

American Correctional Association

ACCREDITATION REPORT



Commission on Accreditation for Corrections

**El Paso County Sheriff's Department
El Paso County Criminal Justice Center
Colorado Springs, Colorado**

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



AMERICAN CORRECTIONAL ASSOCIATION

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WWW.ACA.ORG

February 25, 2019

El Paso County Sheriff's Department
El Paso County Criminal Justice Center
Colorado Springs, Colorado

Congratulations!

It is a pleasure to officially inform you that the El Paso County Criminal Justice Center was accredited by the Commission on Accreditation for Corrections at the American Correctional Association 2019 January Conference on January 14, 2019.

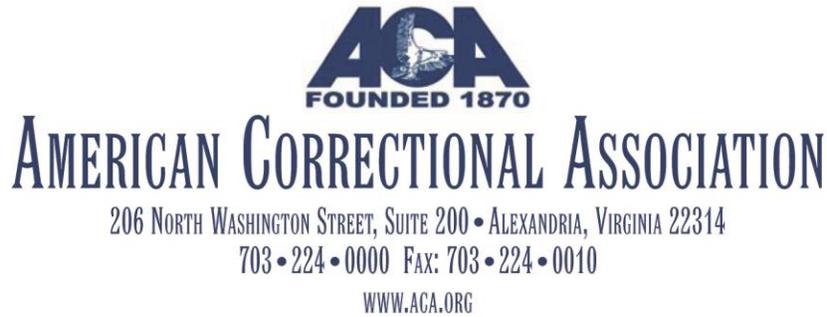
Your accreditation represents the satisfactory completion of a rigorous self-evaluation, followed by an outside review by a team of experienced, independent auditors.

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,

Denise Robinson, Chairperson
Commission on Accreditation for Corrections



For Immediate Release

El Paso County Criminal Justice Center Awarded National Accreditation

Denise Robinson, Chairperson of the Commission on Accreditation for Corrections (CAC), and David Haasenritter, Director of Standards and Accreditation, American Correctional Association recently announced the accreditation of the El Paso County Criminal Justice Center. The award was presented in conjunction with the American Correctional Association 2019 Winter Conference on January 14, 2019 in New Orleans, Louisiana.

In presenting the award, Denise Robinson, Chairperson of the CAC, and Lannette Linthicum, 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 El Paso County Criminal Justice Center does not signal the end of their involvement in the accreditation process. During the award period, staff will work to improve any deficiencies identified during the audit and maintain continuous compliance with the standards.



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

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.

A handwritten signature in black ink, appearing to read 'D. K. Haasenritter', with a stylized flourish at the end.

David Haasenritter
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 provide a professional association of persons, agencies, and organizations, both public and private, who hold in common the goal of improving the profession of corrections and enhancing their contribution to that profession.

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

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

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

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

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

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

Standard and Accreditation

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

Organizational Structure of the American Correctional Association

Executive Committee

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

Board of Governors

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

Correctional Administration	Community Programs
Institutions	Detention
Juvenile	Education
Probation	Health Care
Parole, Aftercare or Post-Release	
Supervision	

Delegate Assembly

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

Committees

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

The current committees and councils are:

Committee on Affirmative Action

Committee on Constitution and Bylaws

Committee on International Relations
Committee on Congress Program Planning
Committee on Legal Issues
Committee on Correctional Awards
Committee on Membership
Committee on Military Affairs \

Council of Professional Affiliates
Council of Dual-Membership Chapters and
State and Geographical Affiliates
Nominating Committee

Council on Professional Education
Credentials Committee
Research Council
Eligibility Committee
Resolutions & Policy Development
Comm
Committee on Ethics
Performance Standards Committee
Legislative Affairs Committee

Affiliates and Chapters

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

The following affiliates and chapters are currently associated with ACA:

American Catholic Correctional Chaplains
Association
American Correctional Chaplains Association
American Correctional Food Service Association
American Jail Association
American Probation and Parole Association
Arizona Probation, Parole, and Corrs Assn Assn of
Paroling Authorities, International Assn of State
Correctional Administrators Assn of Women
Executives in Corrections International Assn of
Correctional Officers Iowa Corrections
Association
Juvenile Justice Trainers Association
Kansas Correctional Association
Kentucky Council on Crime and Delinquency
Louisiana Correctional Association Maryland
Criminal Justice Association
ACA Mexico Chapter
Jamaica Federation of Corrections
Hawaii Criminal Justice Association
Michigan Corrections Association
Middle Atlantic States Correctional
Association
Minnesota Corrections Association
Missouri Corrections Association
District of Columbia Criminal Justice Association

National Association of Adult and Juvenile
State
Community Corrections Association of
Georgia
National Assn of Blacks in Criminal Justice
National Association of Juvenile Corrl
Agencies
Oregon Criminal Justice Association
Parole and Probation Compact
Administrators Association
Pennsylvania Assn of Probation, Parole, and
Corrections
Prison Fellowship
South Carolina Correctional Association
Tennessee Corrections Association
Association on Programs for Female
Offenders
Central States Correctional Association
Colorado Correctional Association
Connecticut Criminal Justice Association
Correctional Association of Massachusetts
Correctional Accreditation Managers Assn
Correctional Education Association
Correctional Industries Association
Council of Juvenile Correctional
Administrators
Florida Council on Crime and Delinquency
Illinois Correctional Association
Indiana Correctional Association

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

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

Major Activities of the American Correctional Association

Legislation

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

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

Professional Development

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

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

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

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

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

Publications

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

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

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

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

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

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

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

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

Conventions

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

Contracts and Grants

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

Performance Based Standards & Expected Practices Accreditation Department

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

Overview of the Commission on Accreditation for Corrections

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

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

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

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

Association Staff

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

Auditors

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

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

Traditional Standards and Expected Practices Development

Development of the ACA standards began in 1974 with an extensive program of drafting, field testing, revising, and approving standards for application to all areas of corrections. Since then, over 1,200 correctional facilities and programs have adopted the standards for implementation through accreditation, and many others have applied the standards informally themselves.

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

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

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

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

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

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

Suggestions and proposals for revisions to the standards from the field and interested others are encouraged. Performance Based Standards & Expected Practices Accreditation Department has developed an on-line process specifically for this purpose. Proposals should be submitted via the ACA website.

Accreditation Process Descriptions

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

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

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

The Visiting Committee Report

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

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

Agency and Audit Narrative

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

Agency Response

The agency has three options for standards found in noncompliance: a plan of action; an appeal; or a waiver request.

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

An **appeal** is the agency's attempt to change the visiting committee's decision on a standard. The result of a successful appeal is a change in the status of the standard and a recalculation of the compliance tally.

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

Auditor's Response

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

Accreditation Hearings

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

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

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

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

Conduct of Hearings

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

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

- If a visiting committee member is present at the hearing, the panel chairperson may request that the auditor present an account of the visit, focusing on matters particularly pertinent to the decision or specific panel actions. In some cases, however, the panel may wish to call on the visiting committee member only to request additional information at different points during the hearing.
- The panel chairperson leads a standard by standard review of non-compliance issues. The agency representative presents information relative to their request for waivers, plans of action, appeals, and discretionary compliance requests. The agency may also present additional materials, including photographs or documentation, for review by the panel.
- Following the agency presentation, the chairperson has the option of calling the panel into executive session to consider the information provided, determine findings, and make an accreditation decision. Whether or not panel deliberations occur in the presence of agency personnel or in executive session varies from panel to panel, considering the preference of panel members and the sensitivity of issues to be discussed regarding the application.

In final deliberations, the Commission panel:

- Ensures compliance with all mandatory standards and at least 90 percent of all other standards.
- Responds with a formal vote to all appeals submitted by the applicant agency.
- Responds with a formal vote to all request for waivers and plans of action submitted by the applicant agency.

At this time, the panel also:

- Assures that an acceptable plan of action will be submitted for every non-compliant standard, including those standards for which appeals of non-compliance and waiver requests have been denied by the panel. In judging the acceptability of plans of action, the panel ensures that all of the information requested on the form is provided. Furthermore, the feasibility of plans to achieve compliance is considered, including specific tasks, time frames, and resource availability (staff and funding) for implementing proposed remedies.
- Addresses to its satisfaction any concerns it has with visiting committee comments about the quality of life in the facility or program, patterns of non-compliance, or any other conditions reviewed by the panel relating to the life, health, and safety of residents and staff.
- For each application, a roll call vote to award accreditation, extend an agency in Candidate or Correspondent Status, or deny accreditation is conducted. The options for final action available to the panel are outlined in the next chapter.
- If the panel has deliberated in executive session, agency representatives are invited back into the meeting and informed of the panel's final decision and actions or recommendations on all other issues raised by the applicant. If accreditation has not been granted, the chairperson discusses with agency personnel specific reasons for the decision and the conditions of extension in Candidate or Correspondent Status and procedures for appeal.

Accreditation Decisions

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

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

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

Appeal Process

The accreditation process includes an appeal procedure to ensure the equity, fairness, and reliability of its decisions, particularly those that constitute either denial or withdrawal of Accredited Status, or placement into probationary status. Therefore, if an agency is denied accreditation, it is immediately appealed to the full commission.

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

- A misinterpretation of the criteria and/or procedures promulgated by the Commission
- Based on incorrect facts or an incorrect interpretation of facts

- Unsupported by substantial evidence
- Based on information that is no longer accurate
- The reasonableness of the expected practices, criteria, and/or procedures for the process may not serve as the basis for reconsideration.

The procedures for reconsideration are as follows:

- The agency can submit a verbal appeal immediately to the Performance Based Standards & Expected Practices & Accreditation or a written request for reconsideration within 30 days of the adverse decision stating the basis for the request.
- The Executive Committee of the Commission, composed of the officers of the Commission, reviews the request and decides whether or not the agency's request presents sufficient evidence to warrant a reconsideration hearing before the Commission. The agency is notified in writing of the Executive Committee's decision.
- If the decision is made to conduct a hearing, the hearing is scheduled for as soon as possible if the appeal is made verbally or if in writing, for the next full Commission meeting and the agency is notified of the date.
- The agency, at its option and expense, has the right of representation, including counsel.
- Following the hearing held before the Commission, the decision, reflecting a majority opinion, is made known to the agency immediately.
- Pending completion of the reconsideration process, the agency maintains its prior status.
- Until a final decision has been reached, all public statements concerning the agency's accredited status are withheld.

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

Accredited Status

The accreditation period is three years, during which time the agency must maintain the level of compliance achieved during the audit and work towards compliance of those expected practices found in non-compliance. Regular contact with Performance Based Standards & Expected Practices & Accreditation Department staff should also be maintained. The Annual Report, Critical Incident Report and Significant Incident Summary forms discussed below are available on the ACA website at www.aca.org or through your Accreditation Specialist.

Annual Report

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

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

Update of Plans of Action - A progress report is included with respect to Plans of Action submitted to the hearing panel, indicating the status of the completion of the plans. Potential revision to plans reflecting the need to request additional time, funds, and/or resources to achieve compliance should also be included.

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

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

Critical Incident Report

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

Monitoring Visits

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

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

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

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

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

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

Revocation of Accreditation

If the Commission panel believes that an agency's failure to maintain continuous compliance with certain standards is detrimental to life, health, and safety of residents and staff, the Commission may place an agency on probation. Probationary status last for a specific period of time designated by the Commission at its next regularly schedule meeting. The Commission again reviews the program and considers removing the probationary status or revoking accreditation. When the agency corrects the deficiencies within the probationary status period and the corrections have been verified and accepted, the agency resumes its status as an accredited agency. An agency that does not satisfactorily correct the deficiencies may be withdrawn from accreditation.

