assn

North American Association of Wardens &
Superintendents
North Carolina Correctional Association
Ohio Correctional and Court Svcs
Association
Texas Corrections Association
The Salvation Army
Utah Correctional Association
Virginia Correctional Association
Volunteers of America
Washington Correctional Association
Wisconsin Correctional Association

Major Activities of the American Correctional Association

Legislation

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

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

Professional Development

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

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

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

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

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

Publications

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

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

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

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

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

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

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

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

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

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

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

Conventions

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

Contracts and Grants

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

Standards and Accreditation

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

Overview of the Commission on Accreditation for Corrections

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

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

The Commission 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:

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

Association Staff

Accreditation activities are supported by the staff of the American Correctional Association, Standards and Accreditation Department, under the leadership of the director of the department. Standards and Accreditation Department staff 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 auditors employed by the Association have a minimum of three years of responsible management experience, have received a recommendation from an agency administrator, and have demonstrated knowledge in the substantive area(s) in which they are employed to assist the Association. In addition, all auditors must successfully complete the Association's auditor training and be members of the ACA in good standing.

Standards Development

Development of the ACA standards began in 1974 with an extensive program of drafting, field testing, revising, and approving standards for application to all areas of corrections. Since then, 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-three manuals of standards are now used in the accreditation process:

Standards for the Administration of Correctional Agencies
Standards for Adult Parole Authorities
Standards for Adult Probation and Parole Field Services
Standards for Adult Correctional Institutions
Standards for Adult Local Detention Facilities
Standards for Small Jail Facilities
Standards for Electronic Monitoring Programs
Standards for Adult Community Residential Services
Standards for Adult Correctional Boot Camps
Standards for Correctional Industries
Standards for Core Jails

Standards for Correctional Training Academies
Standards for Juvenile Community Residential Facilities
Standards for Correctional Facilities
Standards for Juvenile Detention Facilities
Standards for Juvenile Day Treatment Programs
Standards for Juvenile Correctional Boot Camps
Standards for Therapeutic Communities
Standards for Small Juvenile Detention Facilities
Standards for Performance-Based Health Care in Adult Correctional Institutions
Certification Standards for Health Care Programs
Standards for Adult Correctional Institutions (in Spanish)

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

The standards are systematically revised to keep pace with the evolution of 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 supplement to the standards with updated information and clarifications until new editions of standards manuals are published. Each supplement addresses standards interpretations, deletions, revisions, and additions for all manuals of standards issued by the Standards and Accreditation Department.

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

Accreditation Process Descriptions

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

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

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

The Visiting Committee Report

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

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

Agency and Audit Narrative

The agency narrative includes a description of program services, a description of physical plant, number of offenders served on the days of the audit, a summary significant incidents and consent decrees, class action lawsuits and/or judgments against the agency/facility, if applicable. The audit narrative, prepared by the visiting committee chairperson, describes audit activities and findings. The narrative examines issues or concerns that may affect the quality of life and services in an agency or facility. Quality of life issues include areas such as staff training, adequacy of medical service, sanitation, use of segregation and detention, reported and/or documented incidences of violence and crowding in institutions, offender activity levels, programming and provision of basic services. The audit narrative also contains comments as a result of staff and offender interviews, and a detailed explanation of all noncompliant and not applicable standards.

Agency Response

The agency has 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.

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

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

Auditor's Response

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

Accreditation Hearings

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

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

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

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

Conduct of Hearings

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

- Applicant agency representatives are requested by Standards and Accreditation Department staff to be on-call to allow for scheduling flexibility.
- A designated waiting area is usually provided for this purpose.
- When the panel is ready to review the agency, the Standards and Accreditation Department staff representative notifies agency representative(s).
- The hearing opens with an introduction by the panel chairperson.
- The agency representative is asked to give a brief description of the

program.

- If a visiting committee member is present at the hearing, the panel chairperson may request that the auditor present an account of the visit, focusing on matters particularly pertinent to the decision or specific panel actions. In some cases, however, the panel may wish to call on the visiting committee member only to request additional information at different points during the hearing.
- The panel chairperson leads a standard by standard review of non-compliance issues. The agency representative presents information relative to their 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, discretionary compliance, and plans of action submitted by the applicant agency.

At this time, the panel also:

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

the life, health, and safety of residents and staff.

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

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

Accreditation Decisions

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. Therefore, an agency may submit an appeal of any denial or withdrawal of accreditation.

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

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

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

- The agency submits written request for reconsideration to the Director of Standards within 30 days of the adverse decision stating the basis for the request.
- The Executive Committee of the Commission, composed of the officers of the Commission, reviews the request and decides whether or not the agency's request presents sufficient evidence to warrant a reconsideration hearing before the Commission. The agency is notified in writing of the Executive Committee's decision.
- If the decision is made to conduct a hearing, the hearing is scheduled for the next full Commission meeting and the agency is notified of the date.
- The agency, at its option and expense, has the right of representation, including counsel.
- Following the hearing held before the Commission, the decision, reflecting a majority opinion, is made known to the agency immediately.
- Pending completion of the reconsideration process, the agency maintains its

prior status. Until a final decision has been reached, all public statements concerning the agency's accredited status are withheld.

- Following completion of the reconsideration process, any change in the status of an agency is reflected in the next regularly published list of accredited agencies.

Accredited Status

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

Annual Report

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

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

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

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

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

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

In addition to submission of the annual report, the agency is responsible for notifying Standards and Accreditation Department staff of any major incident, event, or circumstances

that might affect standards compliance. This notice must be provided to the Standards and Accreditation Department immediately following the event. For example, an agency must notify the Standards and Accreditation Department if it is the subject of a court order, has a major disturbance, escape, physical/sexual abuse (to include allegations), employee work stoppage, death from unnatural causes, or experiences a major fire or other disaster. It is the responsibility of the accredited agency to inform Standards and Accreditation Department staff or provide them with copies of news articles, special reports, or results of investigations that address conditions that affect standards compliance.

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

Monitoring Visits

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

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

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

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

Following the visit, the auditor prepares a monitoring visit report that addresses findings of the visit. The report includes a list of standards reviewed, explanation of non-compliance findings, results of the tour and interviews with agency staff and offenders, and discussion of any issues believed to be relevant to the agency's accreditation. The report, as with others prepared by auditors, is reviewed and sent to the agency by Standards and Accreditation 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 Standards and Accreditation Department in a timely manner may result in suspension of the agency's accreditation. Once ACA is notified of the major event, the Director of Standards and Accreditation may consult with the Executive Committee of the Commission, who may request a monitoring visit. If a visit is warranted, ACA will notify the agency and a date will be established with the concurrence of the facility. The monitoring visit will take place within 14 days of this notification. The monitoring visit report will be sent to the Director of Standards within 7 days of the monitoring visit and then forwarded to the Executive Committee of the Commission. Following review of the report, a determination will be made by the Executive Committee as to whether revocation of accreditation is warranted. Prior to any rehearing, agency representatives will be notified, so that any issues may be addressed and responded to in writing.

Accreditation is revoked for the following reasons:

- Failure on the part of the agency to adhere to the provisions on the contract.
- Failure on the part of the agency to maintain continuous compliance with the standards at levels sufficient for accreditation.
- Intentional misrepresentation of facts, lack of good faith, or lack of deliberate speed or a concerted effort to progress in the accreditation process, including the implementation of plans of action.

- Failure to notify ACA of significant incidents in the annual report to the Commission.
- Adverse conditions of confinement that affect the life health, and/or safety of staff and offenders.
- Failure to comply with the conditions of probation or suspension.

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

Expiration of Accredited Status

Accreditation is granted for a three year period. Unless the agency has applied for reaccreditation and completed activities in the process required for reaccreditation, the Commission withdraws the agency from 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 Standards and Accreditation is required, outlining the reasons for extending the accreditation period. Agencies that fail to successfully complete an audit within the three year period, or do not receive an extension prior to their expiration date, are withdrawn from Accredited Status.



Visiting Committee Report and Hearing Minutes

CONFIDENTIALITY

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE REACCREDITATION AUDIT

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center
Northwest Ohio Juvenile Detention
Stryker, Ohio

March 18-19, 2013

VISITING COMMITTEE MEMBER

Roger Chute, Chairperson
Correctional Consultant
P.O. Box 181
Somerville, Tennessee 38068-0181
(731) 697-9921
rchute@aeneas.net

A. Introduction

The audit of the Northwest Ohio Juvenile Detention, Training and Rehabilitation Center was conducted on March 18 - 19, 2013 by Roger Chute, Chairperson.

The facility was audited utilizing the *Standards for Juvenile Detention Facilities*, third edition, and the *2010 Standards Supplement*. This was a reaccreditation audit. The Northwest Ohio Juvenile Detention, Training and Rehabilitation Center was last audited March 1 – 3, 2010 and was subsequently awarded a full three-year accreditation on August 2, 2010.

B. Facility Demographics

Rated Capacity:	32
Actual Population:	30
Average Daily Population for the last 12 months:	29
Average Length of Stay:	23 days
Maximum security facility with medium to maximum custody level	
Age Range of Offenders:	12 – 20
Gender:	Female and Male
Full-Time Staff: 20	
(3) Administrative, (3) Support, (1) Program, (13) Security, (0) Other	

C. Facility Description

The Northwest Ohio Juvenile Detention, Training and Rehabilitation Center is located at 3389 County Road 2425, Stryker, Ohio, a rural area in eastern Williams County. Stryker is approximately 60 miles south and west of Toledo and about 60 miles northeast of Fort Wayne, Indiana. Stryker is the oldest settlement in Williams County and is named John Stryker, who was the founder of the Michigan Southern Railroad Company. According to the 2010 census, Stryker’s population was 1,335.

The Northwest Ohio Juvenile Detention, Training, and Rehabilitation District, Williams County, Ohio, was created under the Ohio Revised Code §2151.34 and began operations on August 20, 1996. The constitution and laws of the State of Ohio establish the rights and privileges of the Rehabilitation District as a body corporate and politic. A thirteen-member Board appointed by the Joint Board of County Commissioners from Defiance, Henry, Fulton and Williams Counties directs the district.

The district’s services include detention housing, training, and rehabilitation services to juvenile offenders from Defiance, Henry, Fulton, and Williams Counties. The Northwest Ohio Juvenile Detention, Training & Rehabilitation Center became operational in February of 2000 as a regional Juvenile Detention Center to provide secure detention to juveniles within the jurisdictions of Defiance, Henry, Fulton and Williams counties. The facility is located on 28.6 acres of land in Williams County and is central to all four participating counties.

The facility houses both male and female offenders in a pre-adjudication/disposition detention program. Some residents have also been sentenced to this facility to participate in a 90 day drug treatment program.

The overall layout and structure of the facility remains essentially unchanged from the re-accreditation audit conducted three years ago. The Northwest Ohio Juvenile Detention Facility is a one story building with a brick exterior. The interior walls are formed with concrete block. The facility has approximately 17,000 square feet with thirty-two individual detention cells, a control room, multi-purpose room, two classrooms, intake area, medical clinic, gymnasium, library, and administrative offices. A 6,900 square foot outdoor recreation area is secured by a fifteen foot “candy cane” type fence. There is also a one story garage/maintenance shop in a separate building on the grounds of the facility.

The mission statement is “Northwest Ohio Juvenile Detention Center provides a safe and secure placement for delinquent youth who are being detained in accordance to a court order or pursuant to the laws of arrest. It is our hope that strict discipline and fair treatment of each youth who enters our facility will help them to understand the consequences of poor choices and that the program inspires them to become positive and productive members of society”.

The mission is within the context of the program philosophy that says “The Northwest Ohio Juvenile Detention, Training & Rehabilitation Center provides both pre-trial and short-term commitments for incarceration. Care must be provided in a non-judgmental manner equal to all, regardless of Court status (i.e. accused, adjudicated, misdemeanor, or felony). It is our belief that structure and expectations are not viewed in a punitive nature, provided that structure and expectations are made clear and precise and are enforced in a manner that is both fair but firm and equal to all. Due to the short terms of confinement, and the necessary emphasis on safety and security, we recognize our limitations and inability to provide long term affects on those juveniles we detain. We further recognize that solutions to many of the problems faced by our detainees will be best addressed by the childcare professionals within the many support services available to the court (i.e. Probation, Drug/Alcohol Abuse Counselors, Children’s Services, etc.). We therefore, view our role as: (1) a time delay, so that the Court might address the allegations against the child and identify the youth’s individualized needs; and (2) as a motivational tool for those who will attempt to address the variables responsible for creating conflict in the youth’s life”. Both the mission and the program philosophy are posed on the facility’s website.

D. Pre-Audit Meeting

Since this was a single auditor audit, no meeting was held. All standards were reviewed by Chairperson, Roger Chute.

E. The Audit Process

1. Transportation

The chairperson was transported to the facility on the first morning of the audit by Brian Patrick, Superintendent. All subsequent transportation was provided by April Cook, Assistant Superintendent and Accreditation Manager.

2. Entrance Interview

Brian Patrick, Superintendent and April Cook, Assistant Superintendent escorted the auditor to the ACA Room where the formal entry meeting was held.

The following persons were in attendance:

Brian Patrick, Superintendent, Northwest Ohio Juvenile Detention,
Training and Rehabilitation Center

April Cook, Assistant Superintendent/Accreditation Manager. Northwest
Ohio Juvenile Detention, Training and Rehabilitation Center

Heidi Saaf, Juvenile Correctional Officer, Northwest

Ohio Juvenile Detention, Training and Rehabilitation Center

The chairperson introduced himself. Appreciation was again expressed on behalf of the Commission on Accreditation for Corrections for inviting the visiting committee to review the agency's operation and program. Emphasis was placed on the goals of accreditation being directed toward the efficiency and effectiveness of correctional systems throughout the United States.

The chairperson summarized his professional experiences and requested others present to review their responsibilities to the Northwest Ohio Juvenile Detention, Training and Rehabilitation Center and the accreditation process.