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

Accreditation is revoked for the following reasons:

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

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

Expiration of Accredited Status

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

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



Visiting Committee Report and Hearing Minutes

CONFIDENTIALITY

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE REACCREDITATION AUDIT

El Paso County Sheriff's Department
El Paso County Criminal Justice Center
Colorado Springs, Colorado
October 22-24, 2018

VISITING COMMITTEE MEMBERS

Cathy Slack, Chairperson
ACA Auditor

Rodney Prioleau
ACA Auditor

Valerie F. Tennessen, RN, CLNC
ACA Auditor

A. Introduction

The audit of the El Paso County Criminal Justice Center, Colorado Springs, Colorado was conducted on October 22-24, 2018, by the following team: Cathy Slack, Chairperson; Rodney Prioleau, Member; and Valerie Tennessen, Member.

B. Facility Demographics

Rated Capacity: 1699

Actual Population: 1570

Average Daily Population for the last 12 months: 1699

Average Length of Stay: 30.47

Security/Custody Level: 789 Minimum (male) 243 (female); 303 Medium (male) 50 (female), 361 Maximum (male)-56 (female)

Age Range of Offenders: 18 to 73

Gender: male/female

Full-Time Staff: 453

(3) Administrative, (30) Support/Program, (324) Security, (96) Civilian

C. Facility Description

El Paso County lies in east central Colorado and encompasses more than 2,158 square miles. The western portion of El Paso County is extremely mountainous, and the eastern portion is prairie land where dairy cows and beef cattle are the main source of ranchers' income. The altitude ranges from approximately 5,095 on the southern border at Black Squirrel Creek to 14,110' on the summit of Pikes Peak.

The county seat is located in the City of Colorado Springs. The county stretches 13 miles west of Colorado Springs the Summit of Pikes Peak, and 42 miles east on the high plains. The capital of Colorado is Denver, which is 68 miles to the north. Per the US Census Bureau, El Paso County has an estimated population of 669,232.

El Paso County Criminal Justice Center (CJC) originally opened in 1988 with a new Tower addition completed in 2005. The El Paso County Criminal Justice Center (known as CJC) operates a "direct supervision" facility, utilizing both cell and open bay housing options, containing a maximum bed capacity of 1,837 beds. The deputy moves about their assigned ward with no physical barriers between him/her and the inmates. The deputy interacts with inmates to manage their behavior and ensure safety and security of the ward.

The original facility consists of a two-story building with 11 housing units, containing a bed capacity of 741, designed with cells and a common dayroom area for the inmates housed in each ward. Cells are located along the perimeter of the common dayroom area across from the deputy's workstation. Toilets and sinks are available in each of the single cells, and showers are available in specified shower areas in the dayroom area. A deputy is assigned to each ward, and his/her workstation located in the dayroom area of each ward.

In 2005, the three-story tower was added to the existing facility. The “Tower” as it is referred to, was designed with bay housing and contains 12 wards with a total bed count of 1,096 beds. In 2014, inmate housing expanded into the Sprung structure located on premises immediately north of the CJC facility. The Sprung structure contains two wards with a total bed capacity of 144 beds. Both of these housing areas are designed with an open bay housing containing dormitory style bays located along the outer perimeter of the common dayroom area. Toilets, sinks, and showers are located in common bathroom areas in each ward. A deputy assigned to each ward has their workstation located in the dayroom area of each ward.

There is a total of 76 beds available for Disciplinary/Administrative Segregation. Male inmates are assigned to B1, B3 and B4, while the female inmates are assigned to A2. Cells have toilets and sinks available with shower times scheduled. All areas are accessible by a long hall down the center of the facility. Food Service, Medical, Laundry and programming offices are immediately off this area.

The mission of the El Paso County Sheriff’s Office is, “to protect the citizens of El Paso County, Sheriff’s Office Employees and the incarcerated inmate population through the operation of a safe, clean and quiet detention facility in accordance with Federal and State Statutes. We strive to maintain accreditations and follow best practices while providing opportunities for detainees to take advantage of the many available programs to reduce their likelihood of recidivism.”

D. Pre-Audit Meeting

The team met on October 21, 2018 in Colorado Springs, to discuss the information provided by the Association staff and the officials from El Paso Criminal Justice Center.

The chairperson divided standards into the following groups:

- Standards #4-ALDF-5A-01 – 7F.07 to Cathy Slack -Chairperson
- Standards #4-ALDF-4A-01 – 4D-27 to Valerie Tennesseean -Member
- Standards #4-ALDF-1A-01 – 3A-02 to Rodney Priola-Member

E. The Audit Process

1. Transportation

The team was escorted to the facility by Shannon Paolini, Accreditation Manager.

2. Entrance Interview

The audit team proceeded to a facility briefing room of the El Paso County Sheriff’s Office where they met Sheriff Bill Elder and his staff.

The team expressed the appreciation of the Association for the opportunity to be involved with El Paso County Criminal Justice Center in the accreditation process. The following persons were in attendance:

Bill Elder, Sheriff
Joe Breister, Undersheriff
Clif Northam, Detention Bureau Chief
Joseph Roybal, Detentions Operation Commander
Domenic D'Amico, Finance Contract Manger
Michelle Lundstedt, Staff Assistant
Lari Hanenberg, Lt. Inmate Services
Liz O'Neal, Inmate Classification Supervisor
Janet King, Programs Manager
Jerry Day, Facility Inspector
Michael Pitt, Sergeant Support and Special Projects
Leland Smith, Trinity Food Service Director
Matthew Piro, Trinity District Food Service Manager
David Capen, Trinity Food Services Assistant Director
Victoria Cisneros, Trinity Food Service Supervisor
Timothy Hammond, Armor Regional VP
Donna Copenhaver, Armor Accreditation Specialist
Mark Miller, Armor Corporate Director of Nursing
Kristina Smith, Armor, Director of Nursing
Vickie Freeman, Armor Senior VP
Shonta McKay, Armor Health Services Administrator
Michael Baier, Intake/Release Lieutenant
Charles Kull, Lieutenant Floor Security Day Shift
Eric Carnell, Acting Commander, Lt. Detention Bureau
Shannon Paolini, Accreditation Manager
Andrea Harris, Accreditation Technician
Kylie McAllister, Deputy Accreditation
Tanya Belnap, Armor Mental Health Director
Becky Boerjan, Gateways and Reintegration/Recovery Director

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

3. Facility Tour

The team toured the entire facility from 9:00 a.m. to 4:00 p.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Clif Northam, Chief
Joseph Roybal, Commander
Lari Hanenberg, Lieutenant
Michael Pitt, Sergeant
Jerry Day, Facility Inspector
Liz O'Neal, Inmate Classification Supervisor
Shannon Paolini, Accreditation Manager
Andrea Bostelman, Accreditation Technician
Kylie McAllister, Deputy Accreditation
Michael Baier, Lieutenant Intake and Release
Domenick D'Amico, Finance and Contract Manage

The auditors observed ACA notices of the upcoming audit posted throughout the facility.

4. Conditions of Confinement/Quality of Life

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

Security:

The perimeter on the CJC consists primarily on the building itself surrounded by chain link fence topped with razor wire. The building is equipped with LED security lights. There are no towers or perimeter patrol but there is a foot patrol one time per shift. There are a minimal number of entrances to the building. Both staff and visitors enter the lobby through the main entrance. Persons who enter pass through a metal detector. Proper identification must be presented, and visitor badges are issued for those entering the secure area.

The second access point to the facility is the vehicle sally port which is operated by Central Control. Some staff may enter through the vehicle sally port and secure their weapons in their assigned secured lockers provided.

All staff and inmate movements in and around the facility is monitored by video surveillance from Central Control by over 308 PTZ cameras that are recorded and retained. Central Control is in the original facility. Central Control has emergency contact with local, Fire, Medical and Police if needed. It is staffed by two officers 24/7. There are three controls rooms located in the new tower.

Central Control regulates opening and locking functions for all electronic doors within the facility and can override control functions for the tower housing area and control rooms.

Control rooms for the tower area are located on each floor. These stations are equipped with camera monitors which assist in observing inmate activity.

An automated Key Tracer System is located in Intake, Transfer and Releases and in the staff briefing area, it provides for excellent accountability and accuracy in key control. Reports for tracking and verification can be printed for key activities. Restraints are maintained in the Sgt.'s Office and in the hospital bags.

The armory operation is in full compliance with facility policy and standards. Weapons are routinely inspected and are clean. Inventories of weapons, chemicals and ammunition in this area were exact and routinely checked. 100% inventory of all weapons, lethal and non-lethal was conducted with no deficiency.

Environmental Conditions:

The grounds around the Criminal Justice Center were clean and free of debris. The grounds were landscaped in rock and had paved sidewalks and the parking lots were maintained and cleaned. There was a bus station nearby which visitors could use or inmates that were leaving the facility could also use. On the tour and during the 2nd and 3rd day of the audit of the facility, the auditors checked the water temperatures in the showers, sinks and kitchen which seemed to be adequate to meet the standards and were not extremely hot or scalding. The auditors walking through the facility found the temperatures, air flow and lighting to be well within the required standards. The noise levels in the Wards seemed to be within the standard levels and review of the files indicated that noise, lighting, heating cooling standards were met. Each cell and dormitory areas had seating and writing surfaces available.

El Paso County Facilities Maintenance oversees all testing pertaining to emergency generators. The generators are tested annually for major preventive maintenance; load banked tested monthly; run weekly; and fluids are checked monthly. Boilers are annually certified for operation by the State of Colorado. El Paso County Facilities performs tests and sends them to the state each year for certification to operate them. Fuel tanks are monitored by the EPA.

The Central Control Room oversees plant security for the old section of the facility including Intake/Release, Medical, Kitchen and Laundry. The E/F/G Control Rooms oversee plant security for the tower, including the adjoining doors that lead to the tower.

Sanitation:

All areas observed were cleaned and well maintained. Floors throughout the facility were clean, trash was picked up and there were no debris or no marks on the walls. The facility had a new floor type system in the hallways that was easy to maintain and had a cushion type comfort when walking down it. Cleaning products are available for the staff and inmate population meeting the hazard levels of zero or one. SDS sheets were accessible to all areas where products were dispensed on line by computer. The facility maintains a good level of chemical control. All staff have immediate access to the information on the products and the SDS information on line on the computers throughout the facility.

Fire Safety:

During the tour and follow up visits, the team noted properly charged fire extinguishers with up to date tags, smoke detectors, sprinklers, lighted emergency exit signs, posted fire evacuation routes, fire alarms and self-contained breathing apparatus, and smoke alarms at strategic locations throughout the building. They were conspicuous by their presence. Colorado Springs Fire Department Station #11 is the facility immediate responder. They are located 3.32 miles from the facility with an estimated response time within six to seven minutes. The facility is annually inspected by the local fire department and any deficiencies immediately addressed. The last fire inspection was conducted September 10, 2018. The fire suppression and protection system consist of pressurized sprinklers manufactured by Simplex Grinnell in all housing areas and offices. There are also heat activated sprinklers in strategic locations in the new Tower area. Fire suppression equipment is tested on a regular basis and all seemed to be in good working order. Annunciation panels and alarms are located inside central control, which is manned 24 hours a day, every day of the week. In addition, there is a back-up generator which is regularly tested and maintained providing for emergency power as needed. Staff receives considerable training in responding to fire and other emergencies. It was clear that providing a safe environment is paramount. Emergency exit signs were appropriately posted, as were evacuation plans. Toxic caustic and flammable material were stored properly. In addition, fire and emergency drills are routinely conducted and recorded monthly as are formal inspections.

All supply and return ducts have smoke sensors in them. The Kitchen has a dry chemical Ansul Dump system. The fire control system automatically evacuates smoke from the affected area when the system is activated. All codes are transmitted to the Control Center Room (CCR) that will in turn contact 911 in an emergency. There is a total of 92 fire extinguishers located throughout the facility. Each is routinely checked and dated for function. The facility is inspected weekly by the Facility Inspector with formal documentation once per month. The CJC Kitchen is inspected semi-annually by the El Paso County Health Department.

The smoke and fire detection system are inspected quarterly by CJC assigned Maintenance and annually by Simplex Grinnell. The facility elevators are inspected annually by the El Paso County Regional Building Authority. The fire hydrants have annual flow test by the City of Colorado Springs. Fire extinguishers and the Ansul Dump system are serviced annually by the City of Colorado Springs Fire Department which conducts an annual inspection of the facility, including the pressurized fire sprinklers. Domestic water backflow systems are tested annually by El Paso County Facilities. Colorado Springs Utilities monitors and tracks the testing and certification. There are 12 SCBA's located throughout the facility.

Food Service:

Food Service has a total of nine staff which three staff are assigned per shift. There are approximately 15-20 inmate workers assigned to food service. Cost for meals is approximately \$1.08 per meal with 3,000 calories per day. The menu cycle used by Trinity Food Service is every 4 weeks. Number of meals served per day is approximately 5,325 meals. Currently, there are 135-140 medical diets and 40 kosher diets. Any request for a special diet because of religious beliefs must be requested under Church Services and approved through the Program Manager. Temperature logs were reviewed and were consistent with required standards. Chemical and tool controls were checked, and inventories were accurate. Knives are not used in the kitchen. Inmates receive trays for breakfast and dinner via heated carts and lunch sacks in their housing units for the noon meal. They are able to eat in the dayrooms or their living units. Breakfast is served at 4:15 a.m., lunch at 1100 a.m. and dinner at 4:00 p.m.

Medical Care:

Armor Correctional Health Services has contracted with the El Paso County Criminal Justice Center for medical services since July 15, 2017. Healthcare services are provided twenty-four hours per day, seven days per week. Management includes a full time Medical Director, Health Services Administrator (HSA), and Director of Nurses (DON's), all of who have only been in the position for three months. Staffing includes 17 RN's, ten LPN's, seven Certified Medication Aids (CMA's), 1.5 medical records clerks, and 1.6 Nurse Practitioners. The MD shares call with the NP's and the DON / HSA share call for nursing/ administrative concerns. There is one half time and one as needed dentist and one full time dental assistant. There are currently vacancies for two RN's, two LPN's, and two CMA's. License and CPR certifications are managed by the HSA. All licenses and CPR certifications were current.

Education occurs on a monthly basis at staff meetings involving the various nursing care issues as well as documentation. Annual training includes HIPAA, PREA, medication administration, blood and airborne pathogens, RN health assessment, policy and procedure and nursing protocols.

Currently new employees receive three days of didactic training followed by two weeks of clinical orientation to their specific area of the jail, depending on their level of experience. Cross training occurs for some nurses over time. A more expanded approach to orientation of new nurses is being reviewed, given the new administration. A new Infectious Diseases/Training RN is currently in orientation. Annual mental health training is provided to both medical and custody staff by the Mental Health Director.

Armor also contracts for mental health staff services provided seven days per week from 7:00 a.m. to 9:00 p.m. Staffing includes a Mental Health Director licensed as a Licensed Clinical Social Worker (LCSW), a psychiatrist on site two days per week for four hours, providing primarily consultation and medication evaluations and review, a full-time psychiatric physician assistant, a per diem psychologist, and six full time clinicians that includes two LCSW's, and four Licensed Professional Counselor's (LPC's). In addition, there are four more clinicians available on a per diem basis.

Crisis intervention is available 24/7, and when called, the on call mental health person may come in to assess the inmate if needed. Involuntary administration of medication, if deemed necessary, may be provided by collective agreement of the director and two providers. Psychiatric emergencies are managed onsite with the only transfers occurring by court ordered placement in the State Hospital. There is one suicide watch housing ward each for males and females. These inmates are considered high risk and all wear suicide smocks. As with all housing units at this facility they have direct supervision as well as daily visits by a mental health clinician. Although this county jail does not have sophisticated therapy groups the clinicians provide immediate coping skills throughout the facility and a 1:1 assignment to any inmate with a more critical need. Mental health has rapid response times and a low staff turnover rate. Currently 176 inmates are receiving medication.

The medical department, in addition to comprising several exam rooms, offices for both medical and mental health staff, inmate and staff bathrooms, a staff break room, a trauma room, two waiting area cells, a small pharmacy and a one-chair dental suite, contains a 13-bed medical housing unit. There is a nursing station staffed 24/7 with an RN and a medical deputy. Each single cell is self-contained. There are two showers available for medical inmates as well as other inmates who may need availability of an ADA shower. Cells one and two, directly across from the nursing station are detox / dry cells. Cells 11 and 12 are negative flow cells. The physician makes rounds daily and the medical deputy documents welfare rounds every 15 minutes. The RN completes vital signs on every inmate every 12 hours unless ordered more frequently, and shift change consists of a cell-to-cell report. There is a separate manual of nursing care. At the time of this audit there were 13 inmates housed at CJC. There are cameras scattered throughout the department including in the cells. Medical records are in electronic format.

Both medical and correctional staff is trained to respond to emergencies within four minutes or less, and discussion with several housing deputies revealed response times for medical is consistently less than two minutes. Medical emergencies are transported to Memorial Central Hospital with an approximate five to ten-minute ETA. Ambulance response is by AMR. Ambulance services are generally called directly by medical, rather than 911, and their response time is less than five minutes.

There are preferably two RN's, with an LPN as the second nurse at times, stationed in the booking area 24/7. Receiving screenings are completed on all arrestees within two to four hours. In August of this year there were 1743 intakes completed by the nurse. After entering through the sally port, a pre-booking for acceptance takes place. A short form is completed by the arresting agency. Once accepted every inmate, with the exception of pregnant or suspected pregnant females, goes through a body scanner. All females are given a urine pregnancy test. Every inmate in the booking area is checked and documented on every 15 minutes. Multiple logs reviewed demonstrated this is done consistently.

An RN sick call is conducted five days per week utilizing nursing protocols. Nurses are skill tested on assessment by the new medical director and signed off on usage of protocols. Sick call requests are placed via housing unit computer kiosks. In August 2018 there were 309 inmates seen on RN sick call. The ACA standard dictates sick call requests are triaged on a daily basis. The expectation has been every RN has responsibility for checking throughout the day for sick call requests. Documentation revealed triaging requests has not been done timely until very recently; hence the reason for finding Standard 4C-03 Non-Compliant.

There are a variety of segregated areas within this facility including administrative segregation, disciplinary detention, disciplinary isolation and segregation from all. With the exception of disciplinary isolation, inmates receive a confinement clearance within one hour. Those placed in disciplinary isolation are screened during the daily rounds made by the nurse. Mental health staff makes rounds weekly unless requested more frequently. Discussion with both nursing and custody staff revealed mental health staff is almost immediate in their response when requested. Of note is the clear team oriented approach between medical and mental health.

LPN's / CMA's conduct pill call via carts taken to all housing units. Three pill carts go out at 7:00 a.m. and again at 3:00 p.m. hours. Blood sugar testing / Insulin administration is done at 3:00 p.m., 7:00 a.m., 3:30 p.m. and 7:00 p.m. There is a mid-day medication pass in the medical department for those medications requiring direct observation, i.e. Narcotics and Infectious Disease medication. There is also an 8:00 a.m. and 8:00 p.m. medication cart that goes to the Chemical Dependency Unit that provides detox medication and monitoring. Per Armor policy all pills, unless specifically identified by the pharmacy, are crushed.

The deputy is present during pill call to help the nurse ensure all medications are swallowed. There are currently 1777 active prescriptions, and a total of 125 diabetics, with 20 on Insulin. There are no Keep on Person (KOP) medications.

Pharmacy services are contracted through Diamond Pharmacy. Walgreens in Colorado Springs is a local pharmacy used for urgent needs. A courier delivers to the jail. The turnaround time for medication ordered from Diamond is two days. There is a fairly large supply of stock medication in both blister packs and bottles. The pharmacy is very small and an LPN is assigned as the pharmacy tech with responsibilities including ordering of all medication and stocking the medication carts. There are only two keys to this pharmacy room, one held by the pharmacy nurse and one by the DON. The door is always locked, and general nursing staff does not enter. The pharmacy nurse was very knowledgeable and able to quickly answer questions. LPN's / CMA's interviewed are assigned a specific cart during their on-duty days and know their cart well. Narcotic and needle count in several carts, including the chemical dependency cart, were correct. Pharmacy audits are conducted quarterly. The last audit was in October 2018.

There is a full range of chronic care clinics. There are currently 1277 inmates enrolled in the chronic care program. Follow up frequency is scheduled by provider order and documentation revealed excellent continuity.

Various providers in Colorado Springs provide specialty care. Corporate approves all specialty visits and inmates are scheduled on an urgent or non-urgent basis, depending on the physician order. Discussion with the physician on site revealed he has no problems in obtaining specialty consult approval. In August there were 20 inmates seen by a specialty provider.

A newly hired RN is in orientation at this time to manage Infectious Diseases as well as being the staff trainer/educator. Immunizations are provided for staff, both Armor and the Sheriff's Office, to include TB and Hepatitis B. Inmates are provided TB testing, annual flu shots and communicable diseases medications as appropriate. Infectious disease management is discussed at multiple meetings between medical and Sheriff's personnel, including a monthly Special Management Review Committee as well as quarterly MAC and CQI meetings. Minutes were well documented.

The dental suite is a small room within the medical department with a single dental chair. The dental clinic is held three times per week with on call services as needed. The dental assistant triages dental requests based on priority. The Dental Assistant may evaluate the inmate in person and in telephone discussion with either the dentist or the onsite physician if needed. There is no backlog of those waiting for routine care. An oral surgeon is available in the community for needs beyond the capability of the institution.

Sharps and tool counts were correct, and the dental assistant is extremely knowledgeable about the dental area; however, the system in use at the time of this audit failed to show accountability for dental instruments from the time they left the drawers until they were returned after use and sterilization. It was corrected by the end of the day to show appropriate accountability. There were 441 dental visits in August of this year.

Laboratory specimens are collected by the nursing staff and picked up by a LabCorp courier with a one to two-day turnaround time. Stat specimen results are received within four hours. Schryver provides portable x-ray services weekly and as needed. X-rays are digital, so turnaround times are short. Stericycle picks up hazardous materials monthly or sooner if requested.