The chair made a brief statement pertaining to the schedule to be followed during the course of the audit and acknowledged that April Cook, Assistant Superintendent/Accreditation Manager, Northwest Ohio Juvenile Detention, Training and Rehabilitation Center, had been identified as the primary liaison to the visiting auditor to assist the facility and the auditor during this audit.

The group was reminded that the purpose of the audit was to ensure Northwest Ohio Juvenile Detention, Training and Rehabilitation Center's policy, procedure, and practice comply with the standards for accreditation. While establishing this compliance, the objective of the auditor was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson will tour the facility, review documentation prepared for each standard, and interview staff and residents to determine standard compliance. During the tour, the chairperson will evaluate the working conditions at the facility.

The group was also reminded that the audit would be conducted with no surprises presented at the exit conference. The chairperson will immediately report and openly discuss pertinent issues as they emerge.

The chairperson will meet with the staff selected by the superintendent to review the progress of the audit at the end of the day.

When asked if there was anything that the auditor needed to be aware of that was occurring or had occurred that could jeopardize the audit process, Mr. Patrick reported that there was nothing that had occurred or any current occurrences that would impact the audit negatively. He also reported that there were no consent decrees, class action lawsuits, or adverse judgments against the facility. He stated that staff members and youth were aware of the audit. The chairperson observed that audit signs were posted throughout the facility. Mr. Patrick told the chairperson there were no youth or staff members who had made written or verbal requests to speak with the audit chairperson. The chairperson advised the Mr. Patrick that the chairperson had received no notices that any individuals wanted to speak with the chairperson.

3. Facility Tour

The auditor toured the entire facility from 8:35 a.m. to 10:45 a.m. The following persons accompanied the auditor on the tour and responded to his questions concerning facility operations:

April Cook, Assistant Superintendent/Accreditation Manager, Northwest Ohio Juvenile Detention, Training and Rehabilitation Center
Heidi Saaf, Juvenile Correctional Officer, Northwest Ohio Juvenile Detention, Training and Rehabilitation Center

4. Conditions of Confinement/Quality of Life

During the tour, the auditor 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 level of security is appropriate for the mission of the facility. All visitors enter through the front entrance. Access to secure areas of the facility is controlled by staff members who are assigned to the Central Control Room. There is a separate entrance for staff members that allows them to enter a break-room area that also has locker space for securing personal items,

Staff members assigned to the control center monitor security cameras that are used to monitor resident and staff movement within the facility. Security doors are controlled and operated by staff in the Central Control Room.

Direct supervision is the basis for youth security. Movement within the facility is restricted and youth are escorted and under visual supervision at all times. Specified staff members are assigned to conduct population counts. Communication is maintained by use of hand held radios between the control center and facility staff.

Necessary security equipment including mechanical restraints, chemical defense (OC) spray, and restraint chair is available for use by staff members. It is noted that the restraint chair was used only two (2) times in 2012.

OC storage is a concern to this auditor. Written policy and procedure specify that these chemical agents are stores in the Control Room which is located inside the secure portion of the facility. The practice is, however, for some staff members to store OC spray in personal lockers outside the control room, outside the secure portion of the facility and in an area that can be accessed by the general public.

Environmental Conditions

The grounds surrounding the facility had no loose papers, clutter or litter of any kind.

Lighting levels and temperature controls were adequate in compliance with local statutory requirements. Use of natural light and artificial light is ample and adds to the pleasantness of the facility. Living areas, dining hall, education department, and all other areas of the facility use artificial and natural light in an effective manner making the facility feel comfortable.

Garbage pick-up services are provided by contract with Allied Waste Services. There are a sufficient number of covered receptacles available throughout the facility. Potable water is provided through the Village of Archbold public water system and the facility is connected to the public sewer system. Toilets and washbasins were more than adequate for the number of residents and staff members in the facility. Showers are sufficient in number and were in working order. Bedding and linens were in good condition.

The facility was well maintained, there was no evidence of water damage or pest infestation. Pest services are provided contractually by Frame's Pest Control.

The facility was graffiti free.

Sanitation

As observed by the auditor during the tour and subsequent visits, all areas of the building were clean without any indication of the presence of yesterday's dirt. Staff members obviously take pride in the appearance of the facility and demonstrate adherence to the facility's housekeeping plan. There were no offensive odors noted in the facility.

Health department inspections were reviewed and found to be in order. No major deficiencies have been cited.

Fire Safety

The facility is sprinkled. Fire extinguishers were located appropriately throughout the facility. All fire extinguishers were charged and appeared to be in good working order and had been inspected on a monthly basis. The facility does review the fire specifications of any furnishing that is being considered for purchase.

Evacuation plans were posted in all of the locations of the facility and include "You are here" notations. Fire drills had been periodically conducted with evacuations time generally being less than three (3) minutes. Detainees and staff interviewed knew what they are required to do during these drills. Tornado drills are also conducted with detainees in their cells covering themselves with their mattresses

The facility has a back-up generator for use as an emergency power source in the event electrical power is disrupted. This generator is routinely inspected to ensure its operational readiness.

Food Service

Food services are provided through contract with the nearby adult regional jail. Meals are prepared off-site. Meals are placed in trays, placed in insulated transport boxes, and are transported to the facility in a facility vehicle.

The cyclical menu is prepared in advance and approved by a registered dietician. Detainees and staff members eat meals from a single menu.

The auditor sampled the noontime meal in the second day of the audit. The meal consisted of beef stroganoff, mixed vegetables, salad with dressing, bread and butter, and applesauce. Temperature of the hot food served was checked because it seemed cold. The temperature was 118° F at point of service. This is of concern to the auditor.

Medical Care

Medical services at the Northwest Ohio Juvenile Detention, Training and Rehabilitation Center have been provided through contract with Correctional Health Care Company since 2010.

Medical services are provided in a small clinic area that includes a waiting area that is supervised by security with no more than two (2) detainees present at a time and an examination room.

Nursing staff members assess detainees for medical needs as refer to the medical doctor as needed. The physician may refer on to the dentist for care.

The facility has no x-ray capabilities. Any x-rays would be completed at the Defiance Regional Medical Center.

Nursing coverage is provided on site fifteen (15) hour per week. The staffing pattern includes two (2) R.N's. One of them is at the facility from 7:00 a.m. to 12 noon Monday, Wednesday, and Friday. A physician is on site one (1) hour each week and is on call for routine and emergency consultation.

Medical emergencies, x-rays and specialty needs are provided at the Defiance Regional Medical Center. If their needs cannot be met, they are sent to the Toledo hospital located approximately 90 miles away. Staff members are trained regarding medical emergencies and will contact the clinic if a youth needs immediately attention. Laboratory specimens are obtained by Defiance Regional Medical Center.

First aid kits were located throughout the facility. They are labeled with an inventory, noting expiration of contents, and sealed. There is one AED located in the intake area. It was monitored daily to ensure it is operational; it was recommended that a razor also be stored with it and monitored in the event it is used on an adult male.

Detainees are responsible for providing their own medication including refills. The last option is Shopco. Over-the-counter medications are provided. Medication is administered to one (1) detainee at a time in the housing pod under water. There are no pre-set medications. Each officer is trained to administer medication.