First aid kits are not utilized at this facility, as there is medical staff on duty 24/7. Ten locked emergency bags are located in various areas around the facility for use by nursing staff in an emergency. They are managed by nursing. Accountability for medication expiration dates was appropriate. There are 12 AED's in locations throughout the facility and are appropriately managed by the medical staff. All staff, both medical and custody are CPR/AED certified.

Recreation:

There are 14 Detention Specialist that assist with recreation throughout the facility. Television viewing was observed in all housing unit dayrooms, inmates indicated that they have the opportunity to select what stations they are able to observe. As we toured we also observed inmates in the dayroom areas participating in leisure time activities such as board games and cards. Games will be made available to the inmate population for leisure time opportunities. These may include, but may not be limited to: Chess, Checkers, Dominos, playing cards and other board games as approved by the Detention Security Division Commander. These were provided by the facilities recreation department. Adjacent the housing units are recreation areas for the inmate's usage. Outdoor recreation yards are furnished with basketball hoops, basketballs, handballs and other equipment. Segregation is allowed one hour of recreation five days per week. Indoor exercise areas are furnished with a stationary gym apparatus and rubber matting.

Religious Programming:

Regular interfaith religious services, Catholic Mass and Bible Study Programs and individual religious counseling sessions are available. Church services are held each day of the week.

Protestant Church, Catholic Church, Mormon Church, Pentecostal Church, Jehovah's Witness Study, Discipleship Evangelism, Bible Study, Victory Walk, LDS Family Values Class and Catholic Inquiry Class.

Some religious studies are offered in English, Spanish or Sign Language. There are co-resident chaplains at the El Paso County Criminal Justice Center. The facility maintains two Chaplains for both the male and female population, who assist in approving the Chaplains coming into the facility. There are approximately 170 volunteers assigned to CJC. There is no Chapel at El Paso County Criminal Justice Center; however, there are Multi-purpose rooms used. The multi-purpose room in A, C and D and every ward of the Tower is utilized for religious services.

There are currently services offered in the following religious sects; Catholic (English/Spanish), LSD Church, Jehovah Witness (English/Spanish), Protestant Church (English/Spanish), Buddhist Meditation, Bible Study, Victory Walk, Pentecostal Services, and Discipleship to name a few. Services are available for both the male and female population. The Veterans Ward has a Bible Study while the female Ward has a Closer to Jesus Bible Study Program with three local female Chaplains. There are volunteer Chaplains that provide study groups, prayer meetings, and provide individual spiritual counseling. Books are donated to the facility by several religious organizations and through public donations.

Offender Work Programs:

Those inmates who have been sentenced to the El Paso County Jail are required by policy to work as an Inmate Worker (also known as a Trusty). An inmate who is accepted as a Trusty can receive good time (days off of a sentence) if they perform as required. There are numerous work assignments throughout the facility. The assignments include but not limited to; Laundry, Food Service, Intake, Medical and Wards. Minimum custody inmates are security cleared to work the fleet, outside grounds areas, the Detox Facility and the Food Bank. All pre-trial inmates may work on a volunteer basis; however they do receive one day of good time for every three days worked. Work assignments are available for both the female and male population, although they are not authorized to work together. Inmates will be compensated for work performed with incentives such as, but not limited to monetary compensation, special housing, extra privileges and sentence reduction when allowed by statute.

Academic and Vocational Education:

The El Paso County Criminal Justice Center offers inmates (to include Administrative Segregation and Protective Custody Inmates) housed at the Criminal Justice Center (CJC) opportunities to continue their education by participating in General Equivalency Diploma (GED) Program. The Programs Manager at the CJC manages the GED Program. The CJC contracts annually with personnel from Colorado Department of Education School District 11 to provide a GED Program for the inmate population.

Academic classes offered through the CJC include but are not limited to; GED study classes, including Basic Math, English and independent reading. Some of the pre-release support classes offered to the population are resume writing and cover letters. Personal and professional development and computer classes are offered to assist the inmates in successfully competing integration back into the community. In the past 12 months, there were 4 inmates who requested GED classes, however, only one inmate followed through. Classroom settings with educational computers are provided for the population along with related equipment and supplies. Vocational education is provided by “Gateways through the Rockies for Life Skills” education. The facility works hand and hand with the community placing inmates into public jobs with employers in both private and public businesses in the Colorado Springs area.

Social Service:

The Reintegration and Recovery Program offers inmates a therapeutic environment developed specifically to reduce the recidivism rate amongst inmates through a multidiscipline approach to include Chaplains, Mental Health Education and Classification. Participants receive classroom instruction, acceptable cultural development and consequences of choice, life management skills, and building commitment to socially acceptable behaviors.

The CJC also provides classes in; Relapse Prevention, Seeking Safety, long term and short-term inpatient and outpatient Drug Treatment programs, outside Veterans Services, Thinking for a Change, Alcoholics Anonymous, Shakespeare. Some of the other self-help classes are Music Therapy, YOGA, DOC Remediation Therapy, Self-Esteem, Anger Management, Healthy Relationships and Interpersonal Effectiveness. Temporary assistance for needy families, job placement assistance and Aid to Needy Disabled inmates is also available to inmates. This also includes discharge planning, which helps with alleviating the recidivism rate. The facility also offers court mandated and/or Department of Motor Vehicle Education for inmates who have been charged with driving under the influence.

Visitation:

Video visitation is utilized by the El Paso Criminal Justice Center for the inmates keeping contact with family and friends. The building adjacent to the facility offers visitors an opportunity to maintain a continued contact with their family members. Each of the dayrooms in the Wards has visiting monitors. Visitors must contact the facility 48 hours in advance of the visit. The Visiting Center is open from 8:00 a.m. to 2:00 p.m. and then reopens at 4:00 p.m. to 9:00 p.m. The Video Visitation Center is open every day of the year to include weekends and holidays.

There are 28 video booths where general population inmates can have two visits per day for a 30-minute period. The Visiting Center is open seven days per week.

Inmates in Segregation or other special statuses have access to video in a more restrictive basis. Attorneys and religious visits may visit by video in a private room in the visiting facility. There are also rooms available in the facility for contact visits for these professionals.

Library Services:

CJC utilizes the library cart system throughout their facility. Books will be rotated on a monthly basis by CJC volunteers to ensure the inmate population is provided a variety of reading materials. Books may be donated, and inmates are able to purchase reading materials and periodicals. Book carts are taken to all housing Wards including Segregation and Medical. The auditors observed the book carts throughout the facility on the first day of the audit. The facility utilizes the Lexis Nexis computer base Law Library system. Inmates may request religious and substance abuse literature by submitting a kiosk request. There are terminals available throughout the facility for the inmate's access. There are instructional forms available to instruct the inmates on the Lexis Nexis system. All legal forms are available online or with the Program Manager. Funds from the inmate Commissary Account will be used to purchase a daily newspaper subscription to a Colorado newspaper. Each ward, including the Medical infirmary, will receive a minimum of two newspapers or one newspaper for every 20 inmates.

There are two law libraries available at CJC. Inmates will have access to a law library if there is not adequate free legal assistance to assist them with criminal, civil, and administrative legal matters. Inmates will have access to legal materials to facilitate the preparation of documents.

Laundry:

The CJC has a Laundry facility that is functional to meet the facility's needs. Washers are on a secure direct feed method for the chemical's usage. Laundry chemicals are secured behind a locked cage; SDS sheets are located in close proximity and are on line on the computer in the laundry area. The laundry supervisor mends all articles on a sewing machine secured in the rear of the laundry. There are two sewing machines and needles from the machine are kept under lock and key when not in use. All needles were accounted for and inventories were accurate. Excess clothing and linens are stored in the rear of the laundry. Clothing and linen exchanges are completed weekly on Friday or Saturday with a blanket exchange one time per month. Inmates who work in the laundry receive instructions on use and care of equipment prior to their usage. Lint is cleaned from the dryers on a daily basis. There were some inmate workers that work on a shift with no Laundry Supervisor but have a rover and other staff contact as well as cameras to oversee the laundry during that shift. The new housing Wards that were constructed have washers and dryers in their dayroom areas.

F. Examination of Records

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

1. Litigation

El Paso County Criminal Justice Center is engaged in litigation reference one class action matter. The case number is 2018CV30549, filed in Colorado District Court, Division 8.

This matter involves two plaintiffs requesting a permanent injunction to prohibit Sheriff Elder from detaining illegal aliens in the criminal justice center, after bond has been posted, or after the Court has determined release from the County jail is appropriate. A temporary injunction was issued by Judge Bentley on March 19, 2018. Once the temporary injunction issued, CJC has chosen NOT to detain illegal aliens on behalf of ICE, based on a signed federal detainer and signed warrant, until resolution of this pending litigation. The plaintiff has filed a motion for summary judgement, and Defendant Sheriff Elder filed his response on Thursday, October 18, 2018. This matter is set for trial on December 10, 2018.

On May 1, 2018, the Court certified the following class, over Defendant Eider's objection:

- All current and future prisoners in the Jail who are, or will be, the subjects of immigration detainers (ICE Form I-247A) and/or administrative warrants (ICE Form I-200) sent to the Jail by officers of United States Immigration and Customs Enforcement. (see attached order)
- All current and future pretrial detainees in the Jail for whom a court has set bond, and who are the subjects of immigration detainers (ICE Form I-247A) and/or administrative warrants (ICE Form I-200) sent to the Jail by officers of United States Immigration and Customs Enforcement. (see attached order)

El Paso Criminal Justice Center has had no judgments or consent decrees issued in the past three years. The immigration is the only matter involving a class certification, and no judgment has been entered.

2. Significant Incidents/Outcome Measures

A review of the Significant Incident Summary indicated that the facility was within normal ranges for this type of facility except for the number of assaults which was 121 offender/offender assaults and 77 offender/staff assaults. The auditor asked the facility to recount the number of assaults according to the definition which is attached to the SIS report. CJC chose not to change the assault numbers to be consistent with previous SIS and Outcome Measures. However, the following are the definitions that were used.

Assault on a Peace Officer or Sheriff's Office Civilian or Contract Employee:

An inmate commits this offense when he intentionally, knowingly, or recklessly causes injury to a peace officer, or Sheriff's Office Civilian or Contract Employee or applies any physical force, or offensive substance, such as feces, urine, mucus, spittle, or any other item against any peace officer or Sheriff's Office Civilian or Contract Employee regardless of whether or not physical injury occurs

Assault: An inmate commits this offense when he intentionally, knowingly, or recklessly, causes injury to another person, or applies any physical force or offensive substance, such as feces, urine, mucus, spittle, or any other item against any person regardless of whether or not physical injury occurs.

There were also 4 fires listed on the SIS report, the following is a summary of those fires.

- November 2018, a fire was reported in Ward 1 Brave 3. This event resulted in a complete evacuation of inmates from the ward, with a full response from the Colorado Springs Fire Department. Investigation revealed this was more of an arc flash involving a faulty light switch. No injuries were reported, and El Paso County Facilities Maintenance has a long replacement plan of the aging light switches.
- May 2018, an oven fire occurred in the kitchen. This fire was caused because cake batter spilled over the back of a pan and ignited. A limited evacuation of the immediate area occurred, and the fire was extinguished with a handheld wet chemical fire extinguisher. The Colorado Springs Fire Department responded with one engine as a precaution and deemed the scene safe. Damage was estimated at twenty dollars as maintenance personnel examined the oven and cleaned it before returning it to service.
- July 2018, a smoke event occurred in the kitchen. The dishwasher was improperly shutdown coupled with a faulty electrical switch caused one of the water tank heaters to overheat and cause food debris smolder and smoke.

An evacuation of inmates from the Kitchen and Laundry was undertaken as a precaution. Power was turned off to the machine stopping the event from progressing. No injuries or damage were reported.

- September 2018, an oven fire occurred in the kitchen. This fire was caused because cake batter spilled over the back of a pan and ignited. A limited evacuation of the immediate area occurred, and the fire was extinguished with a handheld wet chemical fire extinguisher. There was no fire department response. The oven was removed from service cleaned and returned to service.

Outcome measures relative to medical care were reviewed multiple times over the course of this audit. Due to a recent turnover of senior management, including a new Health Services Administrator, Medical Director and Director of Nurses, who were placed in their positions in July 2018, some of the former information provided by the prior HSA and Regional Manager, no longer employed by Armor, was unable to be supported.

There was a total of three deaths during this audit cycle. Prior to Armor's start date in July 2017 there were four deaths from unknown causes, as no documentation exists. In September and October 2017 there were two deaths; one from excited delirium and one from heart disease, respectively. In April 2018 a death was attributed to vascular disease. In August, a death in the intake area occurred, however, it was prior to the facility accepting him and still in custody of external transport staff. This death was not counted in the statistics for the facility, but the death was due to excited delirium.

Inmates were interviewed in the housing units, segregated areas and the medical department regarding medical concerns. Medical records for all inmates who voiced specific complaints about care, including one who wrote a letter to the ACA, were reviewed. Most were found to be unsubstantiated. Two had minor concerns that were addressed immediately.

Specific Outcome Measures:

4C (1) There were 102 inmates reported to have had a positive TB skin test in the past 12 months. The HSA reviewed all CQI minutes for the past year and this reported information was not verifiable.

4C (17) The high number of inmates transported off site for emergency health conditions was due to decisions made by a prior medical director.

4C (20) Many of the grievances relative to medical care involved the co-pay system, which is place and managed by the Sheriff's Office – not Armor.

4C (27) There were 22 reported incidents involving pharmaceutical contraband in the 12-month reporting period. All 22 inmates were caught either abusing or hoarding medication and were dealt with accordingly.

4C (30 – 31) The excessively high number of diabetic and renal diets prescribed was totaled as the number of meals served rather than the number of inmates on these diets.

4C (32) The excessive number of needle sticks was not verifiable. There were no reported needle sticks per the current HSA and it is unknown why this number 21 was listed on the Outcome Measures.

4C(34) The medication errors reported were due to various of the “5 Rights of Medication Administration”, (the right patient, the right drug, the right dose, the right route, and the right time), were reviewed by this auditor, and were managed appropriately to include nursing education.

4D (1) There were two lapsed licenses reported on the Outcome Measures but, per the HSA, only one was able to be verified. This was a lapsed CMA certificate, and the employee was not able to work until her certification was renewed.

4D (5, 6) The high turnover of RN’s and LPN’s in this reporting period was due to the new administration put in place in July 2018 and their focus on accountability.

3. Departmental Visits

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

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Intake and Release	Lt. Baier, Lt. Carnell, Deputies Dudek, Boyne, Smith
Property Room	Brian Deneen
Inmate Classification	Liz O’Neal, Supervisor
Ward A3	Deputy Barlow, Deputy James
Ward A1	Sgt. Gutierrez, Deputy Rodriguez
Ward A2	Deputy Lunceford
Ward C1	Deputy Brienz, Deputy Mauer
Ward C2	Deputy Crist
Ward D1	Deputies Love and Barber
Ward D2	Deputy Harsha and Deputy Mott
Ward B1	Deputy Tolles
Ward B2	Deputies Smith and Fodera
Ward B3	Deputies Bonk, Neimczek

Ward B4	Deputy Mima
Kitchen	Directors Matthew Piro, Leland Smith, David Capen
Control Room	Supervisor Victoria Cisneros
Medical	Security Technicians Brock and Holder
	HSA Shonta McKay
	Donna Copenhaver, Armor Accreditation
	Cassie Heitger, RN
	Carmelita Herazo, DA
	Amber Bardnard, LPN Pharmacy
	Amanda Hutchinson, RN Charge
	Carla Wakefield, CMA
	Dr. Randolph Maul, Med Director
	Vickie Freeman, Sr. VP Armor
Ward E2	Deputy Donahue
Ward E1	Deputy Ditmore
F Mod	Med Pass LPN Gloria Tripet
Ward F1	Deputy Sampsel
Ward F2	GED Doug Vinizzi
Ward F3	Deputy Carle
Ward G1	Deputy Smith
Ward G2	Deputy Lange
Gateways/H1/H2	Director Becky Boerjan and Laura Ridenour
Assistant	
Laundry	Walter Woods
Stores	Jack Rauer

4. Shifts – There are five Shifts which includes:

Shift I:	0010-1010
Shift II:	0500-1500
Shift III:	0945-1945
Shift IV:	1435-0035
Shift V:	1920-0520

a. Day Shift

The team was present at the facility during the day shift and afternoon shift from 8:00 a.m. to 6:00 p.m. The majority of our facility tours took place during the morning and afternoon shift hours. We also took the opportunity to attend the shift briefing for the afternoon shift and listened to a brief training on fire safety and introduced ourselves. All staff on every shift were very open, professional, and seemed to enjoy their jobs. During the tour, the audit team spoke to many inmates on the ward and revisited different wards for disciplinary hearings, counts, meal service and evening programs.

During the tour, the wards were open with activities going on, such as, exercise, groups, and leisure activities. Inmates were able to use the phones anytime they were in the dayroom and many of the phones were in use by the inmates. The auditors tasted the evening meal which was chicken cacciatore, mixed vegetables, corn bread and cake with juice.

b. Night Shift

The team was present at the facility during the evening shift on the first day of the audit from 6:30 p.m. to 8:00 p.m. The audit team attended and observed evening programs, such as bible study and Current Events group which is held with students from a local college. The auditors went to observe the AA group, but it was not being held as scheduled.

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

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

Standard #4-ALDF-1A-10 and #4-ALDF-4B-09 were both granted waivers.

G. Interviews

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

1. Offender Interviews

There was a total of 60 inmates interviewed during our three days at the facility. There were complaints around food service and medical from the inmates. There were three inmate correspondences the audit team received from ACA. However, only one of the inmate's was still at the El Paso County Jail. The inmate complained about access to law library which records had been reviewed and he had received access to the law library on several recent occasions and during this audit had his days off changed to Monday and Tuesday, so he could attend the Law Library as he has a court hearing in November. He also complained about medical, which records were reviewed, and he has been seen on numerous occasions and he will be seen by medical in the upcoming week. This inmate works in the kitchen and had a complaint on the usage of expired food. Weekly food service inspections were reviewed, and the Safety Officer was interviewed. There were no indications of any recent expired food being used. The last issue was about broken food trays being used. After discussion with the Safety Officer, he indicated that 200 food trays had just been received and another order was being placed.

2. Staff Interviews

We had the pleasure of speaking with approximately 55 staff during our tours of the facility. Staffs are very professional and knowledgeable individuals. All staff were extremely responsive and professional. The staff knew their jobs well and felt positive about their work environment.

H. Exit Discussion

The exit interview was held at 10:30 a.m. in the Conference Room of the Sheriff's Office with the Sheriff Bill Elder and 44 staff in attendance.

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

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

AMERICAN CORRECTIONAL ASSOCIATION
AND THE
COMMISSION ON ACCREDITATION FOR CORRECTIONS

COMPLIANCE TALLY

Manual Type	Adult Local Detention Facilities, 4 th Edition	
Supplement	2016 Standards Supplement	
Facility/Program	El Paso County Criminal Justice Center	
Audit Dates	October 22-24, 2018	
Auditor(s)	Cathy Slack, Chairperson Rodney Prioleau, Member Valerie Tenessen, Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	60	323
Number Not Applicable	2	23
Number Applicable	58	300
Number Non-Compliance	0	4
Number in Compliance	58	296
Percentage (%) of Compliance	100%	98.7
<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

El Paso County Sheriff's Department
El Paso County Criminal Justice Center
Colorado Springs, Colorado

October 22-24, 2018

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard # 4-ALDF-1A-10

MULTIPLE-OCCUPANCY ROOMS/CELLS HOUSE BETWEEN TWO AND 64 OCCUPANTS AND PROVIDE 25 SQUARE FEET OF UNENCUMBERED SPACE PER OCCUPANT. WHEN CONFINEMENT EXCEEDS TEN HOURS PER DAY, AT LEAST 35 SQUARE FEET OF UNENCUMBERED SPACE IS PROVIDED FOR EACH OCCUPANT.

FINDINGS:

Facility does not meet the 25 square feet of unencumbered space per occupant.

AGENCY RESPONSE:

Waiver Request

A/C and B/D tower cells provide 41.7 square feet of unencumbered space at single occupancy. When double bunked, the cells provide 20.8 square feet of unencumbered floor space per inmate when two inmates are housed in the cell.

The El Paso County Sheriff's Office respectfully requests a Waiver of a Plan of Action be approved for the El Paso County Criminal Justice Center in that: (a) the existing physical plant cannot be modified without substantial expenditures; and (b) the non-compliance is of a very minimal nature (de minimis) and does not adversely affect the life, health, and safety of staff or inmates or the constitutional operation of the facility.

The original CJC Facility opened in 1988 with 392 single bed cells. Each cell was built with 41.7 square feet of unencumbered space, exceeding the ACA standard of 25 square feet of unencumbered space for a single occupant. Since 1988, CJC has undergone three additions/remodels in attempts to accommodate projected inmate population growth. In 1992, the jail population expanded rapidly, and in 1994 the facility remodeled 344 of the

392 single bed cells to accommodate two inmates. Based on double occupancy in the remodeled cells, unencumbered space per inmate was reduced to 20.8 square feet.

The loss equated to 4.1 less square feet, per inmate, when two inmates are housed. In 2005, CJC underwent an 864bed expansion. However, during this same period, the Metro Detention Facility was determined to be unsafe and was closed approximately a month after the new CJC tower opened. The Metro inmate population was integrated into CJC resulting in the loss of cells and beds which were built in anticipation of future growth. In 2014, inmate housing expanded into the Sprung structure located on premises immediately north of the CJC facility. The Sprung structure has a total bed capacity of 144 beds.

The El Paso County Sheriff's Office has actively pursued and completed facility additions and remodels in anticipation of the inmate population which continues to grow. Due to limitations of the original design of the 1988 CJC Facility, and those imposed by building codes, the facility cannot be effectively or efficiently expanded or renovated to provide single cell occupancy or expansion of square footage. Any future construction cannot be accomplished without substantial expenditure and time. Further, the 4.1 square footage loss per inmate is minimal in nature and does not adversely affect the life, health, and safety of staff or inmates or the constitutional operation of the facility. This is evidenced in the Visiting Committee's observations and review of the facility's operations.

AUDITOR'S RESPONSE:

The visiting committee supports the facilities request for waiver. During our observation of the Wards on the tour and during discussion with the inmate population, there were no complaints by the inmates regarding lack of square footage space. Future construction cannot be accomplished without substantial expenditure and time.