Medical waste is transported to the jail and for storage until it is disposed of through a contract with Steri-cycle.

Recreation

As noted, the facility has an indoor gymnasium and a fenced outdoor recreation area. Ample recreation space is provided for the population that is being served. Recreation is a scheduled activity and detainees are required to participate.

Religious Programming

Each detainee is given a Bible during the initial intake process. The detainees are allowed to receive materials related to their own faith as a means to ensure they have exposure to adequate religious resources. The detainees have the opportunity to voluntarily attend religious services each Sunday. Additionally, there are nine religious study sessions each week. Religious services are provided by volunteers that provide the residents with religious services

Offender Work Programs

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center is a short-time custodial facility. As a result, there is no formal work program. Residents are, however, assigned chores on a daily basis. These chores are generally related to the cleanliness and upkeep of the facility.

Academic and Vocational Education

Detainees are required to attend school daily and to participate in classroom activities. Teachers are licensed by the State of Ohio. Educational staff make contact with the school of origin to request information on the detainee's current educational status. The staff tries to keep the youth on track with his or her educational standing. Detainees work at their individual level and at their own rate to progress in the academic setting. GED preparation classes are offered and detainees may take the actual GED test while in custody.

Social Services

Social services are provided by two counselors assigned to the facility. They are funded by grant and by an agreement with the Four County Family Center. The Social Services curriculum includes but is not limited to Five County Alcohol & Drug Program, The RIDGE Project, Life skills, Girls Circle, Boys Council, Conflict Resolution, Anger Management, In Search of Character, and a Guide to Character Building.

Visitation

Visitation is scheduled for one (1) hour on Wednesday evening, 6:45 p.m. to 7:45 p.m. and on Saturday and Sunday afternoons from 12:45 p.m. to 1:45 p.m.

Visitors are permitted to visit for twenty (20) minutes within these established time frames. Any visitor traveling more than fifty (50) miles may be granted additional time to visit.

Library Services

The facility maintains an adequate collection of books that are available for the detainees to use. Staff members facilitate at least weekly library access for all detainees.

A unique program at the facility is the book club. Book Club is a place for readers to get together to talk about the selected book and what their thoughts are about it. The idea for book club came about when staff noticed detainees were asking other detainees and staff about their favorite books.

Laundry

The facility has residential type washer and dryer located in the intake area. Clothing belonging to new intakes is laundered in these machines before being stored. Other laundry services are provided under contract with the nearby regional adult facility. These services provide for daily exchange for underwear, socks, towels, and wash clothes. Outer clothing is exchanged every three days and linen is exchanged weekly.

F. Examination of Records

Following the facility tour, the auditor proceeded to the ACA Room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

The facility reported a limited number of significant incidents. Based on the auditor's professional judgment and experience and what we personally observed and heard during interactions and interviews with both staff and residents during the conduct of this audit, incidents listed on the Significant Incident Summary were consistent with the overall mission and security level of the Northwest Ohio Juvenile Detention, Training and Rehabilitation Center.

3. Departmental Visits

The chairperson revisited the following departments to review conditions relating to departmental policy and operations:

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Administration	April Cook, Assistant Superintendent
Personnel	Gayle Hilkert, Fiscal Officer
Maintenance	John Proxmire
Medical	Nicole Nolan, RN Chris Richard, RN

4. Shifts

a. Day Shift

The auditor was present at the facility during the day shift from 8:15 a.m. to 6:00 p.m.

Supervision of detainees was appropriate, detainee behavior was appropriate and the shift was without incident other than the use of restraint chair previously described. The visiting auditor observed detainees involved in school. Established schedules were followed. All interactions between youth and staff were appropriate.

b. Evening Shift

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center operate two (2) twelve (12) hour shifts. The day shift is from 6:00 a.m. to 6:00 p.m. and the night shift is from 6:00 p.m. to 6:00 a.m. There is not an evening shift.

c. Night Shift

The auditor was present at the facility during the night shift from 6:00 p.m. to 8:30 p.m.

Staff members maintained their shift assignments. Staff members further were involved in the movement of detainees from location to location.

Staff members interviewed were well aware of their respective roles in the facility and were complimentary of the supervisory and administrative staff.

The auditor found no activity or event to be alarming.

5. Status of Previously Non-compliant Standards/Plans of Action

The chairperson reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found the following:

Standard #3-JDF-4B-15 was previously found non-compliant because the facility was not making hair care services available. The facility requested a waiver but the panel requested a plan of action based on a juvenile requesting a haircut through his probation officer to take the detainee to a local barbershop.

The actual plan of action was not available during this audit. The standard was found in compliance since there is evidence that some detainees that are being taken into the community for hair care services.

Standard #3-JDF-4C-13 was previously non-compliant because the facility only used the information provided by the detainee at intake as the immunization history. The plan of action included getting this information for the parent and local school systems. Standard was in compliance during this audit.

G. Interviews

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

1. Offender Interviews

Fifteen detainees were interviewed in various sites either individually or in small groups. All youth interviewed stated that they feel safe in the detention center and that they do not have concern about threats of or attack by other residents. The general comments were that the staff treats the residents with respect and in a fair manner. There were no statements that any youth had been or seen others mistreated by staff. Their responses were direct, immediate, and emphatic that staff provided appropriate supervision. No real complaints were voiced about the discipline process. Some comments were made concerning dietary specifically concerning the temperature of the food when it was served. The detainees made overall positive comments about recreation but also stated they would like to have more recreation time.

2. Staff Interviews

Eleven (11) staff members were interviewed either individually or in small groups. The recurring theme expressed by staff interviewed was that they enjoy working with the detainees, which results in staff members enjoying their job. The overall feeling expressed by staff is that they are able to make some difference in the lives of the residents.

Review of the staff roster and hire dates reveals a nice mixture of seasoned and new staff. All staff members have been adequately trained and have a full understanding of their respective job functions in relation to the overall mission of the facility

H. Exit Discussion

The exit interview was held at 3:20 p.m. in the Multi-Purpose Room with the following persons in attendance:

Brian Patrick, Superintendent, Northwest Ohio Juvenile Detention,
Training and Rehabilitation Center
April Cook, Assistant Superintendent/Accreditation Manager. Northwest
Ohio Juvenile Detention, Training and Rehabilitation Center
Gayle Hilkert, Fiscal Officer, Northwest Ohio Juvenile Detention,
Training and Rehabilitation Center
Chris Niese, Health Care Administrator, Correctional Healthcare
Company

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

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.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	<i>Juvenile Detention Facilities, 3rd Edition</i>	
Supplement	<i>2010 Standards Supplement</i>	
Facility/Program	Northwest Ohio Juvenile Detention, Training and Rehabilitation Center	
Audit Dates	March 18 – 19, 2013	
Auditor(s)	Roger Chute, Chairperson	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	27	390
Number Not Applicable	1	15
Number Applicable	26	375
Number Non-Compliance	0	11
Number in Compliance	26	364
Percentage (%) of Compliance	100%	97.06%
<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

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center
Northwest Ohio Juvenile Detention
Stryker, Ohio

March 18-19, 2013

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #3-JDF-1A-04-1

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE FACILITY IS USED SOLELY FOR PRETRIAL HOLDING AND NOT AS A POST TRIAL TREATMENT CENTER. JUVENILES MAY BE HELD POST TRIAL AWAITING PLACEMENT.