Standard #4-ALDF-4B-08

INMATES HAVE ACCESS TO TOILETS, AND WASHBASINS WITH TEMPERATURE-CONTROLLED HOT AND COLD RUNNING WATER 24 HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THEIR CELLS/SLEEPING AREAS. TOILETS ARE PROVIDED AT A MINIMUM RATIO OF ONE FOR EVERY ONE INMATES IN MALE FACILITIES AND ONE FOR EVERY EIGHT INMATES IN FEMALE FACILITIES AND ONE WASHBASIN FOR EVERY 12 INMATES UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH THREE OR MORE INMATES HAVE A MINIMUM OF TWO TOILETS.

FINDINGS:

Facility has one to ten ratio of toilets in female housing units and standards requires one to eight.

AGENCY RESPONSE:

Waiver Request

Female housing units in the newer tower do not meet the inmate toilet ratio of one to eight.

The El Paso County Sheriff's Office respectfully requests a Waiver of a Plan of Action be approved for the El Paso County Criminal Justice Center (CJC) in that: (a) the existing physical plant cannot be modified without substantial expenditures; and (b) the non-compliance is of a very minimal nature (de minimis) and does not adversely affect the life, health, and safety of staff or inmates or the constitutional operation of the facility.

CJC houses female inmates in five of the 24 wards. Of those five wards, two are located in the tower addition which was built in 2005. The remaining three female wards are located in the original building. The inmate to toilet ratio for females housed in the original building exceeds the recommended standard at a ratio of one to two. Female housing units in the tower addition were originally designed to house males. Those wards were equipped with toilets and urinals, and originally met or exceeded the 1:12 toilet ratio. Due to overpopulation of the female wards, we identified and reclassified additional wards originally slated for male inmates in order to accommodate the increasing female population. The increased ratio affects only two of the five female housing wards and has a negligible effect on an inmate's accessibility to toilets. Maintaining accurate security classifications is the first priority in order to maintain the safety and security of staff and inmates. The Inmate Classification Section is aware of the recommended physical plant ratios and, when feasible, takes those ratios into consideration when housing female inmates.

Due to limitations of the original design of the 2005 tower addition, and those imposed by building codes, the facility cannot be effectively or efficiently expanded or renovated to provide additional toilets. Further, the increased toilet ratio in only two of the five female wards is minimal in nature and does not affect their accessibility to toilets. As evidenced in the Visiting Committee's observations and review of the facility's operations, the life, health, and safety of staff and inmates and the constitutional operation of the facility is not adversely affected.

AUDITOR'S RESPONSE:

The visiting committee supports the facilities request for waiver. During our observation of the Wards on the tour and during discussion with the inmate population, there were no complaints by the inmates regarding lack of toilets. Future construction cannot be

accomplished without substantial expenditure and time. Inmates have multiple hours of access to the toilets daily due to their dayroom accessibility. No grievances to support any complaints regarding this standard.

Standard # 4-ALDF-4B-09

INMATES HAVE ACCESS TO OPERABLE SHOWERS WITH TEMPERATURE-CONTROLLED HOT AND COLD RUNNING WATER, AT A MINIMUM RATIO OF ONE SHOWER FOR EVERY 12 INMATES, UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO. WATER FOR SHOWERS IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES TO 120 DEGREES FAHRENHEIT TO ENSURE THE SAFETY OF INMATES AND TO PROMOTE HYGIENIC PRACTICES.

FINDINGS:

Facility does not meet the minimum shower ratios in all buildings.

AGENCY RESPONSE:

Waiver Request

Housing units in the older towers, which opened in 1988, do not meet the inmate/shower ratio.

The El Paso County Sheriff's Office respectfully requests a Waiver of a Plan of Action be approved for the El Paso County Criminal Justice Center (CJC) in that: (a) the existing physical plant cannot be modified without substantial expenditures; and (b) the non-compliance is of a very minimal nature (de minimis) and does not adversely affect the life, health, and safety of staff or inmates or the constitutional operation of the facility.

The housing units in the section of the facility built in 1988 originally met or exceeded the 1 to 12 minimum shower ratio. However, because of overcrowding and the double bunking of many single cells in 1994, the inmate shower ratio in the old towers increased to 1 to 15 in 7 of the 11 wards. The increased ratio has a negligible effect on the inmate's ability to shower. For example, in a ward with 90 inmates, with the availability of six showers, the 1:15 ratio equates to only three to four additional inmates using each shower.

Due to limitations of the original design of the CJC Facility, and those imposed by building codes, the facility cannot be effectively or efficiently expanded or renovated to provide additional showers. Further, the potential impact of 3 to 4 additional inmates using showers is minimal in nature. As evidenced in the Visiting Committee's observations and review

of the facility's operations, the life, health, and safety of staff or inmates, and the constitutional operation of the facility is not adversely affected.

AUDITOR'S RESPONSE:

The visiting committee supports the facilities request for a waiver. From observation of the Wards during our tours and discussions with the inmate population, shower usage did not appear to be any issue.

Inmates have multiple hours of access to the showers daily due to their dayroom accessibility. No grievances to support any complaints regarding this standard.

Standard #4-ALDF-4C-03

THERE IS A PROCESS FOR ALL INMATES TO INITIATE REQUESTS FOR HEALTH SERVICES ON A DAILY BASIS. THESE REQUESTS ARE TRIAGED DAILY BY HEALTH PROFESSIONALS OR HEALTH-TRAINED PERSONNEL. A PRIORITY SYSTEM IS USED TO SCHEDULE CLINICAL SERVICES. CLINICAL SERVICES ARE AVAILABLE TO INMATES IN A CLINICAL SETTING AT LEAST FIVE DAYS A WEEK AND ARE PERFORMED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL. HEALTH CARE REQUEST FORMS ARE READILY AVAILABLE TO ALL INMATES.

FINDINGS:

Sick call requests have not consistently been triaged on a daily basis.

AGENCY RESPONSE:

Plan of Action

During the ACA audit, Visiting Committee members identified this Clinical Services standard as non-compliant. The specific area of concern was triaging sick call requests on a daily basis.

- Sick call requests will be triaged within 24 hours.
- The Sick Call Nurse schedule will be reviewed in order to ensure adequate coverage to triage sick call request on a daily basis.
- Additional Sick Call nurses will be hired to accommodate the increased population in effort to get the patients seen in an effective and timely manner.
- Initiate a Process Study to be completed by December 31, 2018 in regard to sick call requests.

In the order of anticipated completion dates, list the tasks necessary to achieve compliance, the responsible agency (including parent agency), and assigned staff member.

Task

- a. Identify accurate number of sick call requests
- b. Address sick call request in an effective and timely manner
- c. Hire additional Sick Call nurses to accommodate the increased population
- d. Accommodate patients that cannot make it down to Medical by ensuring these patients are seen in a timely fashion

Responsible Agency

- a. Armor Correctional Health Services and El Paso County Sheriff's Office
- b. Armor Correctional Health Services
- c. Armor Correctional Health Services
- d. Armor Correctional Health Services and El Paso County Sheriff's Office

Assigned Staff /

- a. Shonta McKay and IT
- b. Kristina Smith, DON and Jeff Baker, Sick Call Nurse
- c. Shonta' McKay, HSA
- d. Kristina Smith, DON, Jeff Baker, Sick Call Nurse, Floor Security Staff

Anticipated Completion Date

- a. December 31, 2018

AUDITOR'S RESPONSE:

The visiting committee does not support this plan of action. The visiting committee has reviewed this issue extensively with medical staff and know there have been some recent hires such as, a Medical Director, Health Services Administrator and also a promotion of an existing Charge RN to Director of Nursing which has occurred in the past three months. The revised Plan should require the HSA/DON to establish a system for review of all sick call requests with 24 hours of receipt. The requests would then be scheduled based on an urgency of the request. There must be stringent requirements, daily logs and follow-up systems to ensure these requests are being triaged daily by health professionals or health-trained personnel. The lead for all steps should be Armor Correctional Health Services and not the El Paso County Sheriff's Office.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

El Paso County Sheriff's Department
El Paso County Criminal Justice Center
Colorado Springs, Colorado

October 22-24, 2018

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard #4- ALDF-4C-23

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

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

OBSERVATION OF:

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

MEDICAL DISPOSITION OF INMATES:

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

FINDINGS:

El Paso County Sheriff's Office does not do intra-system transfers.

Standard #4-ALDF-4C-23

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

INQUIRY INTO:

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

OBSERVATION OF:

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

MEDICAL DISPOSITION OF INMATES:

- F. CLEARED FOR GENERAL POPULATION
- G. CLEARED FOR GENERAL POPULATION WITH APPROPRIATE REFERRAL TO HEALTH CARE SERVICE
- H. REFERRAL TO APPROPRIATE HEALTH CARE SERVICE FOR EMERGENCY TREATMENT

FINDINGS:

There are no intrasystem transfers at the El Paso County Criminal Justice Center.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

El Paso County Sheriff's Department
El Paso County Criminal Justice Center
Colorado Springs, Colorado

October 22-24, 2018

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #4-ALDF-2A-37

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

FINDINGS:

El Paso Criminal Justice Center does not have juvenile offenders.

Standard # 4-ALDF-2A-38

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

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

A WRITTEN STATEMENT IS PREPARED DESCRIBING THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE FACILITY ADMINISTRATOR OR HIS/HER DESIGNEE.

CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE ADMINISTRATOR OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDINGS:

El Paso County Criminal Justice Center does not house youthful offenders.

Standard # 4-ALDF-2A-39

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

FINDINGS:

El Paso County Criminal Justice Center does not house youthful offenders.

Standard # 4-ALDF-2A-40

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

FINDINGS:

El Paso County Criminal Justice Center does not house youthful offenders.

Standard # 4-ALDF-2A-41

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

FINDINGS:

El Paso County Criminal Justice Center does not house youthful offenders.

Standard # 4-ALDF-2A-42

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

FINDINGS:

El Paso County Criminal Justice Center does not house youthful offenders.

Standard # 4-ALDF-2A-43

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

- ADOLESCENT DEVELOPMENT
- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION
- LEGAL ISSUES
- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES
- MANAGEMENT OF, AND PROGRAMMING FOR, SEX OFFENDERS
- SUBSTANCE-ABUSE SERVICES
- COGNITIVE BEHAVIORAL INTERVENTIONS, INCLUDING ANGER MANAGEMENT, SOCIAL-SKILLS TRAINING, PROBLEM SOLVING
- RESISTING PEER PRESSURE
- SUICIDE PREVENTION
- NUTRITION
- MENTAL-HEALTH ISSUES
- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION

FINDINGS:

El Paso County Criminal Justice Center does not house youthful offenders.

Standard # 4-ALDF-2C-02

WHEN A CANINE UNIT IS OPERATED BY THE FACILITY:

- THERE IS A MISSION STATEMENT, INCLUDING GOALS AND OBJECTIVES
- THE CIRCUMSTANCES IN WHICH CANINE UNITS MAY BE USED ARE CLEARLY DEFINED
- EMERGENCY PLANS ARE INTEGRATED INTO THE OVERALL EMERGENCY PLANS OF THE FACILITY
- THERE ARE CRITERIA FOR SELECTING, TRAINING AND CARING FOR ANIMALS
- THERE ARE CRITERIA FOR THE SELECTION, TRAINING, AND PHYSICAL FITNESS OF HANDLERS
- THERE IS AN APPROVED SANITATION PLAN THAT COVERS INSPECTION, HOUSING, TRANSPORTATION AND DAILY GROOMING FOR THE ANIMALS
- THERE ARE DAILY AND CURRENT RECORDS ON TRAINING CARE OF DOGS AND SIGNIFICANT EVENTS.

FINDINGS:

El Paso County Criminal Justice Center does not operate a canine unit.

Standard # 4-ALDF-4A-14

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

FINDINGS:

El Paso County Criminal Justice Center does not grow any items for food service.

Standard # 4-ALDF-4D-04

A HEALTH-TRAINED STAFF MEMBER COORDINATES THE HEALTH DELIVERY SERVICES UNDER THE JOINT SUPERVISION OF THE RESPONSIBLE HEALTH AUTHORITY AND FACILITY ADMINISTRATOR, WHEN QUALIFIED HEALTH CARE PERSONNEL ARE NOT ON DUTY.

FINDINGS:

El Paso County Criminal Justice Center employs full time staff.

Standard #4-ALDF-4D-09

FIRST AID KITS ARE AVAILABLE IN DESIGNATED AREAS OF THE FACILITY AS DETERMINED BY THE DESIGNATED HEALTH AUTHORITY IN CONJUNCTION WITH THE FACILITY ADMINISTRATOR. THE HEALTH AUTHORITY APPROVES THE CONTENTS, NUMBER, LOCATION, AND PROCEDURES FOR MONTHLY INSPECTION OF THE KIT(S) AND WRITTEN PROTOCOLS FOR USE BY NONMEDICAL STAFF. AN AUTOMATIC EXTERNAL DEFIBRILLATOR IS AVAILABLE FOR USE AT THE FACILITY.

FINDINGS:

First aid kits are not utilized at El Paso County Criminal Justice Center.

Standard #4-ALDF-4D-10

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

FINDINGS:

Student interns are not used at El Paso County Criminal Justice Center.

Standard # 4-ALDF-4D-11

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

- PEER SUPPORT AND EDUCATION
- HOSPICE ACTIVITIES
- ASSISTING IMPAIRED INMATES ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING

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

INMATES ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

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

FINDINGS:

El Paso County Criminal Justice Center Medical does not utilize inmates to perform familial duties.

Standard # 4-ALDF-5A-05

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

FINDINGS:

El Paso County Criminal Justice Center does not have a Therapeutic Community Treatment Program.

Standard # 4-ALDF-5A-06

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

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

FINDINGS:

El Paso County Criminal Justice Center does not have a Therapeutic Community Treatment Program.

Standard # 4-ALDF-5A-07

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

FINDINGS:

El Paso County Criminal Justice Center does not have a Therapeutic Community Treatment Program.

Standard # 4-ALDF-5A-08

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

FINDINGS:

El Paso County Criminal Justice Center does not have a Therapeutic Community Treatment Program.

Standard #4-ALDF-5C-13

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

FINDINGS:

El Paso County Criminal Justice Center does not have an industries program.

Standard #4-ALDF-5C-14

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

FINDINGS:

El Paso County Criminal Justice Center does not have an industries program.

Standard #4-ALDF-5C-15

THERE IS A COMPREHENSIVE QUALITY CONTROL PROCESS.

FINDINGS:

El Paso County Criminal Justice Center does not have an industries program.

Standard #4-ALDF-5C-16

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

FINDINGS:

El Paso County Criminal Justice Center does not have an industries program.

Standard # 4-ALDF-7D-18

THE CONDUCT OF RESEARCH COMPLIES WITH STATE AND FEDERAL GUIDELINES FOR THE USE AND DISSEMINATION OF RESEARCH FINDINGS AND WITH ACCEPTED PROFESSIONAL AND SCIENTIFIC ETHICS. THE FACILITY ADMINISTRATOR REVIEWS ALL RESEARCH PROJECTS AND APPROVES THEM BEFORE IMPLEMENTATION TO ENSURE CONFORMANCE WITH THE POLICIES OF THE PARENT AGENCY.

INMATE PARTICIPATION IN NON-MEDICAL, NON-PHARMACEUTICAL, AND NON-COSMETIC RESEARCH PROGRAMS IS VOLUNTARY.

FINDINGS:

El Paso County Criminal Justice Center does not use inmates in non-medical, non-pharmaceutical, and non-cosmetic research.

Standard # 4-ALDF-7F-07

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

FINDINGS:

Volunteers are not used in the delivery of Health Care.

Significant Incident Summary
 This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. 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. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Community Residential Facilities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: **El Paso County Criminal Justice Center** Reporting Period: Oct 17 - Sept 18

Incident Type	Months	October	Novemb	Decemb	January	February	March	April	May	June	July	August	Septemb	Total for Reporting Period
	→													
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	1	0	0	1	0	0	0	0	0	0	0	2
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	5	12	10	3	12	6	9	8	14	18	14	10	121
	Offender/Staff	7	7	7	8	2	6	6	5	6	11	6	6	77
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with a Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	1	0	0	1	0	0	1	1	0	0	1	4
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	1	0	1
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0	0	0	0	0

**May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.*

Name of Facility: El Paso County Criminal Justice Center
 Number of Months Data Collected: Nine (9), January – September 2018

Date: 10/16/18

ALDF Outcome Measure Worksheet				
1A	Outcome Measure	Numerator/Denominator	Value	Calculated O.M
		The community, staff, contractors, volunteers, and inmates are protected from injury and illness caused by the physical environment.		
	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months.	39	
	divided by	Average number of Full-Time Equivalent (FTE) staff positions in the past 12 months.	327.08	0.1192
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1266.58	0.0000
	(3)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	17650	0.0000
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment	0	

		of the facility in the past 12 months.		
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(5)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	17650	0.0000
	(6)	Number of sanitation or health code violations identified by external agencies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(7)	Number of health code violations corrected in the past 12 months.	115	
	divided by	The number of health code violations identified in the past 12 months.	115	1
	(8)	Number of inmate grievances related to safety or sanitation found in favor of inmates in the past 12 months.	1	
	divided by	The number of inmate's grievances related to safety or sanitation in the past 12 months.	21	0.0476
	(9)	Number of fire code violations corrected in the past 12 months.	50	
	divided by	The number of fire code violations cited by jurisdictional authority in the past 12 months.	38	1.13158
	(10)	Number of inmate injuries resulting from fires requiring medical treatment in a 12-month period.	1	
	divided	The average daily population in the	1266.58	

	by	past 12 months.		0.0008
	(11)	Number of inmate injuries (other than by fire) requiring medical treatment in the past 12 months.	158	
	divided by	The average daily population of inmates in the past 12 months.	1266.58	0.1247
	(12)	Number of staff injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population of staff in the past 12 months.	75.17	0.0000
	(13)	Number of staff injuries (other than fire) requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population of staff in the past 12 months.	75.17	0.0000
	(14)	Number of inmate lawsuits related to safety or sanitation found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to safety or sanitation in the past 12 months.	0	None Filed
1B		Vehicles are maintained and operated in a manner that prevents harm to the community, staff, contractors, volunteers, and inmates.		
	(1)	Number of vehicle accidents resulting in property damage in the past 12 months.	33	
	divided by	The average daily population in the past 12 months.	1266.58	0.0261
	(2)	Number of vehicle accidents resulting in injuries requiring medical treatment	1	

		for any party in the past 12 months.		
	divided by	The average daily population in the past 12 months.	1266.58	0.0008
	(3)	Amount dollar of damage from vehicle accidents in the past 12 months.	\$66,095.04	
	divided by	The average daily population in the past 12 months.	1266.58	52.1837
1C		The number and severity of emergencies are minimized. When emergencies occur, the response minimizes the severity.		
	(1)	Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.	1	
	divided by	The number emergencies.	1266.58	0.0008
	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0008
	(3)	Number of times that normal facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external	0	

		to the facility in the past 12 months.		
	divided by	The number of emergencies caused by forces external to the facility.	0	0.0000
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1266.58	0.0008
	(6)	Number of injuries requiring medical attention that resulted from emergencies that were not caused by forces external to the facility in the past 12 months.	144	
	divided by	The average daily population in the past 12 months.	1266.58	0.1137
	(7)	Number of times that normal facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(8)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	1	
	divided by	The number of emergencies.	926	.00011
	(9)	Number of injuries resulting from fires requiring medical treatment in the past	1	

		12 months.		
	divided by	The average daily population in the past 12 months.	1266.58	0.0008
	(10)	Number of fires that resulted in property damage in the past 12 months.	2	
	divided by	The average daily population in the past 12 months.	1266.58	0.0016
	(11)	Amount dollar of property damage from fire in the past 12 months.	\$20.00	
	divided by	The average daily population in the past 12 months.	1266.58	0.0158
	(12)	Number of code violations cited in the past 12 months.	141	
	divided by	The average daily population in the past 12 months.	1266.58	0.1113
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months.	10	
	divided by	The average daily population in the past 12 months.	1266.58	0.0079
	(14)	Number of incidents of inventory discrepancies in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1266.58	0.0008
2A	Outcome Measure	Numerator/Denominator The community, staff, contractors, volunteers, and inmates are protected from harm. Events that pose risk of harm are prevented. The number and severity of events are	Value	Calculated O.M

		minimized.		
	(1)	Number of incidents involving harm in the past 12 months.	8380	
	divided by	The average daily population in the past 12 months.	1266.58	6.6162
	(2)	Number of incidents in the past 12 months involving harm.	8380	
	divided by	The number of admissions in the past 12 months.	17650	0.4748
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of incidents in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	17650	0.0000
	(5)	Number of unauthorized inmate absences from the facility in the past 12 months.	4	
	divided by	The average daily population in the past 12 months.	1266.58	0.0032
	(6)	Number of instances of unauthorized access to the facility in the past 12 months.	0	
	divided	The average daily population in the	1266.58	0.0000

	by	past 12 months.		
2B		Physical force is used only in instances of self-protection, protection of the inmate or others, prevention of property damage, or prevention of escape.		
	(1)	Number of instances in which force was used in the past 12 months.	324	
	divided by	The average daily population in the past 12 months.	1266.58	0.2558
	(2)	Number of instances in which force was used in the past 12 months.	324	
	divided by	The number of admissions in the past 12 months.	17650	0.0184
	(3)	Number of times that staff use of force were found to have been inappropriate in the past 12 months.	3	
	divided by	The number of instances in which force was used.	324	0.0093
	(4)	Number of inmate grievances filed alleging inappropriate use of force in the past 12 months.	4	
	divided by	The average daily population in the past 12 months.	1266.58	0.0032
	(5)	Number of grievances alleging inappropriate use of force decided in favor of inmate in the past 12 months.	0	
	divided by	The number of grievances alleging inappropriate use of force filed.	4	0.0000
	(6)	Number of injuries requiring medical treatment resulting from staff use of	0	

		force in the past 12 months.		
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
2C		Contraband is minimized. It is detected when present in the facility.		
	(1)	Number of incidents involving contraband in the past 12 months.	76	
	divided by	The average daily population in the past 12 months.	1266.58	0.0600
	(2)	Number of incidents involving contraband in the past 12 months.	76	
	divided by	The number of admissions in the past 12 months.	17650	0.0043
	(3)	Number of weapons found in the facility in the past 12 months.	19	
	divided by	The average daily population in the past 12 months.	1266.58	0.0189
	(4)	Number of controlled substances found in the facility in the past 12 months.	24	
	divided by	The average daily population in the past 12 months.	1266.58	0.0189
	(5)	Number of controlled substances found in the facility in the past 12 months.	24	
	divided by	The number of admissions in the past 12 months.	17650	0.0014
2D		Improper access to and use of keys, tools and utensils are minimized.		