FINDING

The Northwest Ohio Juvenile Detention, Training and Rehabilitation Center operates a 90-day, intensive treatment program for juvenile offenders.

FACILITY RESPONSE

Waiver Request

The Northwest Ohio Juvenile Detention, Training and Rehabilitation Center operates a 90-day, intensive treatment program for juvenile offenders who are experiencing alcohol or other drug related problems entitled “Life without Drugs.” This program is provided by Recovery Services of Northwest Ohio, Inc., a non-profit agency accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), Ohio Department of Mental Health (ODMH), and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS). Our on-site Substance Abuse Counselor is Donna Robinson, BSW, LCDCIII, a Certified Chemical Dependency Counselor.

We request a waiver to the standard due to its direct conflict with Ohio Revised Code 2152.19(A)(4)(g), which allows a child who is adjudicated as a delinquent child to be committed to “an alcohol or drug treatment program with a level of security for the child as determined necessary by the court.” As such, the juvenile court judges established the current “Life Without Drugs” program at this detention center. Please see attached copy of ORC 2152.19.

AUDITOR RESPONSE:

The auditor supports the agency's waiver request. The facility does operate a post-disposition substance abuse treatment program. This is done in accordance with state law permitting substance abuse treatment programs in secure detention settings.

Standard #3-JDF-1A-18

THERE IS A WRITTEN DOCUMENT DESCRIBING THE FACILITY'S ORGANIZATION THAT INCLUDES AN ORGANIZATIONAL CHART GROUPING SIMILAR FUNCTIONS, SERVICES, AND ACTIVITIES IN ADMINISTRATIVE SUBUNITS. THE DOCUMENT IS REVIEWED ANNUALLY AND UPDATED AS NEEDED.

FINDING

The Northwest Ohio Juvenile Detention, Training and Rehabilitation Center has no written document that describes the facility's organization. Only an organizational chart was available.

FACILITY RESPONSE

Appeal

The organization has an organizational chart which is sufficient to meet the standard. The auditor's interpretation of the standard is in error. The standard requires written documentation the organizational chart is in writing. The standard does not require a narrative of the organization's chain of command.

AUDITOR RESPONSE:

The auditor does not support the agency's appeal of this finding. The standard stipulates a written document that includes an organizational chart. An organization chart is only one portion of what is required in the standard. A written document is necessary to fully comply with this standard's requirements.

Standard #3-JDF-1A-31-1

WRITTEN POLICY, PROCEDURE, AND PRACTICE ESTABLISH THE FACILITY'S COMMITMENT TO INFORMING THE PUBLIC AND THE MEDIA OF EVENTS WITHIN THE FACILITY'S AREAS OF RESPONSIBILITY. THE PROCEDURES ADDRESS EMERGENCY AND NONEMERGENCY RESPONSES TO THE MEDIA AND, AT A MINIMUM, INCLUDE THE FOLLOWING:

- THE IDENTIFICATION OF AREAS IN THE FACILITY THAT ARE ACCESSIBLE TO MEDIA REPRESENTATIVES

- THE CONTACT PERSON FOR ROUTINE REQUESTS FOR INFORMATION
- IDENTIFICATION OF DATA AND INFORMATION PROTECTED BY FEDERAL OR STATE PRIVACY LAWS, OR FEDERAL AND STATE FREEDOM OF INFORMATION LAWS
- SPECIAL EVENTS COVERAGE
- NEWS RELEASE POLICY
- THE DESIGNATION OF INDIVIDUALS OR POSITIONS WITHIN THE FACILITY AUTHORIZED TO SPEAK WITH THE MEDIA ON BEHALF OF THE FACILITY

FINDING

The facility is not in compliance with its written policy. Northwest Ohio Juvenile Detention, Training and Rehabilitation Center Policy #25.02, Juvenile Detainee Access To News Media, revised November 13, 2007, says in the policy statement that “The procedures address emergency and non-emergency responses to the media and, at a minimum the following: the identification of area in the facility that are accessible to media representatives, the point of contact for routine requests for information, identification of data and information protected by federal or state privacy laws, or federal or state freedom of information laws, special events coverage, news release policy, the designation of individuals or positions within the facility authorized to speak with the media on behalf of the facility”. These points are not addressed in the procedures section of the policy. As a result, the specifics of the standard are not addressed.

FACILITY RESPONSE

Plan of Action

Task

- a. Add procedures which reflect facility policy

Responsible Agency

- a. NWOJDT&RC

Assigned Staff

- a. April Mondoc-Cook, Assistant Superintendent

Anticipated Completion Date

- a. November 2013

AUDITOR RESPONSE:

The plan of action seems acceptable. Policy changes address the issues cited in the finding.

Standard #3-JDF-2C-02

SINGLE CELLS/ROOMS AND MULTIPLE-OCCUPANCY CELLS/ROOMS MAY BE USED FOR HOUSING JUVENILES IN MEDIUM/MINIMUM CUSTODY WHEN THE CLASSIFICATIONS SYSTEM, CELL/ROOM SIZE AND LEVEL OF SUPERVISION MEET THE FOLLOWING REQUIREMENTS:

1. NUMBER OF OCCUPANTS	AMOUNT OF UNENCUMBERED SPACE*
1	35 SQUARE FEET PER OCCUPANT
2-50	25 SQUARE FEET

*“UNENCUMBERED SPACE” IS USABLE SPACE THAT IS NOT ENCUMBERED BY FURNISHINGS OR FIXTURES.

AT LEAST ONE DIMENSION OF THE UNENCUMBERED SPACE IS NO LESS THAN SEVEN FEET. IN DETERMINING UNENCUMBERED SPACE IN THE CELL OR ROOM, THE TOTAL SQUARE FOOTAGE IS OBTAINED AND THE SQUARE FOOTAGE OF FIXTURES AND EQUIPMENT IS SUBTRACTED. ALL FIXTURES AND EQUIPMENT MUST BE IN OPERATIONAL POSITION AND MUST PROVIDE THE FOLLOWING MINIMUMS PER PERSON: BED, PLUMBING FIXTURES, DESK, LOCKER, AND CHAIR OR STOOL.

2. WHEN CONFINEMENT EXCEEDS 10 HOURS PER DAY, THERE ARE AT LEAST 80 SQUARE FEET OF TOTAL FLOOR SPACE PER OCCUPANT.
3. HOUSING IS IN COMPLIANCE WITH AMERICAN CORRECTIONAL ASSOCIATION STANDARDS 3-JDF-2C-06, 3-JDF-2C-07, 3-JDF-2C-08, AND 3-JDF-2C-09.
4. MEDIUM-SECURITY JUVENILES HOUSED IN MULTIPLE-OCCUPANCY CELLS/ROOMS REQUIRE DIRECT SUPERVISION.

A CLASSIFICATION SYSTEM IS USED TO DIVIDE THE OCCUPANTS INTO GROUPS THAT REDUCE THE PROBABILITY OF ASSAULT AND DISRUPTIVE BEHAVIOR. AT A MINIMUM, THE CLASSIFICATION SYSTEM EVALUATES THE FOLLOWING:

- MENTAL AND EMOTIONAL STABILITY
- ESCAPE HISTORY
- HISTORY OF ASSAULTIVE BEHAVIOR
- MEDICAL STATUS
- AGE
- ENEMIES OF RECORD
- MALE AND FEMALE JUVENILES ARE HOUSED IN SEPARATE CELLS/ROOMS

FINDING

Juvenile are sometimes confined more than 10 hours per day. The rooms provide only 77 square feet of floor space, 3 square feet less than the required 80 square feet of floor space.

FACILITY RESPONSE

Waiver Request

Our cells are three (3) square feet below what this standard calls for. The Detention Center is unable to add the three (3) square feet of space due to the cost, projected to exceed \$100,000. We request a waiver to this standard.

AUDITOR RESPONSE:

The auditor supports the agency's waiver request. Modification of the physical plant to meet this standard would be cost prohibitive. It does not appear that size of the cells have any negative impact on the life, health, or safety of the residents.

Standard #3-JDF-3A-26

WRITTEN POLICY, PROCEDURE, AND PRACTICE GOVERN THE AVAILABILITY, CONTROL, AND USE OF CHEMICAL AGENTS AND RELATED SECURITY DEVICES AND SPECIFY THE LEVEL OF AUTHORITY REQUIRED FOR THEIR ACCESS AND USE. CHEMICAL AGENTS ARE USED ONLY WITH THE AUTHORIZATION OF THE FACILITY ADMINISTRATOR OR DESIGNEE.

FINDING

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center policy titled "Chemical Restraint" says in part of the policy statement that "Chemical Agents will be stored in the Control Room". Procedure #5 says "Oleoresin Capsicum containers are stores in under the control of the Control Center and shall not be released for use without the specific authorization of the Superintendent". Some employees who are issued OC spray store the agent in personal lockers outside the secure area of the facility and outside the Control Room. The chemical agent is not under the control of the Control Center in these instances.

FACILITY RESPONSE

Plan of Action

A locked storage unit will be purchased and placed in the control room so that staff may secure their issued Oleoresin Capsicum canisters when not on duty.

Task

a. Purchase of locked storage unit.

Responsible Agency

a. NWOJDT&RC

Assigned Staff

a. Brian Patrick

Anticipated Completion Date

a. August 2013

AUDITOR RESPONSE:

The auditor finds the Plan of Action to be marginally acceptable. The agency is reminded that the use of a locked storage unit will require procedures to be established to include the storage receptacle.

Standard #3-JDF-3C-17

WRITTEN POLICY AND PROCEDURE ALLOW JUVENILES TO REQUEST THE SERVICES OF ANY STAFF MEMBER TO REPRESENT THEM AT DISCIPLINARY HEARINGS AND TO QUESTION RELEVANT WITNESSES. STAFF REPRESENTATIVES ARE APPOINTED WHEN IT IS APPARENT THAT JUVENILES ARE NOT CAPABLE OF EFFECTIVELY COLLECTING AND PRESENTING EVIDENCE ON THEIR OWN BEHALF.

FINDING

Procedure section 7, a, 1), c, of Northwest Ohio Juvenile Detention, Training and Rehabilitation Center policy titled "Detainee Rule Violation Request (revises January 1, 2012) says "The opportunity to be represented by a designated staff member, is determined to be necessary by the Hearing Officer". A "designated staff member" may not be the staff member of the detainee's choice. The ability of the Hearing Officer to determine if representation by a staff member is necessary impedes the detainee's access to representation.

FACILITY RESPONSE

Appeal of the Visiting Committee Finding

The standard states "Staff representatives are appointed when it is apparent that juveniles are not capable of effectively collecting and presenting evidence on their own behalf." The standard allows for a decision to be made for staff representation when the youth cannot represent themselves. This decision is for agency staff to make, not the youth. The auditor's interpretation is in error.

AUDITOR RESPONSE:

The auditor disagrees with the agency's appeal of this finding. Clearly, the standard has two (2) separate and specific requirements. The first requirement in the first sentence allows the juvenile to request the services of any staff member to represent them in the hearing and to question any witnesses. The second sentence specifies the second requirement that places the responsibility on the agency to appoint a representative if the youth is not capable of collecting and presenting evidence.

The policy section referenced in the "Finding" plainly addresses the requirement that a representative be appointed if needed. The agency has placed the responsibility to determine the need and to appoint a staff member to serve as the representative on the hearing officer.

Agency policy is, however, silent on the issue of allowing the youth to request services of any staff member to represent them at a hearing. Determination of need is to be made by the hearing officer so the youth cannot freely choose a staff member to represent them in the disciplinary hearing process infringing on and eliminating the youth's opportunity for selection.

Standard #3-JDF-4C-03

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE HEALTH AUTHORITY MEETS WITH THE FACILITY ADMINISTRATOR AT LEAST QUARTERLY AND SUBMITS ANNUAL STATISTICAL SUMMARIES AND QUARTERLY REPORTS ON THE HEALTH CARE DELIVERY SYSTEM AND HEALTH ENVIRONMENT.

FINDING

The health authority and the facility administrator did not meet for two (2) years. Current policy allows for the health authority to meet with a designee.

FACILITY RESPONSE

Plan of Action

The health authority meets with a designated representative, as per our policy. The Superintendent will now meet with them.

Task

- a. Superintendent will attend health authority meetings.

Responsible Agency

a. NWOJDT&RC

Assigned Staff

a. Brian Patrick

Anticipated Completion Date

a. July 2013.

AUDITOR RESPONSE:

The auditor finds the Plan of Action to be incomplete. It only restates the problem noted in the finding, that is, that their policy allows for the health authority to meet with a designated representative. The Plan of Action only says that the superintendent will meet with the health authority. The agency should be required to make the necessary change(s) in their written policy

Standard #3-JDF-4C-20

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE PERSON ADMINISTERING MEDICATIONS HAS TRAINING FROM THE RESPONSIBLE PHYSICIAN AND THE OFFICIAL RESPONSIBLE FOR THE OPERATION OF THE FACILITY. THE TRAINING INCLUDES, AT A MINIMUM, THE FOLLOWING:

- ACCOUNTABILITY FOR MEDICATIONS
- ADMINISTERING MEDICATIONS
- RECORD KEEPING FOR MEDICATIONS

FINDING

Policy does not require medication administration training from the responsible physician and facility administrator

FACILITY RESPONSE

Discretionary Compliance

Medication administration training is provided by the Registered Nurse. Since the physician is contracted for a “maximum of one (1) hour per week” it would be improbable for staff to receive the training from the physician without an increase to the contract.

AUDITOR RESPONSE:

The auditor does not agree with the request for discretionary compliance.

First, the request lacks the specification of an acceptable reason for the request, that is, there is no indication of an unwillingness to request funds; no stated preference to satisfy the standard in an alternative fashion; no stated objection to the nature of the standard; a policy at a higher level is in place that is contrary to the standard requirements; or, report that there is a provision in a collective bargaining agreement that makes compliance impossible. Secondly, and more importantly, lack of training in proper administration of medication leading to medication error jeopardizes the life, health, and safety of the residents, staff, and the community at large.

The auditor recommends that the facility be required to submit a Plan of Action that will meet this standard.

Standard #3-JDF-4C-25

DENTAL CARE IS PROVIDED TO EACH JUVENILE UNDER THE DIRECTION AND SUPERVISION OF A DENTIST LICENSED IN THE STATE. THIS CARE INCLUDES THE FOLLOWING:

- DENTAL SCREENING UPON ADMISSION
- DENTAL HYGIENE SERVICE WITHIN 14 DAYS OF ADMISSION
- DENTAL EXAMINATIONS WITHIN SEVEN DAYS OF ADMISSION, IF INDICATED
- DENTAL TREATMENT, NOT LIMITED TO EXTRACTIONS, WHEN THE HEALTH OF THE JUVENILE WOULD OTHERWISE BE ADVERSELY AFFECTED

FINDING

The facility does not provide dental hygiene services within 14 days.

FACILITY RESPONSE

Discretionary Compliance

The facility contracts for emergency dental services; however, contracting with a dentist for dental hygiene services within 14 days would not be financially feasible.

AUDITOR RESPONSE:

The auditor does not agree with the request for discretionary compliance.

Again, the request lacks the specification of an acceptable reason for the request, that is, there is no indication of an unwillingness to request funds; no stated preference to satisfy the standard in an alternative fashion; no stated objection to the nature of the standard; a policy at a higher level is in place that is contrary to the standard requirements; or, report that there is a provision in a collective bargaining agreement that makes compliance impossible. Secondly, lack of provision of services jeopardizes the life, health, and safety of the residents.

As a result, the auditor recommends that the facility be required to submit a Plan of Action that will meet this standard.

Standard #3-JDF-4C-28

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT FIRST AID KIT ARE AVAILABLE. THE RESPONSIBLE PHYSICIAN APPROVES THE CONTENTS, NUMBER, LOCATION, AND PROCEDURE FOR PERIODIC INSPECTION OF THE KIT. AN AUTOMATIC EXTERNAL DEFIBRILLATOR IS AVAILABLE FOR USE AT THE FACILITY.

FINDING

The facility's policy, #18:21, that was in effect for the first two (2) years of the audit review period did not require that the responsible physician approve the number of kits and did not specify the availability of an AED. The number of kits and their locations exceeded the number and locations specified by this policy.

FACILITY RESPONSE

Appeal

The facility's first aid kits met or exceeded our policy. The first year of the audit period our policy stated we had two (2) first aid kits. During the first year, we purchased three (3) additional first aid kits. Our policy was not updated reflecting the three (3) additional first aid kits until November of the audit year. Typically, our policies are review annually and revisions are approved by the Board of Trustees in November. As such, our first aid kits exceeded our policy during most of the first audit year.

AUDITOR RESPONSE:

The auditor does not agree with the agency's appeal. As noted in the appeal, the policy and the practice were in conflict. The policy in effect specified two (2) first aid kits. The number of kits available exceeded the policy requirement.

Additionally, the policy does not include any provision for an automatic external defibrillator as required in the standard.

It is recommended that the agency be required to submit a Plan of Action.

Standard #3-JDF-4C-33

A WRITTEN AGREEMENT EXISTS BETWEEN THE FACILITY AND A NEARBY HOSPITAL FOR ALL MEDICAL SERVICES THAT CANNOT BE PROVIDED AT THE FACILITY.

FINDING

There is no written agreement between the facility and nearby hospital for medical services that cannot be provided at the facility to be provided.

FACILITY RESPONSE

Discretionary Compliance

Local hospitals will not contract with the Detention Center in order for us to meet this standard. We have tried to enter into contracts, to no avail. All hospitals are legally required to treat patients.

AUDITOR RESPONSE:

The auditor does not agree with the agency's discretionary compliance request. The standard does not require a contract; rather, only a written agreement is stipulated. A Plan of Action to obtain a written agreement for medical services not provided should be required.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center
Northwest Ohio Juvenile Detention
Stryker, Ohio

March 18-19, 2013

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #3-JDF-1A-02

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE PROGRAM MEETS APPLICABLE LICENSING REQUIREMENTS OF THE JURISDICTION IN WHICH IT IS LOCATED.

FINDING

There are no applicable licensing requirements for the Northwest Ohio Juvenile Detention, Training and Rehabilitation Center.

Standard #3-JDF-1A-07

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT IF SERVICES FOR ADULT AND JUVENILE OFFENDERS ARE PROVIDED FOR BY THE SAME AGENCY, STATEMENTS OF PHILOSOPHY, POLICY, PROGRAM, AND PROCEDURE DISTINGUISH BETWEEN CRIMINAL CODES AND THE STATUTES THAT ESTABLISH AND GIVE DIRECTION TO PROGRAMS FOR JUVENILES.

FINDING

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center serves only juvenile offenders.

Standard #3-JDF-1B-18

IF THERE IS A COMMISSARY OR CANTEEN, STRICT CONTROLS ARE MAINTAINED OVER ITS OPERATION AND REGULAR ACCOUNTING PROCEDURES ARE FOLLOWED.

FINDING

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center does not operate a commissary or canteen.

Standard #3-JDF-1B-21

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT ANY FINANCIAL TRANSACTIONS PERMITTED BETWEEN JUVENILES, JUVENILES AND STAFF, AND JUVENILES AND VOLUNTEERS BE APPROVED BY DESIGNATED STAFF.

FINDING

Financial transactions between juveniles detained at Northwest Ohio Juvenile Detention, Training and Rehabilitation Center and anyone else are prohibited.

Standard #3-JDF-2B-02-1

THE DETENTION FACILITY OPERATES WITH LIVING UNITS OF NO MORE THAN 16 JUVENILES. THE DETENTION FACILITY DOES NOT EXCEED A BED CAPACITY OF 150 JUVENILES.

FINDING

The facility is not a new construction, been renovated or undergone any additions.

Standard #3-JDF-2B-03

IF THE FACILITY IS ON THE GROUNDS OF ANY OTHER TYPE OF CORRECTIONS FACILITY, IT IS A SEPARATED, SELF-CONTAINED UNIT.

FINDING

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center is not on the grounds of any other type correctional facility.

Standard #3-JDF-2C-09-1

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR THE ASSIGNMENT OF APPROPRIATELY TRAINED INDIVIDUALS TO ASSIST DISABLED JUVENILES WHO CANNOT OTHERWISE PERFORM BASIC LIFE FUNCTIONS.

FINDING

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center will not accept detainees that cannot perform basic life functions.

Standard #3-JDF-2E-07

THE FOOD PREPARATION AREA INCLUDES A SPACE FOR FOOD PREPARATION BASED ON POPULATION SIZE, TYPE OF FOOD PREPARATION, AND METHODS OF MEAL SERVICE.

FINDING

Food is not prepared at Northwest Ohio Juvenile Detention, Training and Rehabilitation Center.

Standard #3-JDF-2E-09

TOILET AND WASH BASIN FACILITIES ARE AVAILABLE TO FOOD SERVICE PERSONNEL AND JUVENILES IN THE VICINITY OF THE FOOD PREPARATION AREA.

FINDING

There is no food preparation area at the facility.

Standard #3-JDF-4A-01

A FULL-TIME STAFF MEMBER, EXPERIENCED IN FOOD SERVICE MANAGEMENT, SUPERVISES FOOD SERVICE OPERATIONS.

FINDING

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center does not employ food service staff members.

Standard #3-JDF-5C-07

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR A VOCATIONAL PROGRAM THAT IS CONSISTENT WITH THE NEEDS OF THE JUVENILE POPULATION.

FINDING

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center does not provide a vocational program.

Standard #3-JDF-5C-08

THE JUVENILE WORK PLAN PROVIDES FOR EMPLOYMENT FOR JUVENILES WITH DISABILITIES.

FINDING

Employment opportunities are not offered to any detainee at the facility.

Standard #3-JDF-5H-01

THE CRITERIA THAT ARE EMPLOYED BY THE RELEASING AUTHORITY IN ITS DECISION MAKING ARE AVAILABLE IN WRITTEN FORM AND ARE SPECIFIC ENOUGH TO PERMIT CONSISTENT APPLICATION TO INDIVIDUAL CASES.

FINDING

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center is not the releasing authority.

Standard #3-JDF-5H-05

JUVENILE OFFENDERS HAVE ACCESS TO THE INFORMATION ON WHICH RELEASE DECISIONS ARE MADE, EXCEPT INFORMATION THAT, IN ACCORDANCE WITH THE AUTHORITY'S WRITTEN POLICY, IS SPECIFICALLY CLASSIFIED AS CONFIDENTIAL FOR GOOD AND SUFFICIENT REASONS AND IS SO DESIGNATED.

FINDING

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center is not the releasing authority.

Standard #3-JDF-5H-06

THE RELEASING AUTHORITY DOES NOT ACCEPT THE PRESENCE OF A DETAINER AS AN AUTOMATIC BAR TO RELEASE; PURSUES THE BASIS OF ANY SUCH DETAINER; AND RELEASES THE JUVENILE TO DETAINERS WHEN APPROPRIATE.

FINDING

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center is not the releasing authority.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Northwest Ohio Juvenile Detention, Training and Rehabilitation Center
Northwest Ohio Juvenile Detention
Stryker, Ohio

March 18-19, 2013

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard #3-JDF-4C-23

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE HEALTH SCREENING BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL IMMEDIATELY UPON ARRIVAL AT THE FACILITY FOR ALL INTRA-SYSTEM TRANSFERS, WITH ALL FINDINGS RECORDED ON A SCREENING FORM APPROVED BY THE HEALTH AUTHORITY. THE SCREENING INCLUDES AT A MINIMUM THE FOLLOWING:

INQUIRY INTO:

- WHETHER THE JUVENILE IS BEING TREATED FOR A MEDICAL, DENTAL, OR MENTAL HEALTH PROBLEM
- WHETHER THE JUVENILE IS PRESENTLY ON MEDICATION
- WHETHER THE JUVENILE HAS A CURRENT MEDICAL, DENTAL, OR MENTAL HEALTH COMPLAINT

OBSERVATION OF:

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

MEDICAL DISPOSITION OF JUVENILE:

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

FINDING

There are no intra-system transfers. Northwest Ohio Juvenile Detention, Training and Rehabilitation Center is the only juvenile detention center in its system.

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: **NW Ohio Juvenile Detention, Training & Rehabilitation Center** Year: **2012**

Incidents		Months											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Assault: Offenders/ Offenders*	Indicate types (sexual**, physical, etc.)	N/A	N/A	N/A	P	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	0	0	0	1	1	0	0	0	0	0	0	0
Assault: Offender/ Staff	Indicate types (sexual**, physical, etc.)	N/A	N/A	N/A	N/A	P	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	0	0	0	0	3	0	0	0	0	0	0	0
Number of Forced Moves Used***	(Cell extraction or other forced relocation of offenders)	1	1	0	0	0	0	0	0	0	0	0	0
Disturbances****		0	0	0	0	0	0	0	0	0	0	0	0
Number of Times Chemical Agents Used		1	1	0	0	0	1	0	0	0	0	0	0
Number of Times Special Reaction Team Used		0	0	0	0	0	0	0	0	0	0	0	0
Four/Five Point Restraints	Number	0	0	0	0	0	1	1	0	0	0	0	0
	Indicate type (chair, bed, board, etc.)	N/A	N/A	N/A	N/A	N/A	CHA IR	CHA IR	N/A	N/A	N/A	N/A	N/A
Offender Medical Referrals as a Result of Injuries Sustained	#'s should reflect incidents on this form, not rec or other source	0	0	0	0	0	0	0	0	0	0	0	0
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.)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	RELI GIO US	N/A	N/A	PHA SE
	Number	0	0	0	0	0	0	0	0	1	0	0	11
Deaths	Reason (violent, illness, suicide,	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Number	0	0	0	0	0	0	0	0	0	0	0	0

*Any physical contact that involves two or more offenders

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

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

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



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

Gaylord National
Prince George's, Maryland

August 10, 2013

NW Ohio Juvenile Detention, Training and
Rehabilitation District
Stryker, Ohio

Agency Representatives: Brian J. Patrick, Superintendent

Panel Members: Clarence Williams, Chairperson
Cherry Lindamood
Steve Andraschko

Staff: Bridget Bayliss-Curren

Panel Action

Standard #3-JDF-1A-04-1	Waiver Request Accepted
Standard #3-JDF-1A-18	Appeal Denied; Panel requested a Plan of Action Please submit to Bridget within 60 days.
Standard # 3-JDF-1A-31-1	Plan of Action Accepted
Standard # 3-JDF-2C-02	Waiver Request Accepted
Standard # 3-JDF-3A-26	Plan of Action Accepted
Standard # 3-JDF-3C-17	Appeal denied, panel requested a plan of action.
Standard # 3-JDF-4C-03	Plan of Action denied, submit a new POA with stipulation of "quarterly".
Standard # 3-JDF-4C-20	Discretionary Compliance denied, requested a POA which spells out that the physical approved the training.
Standard # 3-JDF-4C-25	Discretionary Compliance denied, requested a POA. Suggested approaching a dental school

Standard # 3-JDF-4C-28

Appeal denied, requested a POA detailing the current policy, which was actually changed in 2011.

Standard # 3-JDF-4C-33

Discretionary Compliance denied. Panel requested a POA detailing a letter (not a contract) with a local hospital.

All POA's to be turned into Specialist at ACA within 60 Days.

Accreditation Panel Decision

Moved:

Commissioner Androschko

Seconded:

Commissioner Lindamood

Three-Year Accreditation:

Yes

Accreditation Vote

Yes

No

Commissioner Williams

✓

Commissioner Andraschko

✓

Commissioner Lindamood

✓

Commissioner Hearn

✓

Final Tally

Mandatory

100 %

Non-Mandatory

97.06 %