	(1)	Number of incidents involving keys in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(2)	Number of incidents involving tools in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(3)	Number of incidents involving culinary equipment in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(4)	Number of incidents involving medical equipment and sharps in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
3A		Inmates comply with rules and regulations.		
	(1)	Number of rule violations in the past 12 months.	2672	
	divided by	The average daily population in the past 12 months.	1266.58	2.1096
	(2)	Number of assaults—inmate against inmate, inmate against staff in the past 12 months.	157	
	divided by	The average daily population in the past 12 months.	1266.58	0.0482

	by	12 months.		
4A		Food service provides a nutritionally balanced diet. Food service operations are hygienic and sanitary.		
	(1)	Number of documented inmate illnesses attributed to food service operations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(2)	Number of inmate grievances about food service decided in favor of the inmate the past 12 months.	65	
	divided by	The number of inmate grievances about food service in the past 12 months.	672	0.0967
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months.	0	
		Divided by number of violations cited by independent authorities in the past 12 months.	9	0.0000
4B		Inmates maintain acceptable personal hygiene practices.		
	(1)	Inmate grievances regarding inmate access to personal hygiene decided in favor of the inmate in the past 12 months.	4	
	divided by	The average daily population in the past 12 months.	1266.58	0.0032
	(2)	Number of inmate illnesses attributed to poor hygiene practices in the past 12	2	

		months.		
	divided by	The average daily population in the past 12 months.	1266.58	0.0016
	(3)	Number of inmates diagnosed with hygiene-related conditions (scabies, lice, or fungal infections) in the past 12 months.	13	
	divided by	The average daily population in the past 12 months.	1266.58	0.0103
	(4)	Number of inmate grievances related to hygiene found in favor of the inmate in the past 12 months.	4	
	divided by	The number of inmate grievances related to hygiene in the past 12 months.	13	0.3077
	(5)	Number of inmate lawsuits related to hygiene found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to hygiene in the past 12 months.	0	None Related
4C		Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.		
	(1)	Number of inmates with a positive tuberculin skin test in the past 12 months.	73	
	divided by	The number of admissions in the past 12 months.	17650	0.0041

	(2)	Number of inmates diagnosed with active tuberculosis in the past 12 months.	8	
	divided by	The average daily population in the past 12 months.	1266.58	0.0063
	(3)	Number of conversions to a positive tuberculin skin test in the past 12 months.	26	
	divided by	The number of tuberculin skin tests given in the past 12 months.	4013	.00065
	(4)	Number of inmates with a positive tuberculin skin test who completed prophylaxis treatment for tuberculosis in the past 12 months.	0	
	divided by	The number of inmates with a positive tuberculin skin test on prophylaxis treatment for tuberculosis in the past 12 months.	0	None Positive
	(5)	Number of Hepatitis C positive inmates in the past 12 months.	213	
	divided by	The average daily population in the past 12 months.	1266.58	0.1682
	(6)	Number of HIV positive inmates in the past 12 months.	78	
	divided by	The average daily population in the past 12 months.	1266.58	0.0616
	(7)	Number of HIV positive inmates who are being treated with highly active antiretroviral treatment in the past 12 months.	72	
	divided	The number of known HIV positive	78	0.9231

	by	inmates in the past 12 months.		
	(8)	Number of offenders with an individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time.	261	
	divided by	The average daily population in the past 12 months.	1266.58	0.2061
	(9)	Number of inmate suicide attempts in the past 12 months.	10	
	divided by	The average daily population in the past 12 months.	1266.58	0.0079
	(10)	Number of inmate suicides in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(11)	Number of inmate deaths due to homicide in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(12)	Number of inmate deaths due to injuries in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(13)	Number of medically expected inmate deaths in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000

	(14)	Number of medically unexpected inmate deaths in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1266.58	0.0008
	(15)	Number of inmate admissions to the infirmary (where available) in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(16)	Number of inmate admissions to off-site hospitals in the past 12 months.	111	
	divided by	The average daily population in the past 12 months.	1266.58	0.0876
	(17)	Number of inmates transported off-site (via an ambulance or correctional vehicle) for treatment of emergency health conditions in the past 12 months.	325	
	divided by	The average daily population in the past 12 months.	1266.58	0.2566
	(18)	Number of inmate specialty consults completed in the past 12 months.	190	
	divided by	The number of specialty consults (on-site or off-site) ordered by primary health care provider (MD, NP, PA) in the past 12 months.	116	1.6379
	(19)	Number of inmate grievances about access to health care services found in favor of the inmate in the past 12 months.	2	
	divided by	The number of inmate grievances about access to healthcare services in the past	29	0.0690

		12 months.		
	(20)	Number of inmate grievances related to the quality of health care found in favor of inmates in the past 12 months.	49	
	divided by	The number of inmate grievances related to the quality of health care in the past 12 months.	512	0.0957
	(21)	Number of inmates' lawsuits about access to healthcare services found in favor of inmates in the past 12 months.	0	
	divided by	The number of inmate's lawsuits about access to healthcare services in the past 12 months.	0	None Filed
	(22)	Number of individual sick call encounters in the past 12 months.	3029	
	divided by	The average daily population in the past 12 months.	1266.58	2.3915
	(23)	Number of physician visits contacts in the past 12 months.	5338	
	divided by	The average daily population in the past 12 months.	1266.58	4.2145
	(24)	Number of individualized dental treatment plans in the past 12 months.	1768	
	divided by	The average daily population in the past 12 months.	1266.58	1.3959
	(25)	Number of hypertensive inmates enrolled in a chronic care clinic in the past 12 months.	1180	
	divided by	The average daily population in the past 12 months.	1266.58	0.9316

	(26)	Number of diabetic inmates enrolled in a chronic care clinic in the past 12 months.	502	
	divided by	The average daily population in the past 12 months.	1266.58	0.3963
	(27)	Number of incidents involving pharmaceuticals as contraband in the past 12 months.	16	
	divided by	The average daily population in the past 12 months.	1266.58	0.0126
	(28)	Number of cardiac diets received by inmates with cardiac disease in the past 12 months.	2001	
	divided by	The number of cardiac diets prescribed in the past 12 months.	26	76.9615
	(29)	Number of hypertensive diets received by inmates with hypertension in the past 12 months.	0	
	divided by	The number of hypertensive diets prescribed in the past 12 months.	0	0.0000
	(30)	Number of diabetic diets received by inmates with diabetes in the past 12 months.	14353	
	divided by	The number of diabetic diets prescribed in the past 12 months.	37	387.9189
	(31)	Number of renal diets received by inmates with renal disease in the past 12 months.	390	
	divided by	The number of renal diets prescribed in the past 12 months.	30	13.0000

	(32)	Number of needle-stick injuries in the past 12 months.	21	
	divided by	The number of employees on average in the past 12 months.	34.66666667	0.6058
	(33)	Number of pharmacy dispensing errors in the past 12 months.	1	
	divided by	The number of prescriptions dispensed by the pharmacy in the past 12 months.	21058	0.0000
	(34)	Number of nursing medication administration errors in the past 12 months.	5	
	divided by	The number of medications administered in the past 12 months.	491110	0.0000
4D		Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.		
	(1)	Number of staff with lapsed licensure and/or certification in the past 12 months.	1	
	divided by	The number of licensed or certified staff in the past 12 months.	149.33	0.0067
	(2)	Number of new employees in the past 12 months who completed orientation training prior to undertaking job assignments.	17	
	divided by	The number of new employees in the past 12 months.	64	0.2656
	(3)	Number of employees completing in-service training requirements in the	187	

		past 12 months.		
	divided by	The number of employees eligible in the past 12 months.	2.17	86.3077
	(4)	Number of MD staff who left employment in the past 12 months.	1	
	divided by	The number of authorized MD staff positions in the past 12 months.	2	0.5
	(5)	Number of RN staff who left employment in the past 12 months.	10	
	divided by	The number of authorized RN staff positions in the past 12 months.	22.13	0.4518
	(6)	Number of LPN staff who left employment in the past 12 months.	4	
	divided by	The number of authorized LPN staff positions in the past 12 months.	12.27	0.3261
	(7)	Number of medical records staff who left employment in the past 12 months.	2	
	divided by	The number of medical records staff positions in the past 12 months.	2.67	0.7500
	(8)	Number of alleged sexual misconduct incidents between staff and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1266.58	0.0000
	(9)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1266.58	0.0000

	(10)	Number of confirmed sexual misconduct incidents between staff and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1266.58	0.0000
	(11)	Number of confirmed sexual misconduct incidents between volunteers and/or contact personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1266.58	0.0000
	(12)	Number of detainees identified as high risk with a history of sexually assaultive behavior in the past 12 months.	3	
	divided by	Average daily population in the past 12 months.	1266.58	0.0024
	(13)	Number of detainees identified as at risk for sexual victimization in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	1266.58	0.0000
5A		Inmates have opportunities to improve themselves while confined.		
	(1)	Number of inmates who passed GED exams while confined in the past 12 months.	1	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	436	0.0023
	(2)	Total number of grade levels advanced	33	

		by inmates in the past 12 months.		
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	436	0.0757
	(3)	Number of certificates of vocational competency awarded to inmates in the past 12 months.	0	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	436	0.0000
5B		Inmates maintain ties with their families and the community.		
		NONE		
5C		The negative impact of confinement is reduced.		
		NONE		
6A		Inmates' rights are not violated.		
	(1)	Total number of inmate grievances in the past 12 months, regarding: (a) access to court; (b) mail or correspondence; (c) sexual harassment; (d) discipline; (e) discrimination; (f) protection from harm.	151	
	divided by	The average daily population in the past 12 months.	1266.58	0.1192
	(2)	Number of inmate grievances (see [a] through [e] above) decided in favor of inmates in the past 12 months.	15	
	divided by	The total number of grievances filed in the past 12 months.	39	0.3846

	(3)	Total number of inmate court suits alleging violation of inmate rights filed against the facility in the past 12 months.	3	
	divided by	The average daily population in the past 12 months.	1266.58	0.0024
	(4)	Number of inmate court suits alleging violation of inmate rights decided in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate suits filed in the past 12 months.	3	0.0000
6B		Inmates are treated fairly.		
	(1)	Number of inmate grievances regarding discrimination in the past 12 months.	7	
	divided by	The average daily population in the past 12 months.	1266.58	0.0055
	(2)	Number of inmate grievances regarding discrimination resolved in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate grievances filed regarding discrimination in the past 12 months.	7	0.0000
	(3)	Number of grievances resolved in favor of inmates in the past 12 months.	186	
	divided by	The average daily population in the past 12 months.	1266.58	0.1469
	(4)	Number of grievances resolved in favor of inmates in the past 12 months.	186	
	divided by	The total number of inmate grievances filed in the past 12 months.	2471	0.0753

	(5)	Number of court malpractice or torte liability cases found in favor of the inmate in the past 12 months.	0	
	divided by	The number of court malpractice or torte liability cases in the past 12 months.	0	None Filed
6C		Alleged rule violations are handled in a manner that provides inmates with appropriate procedural safeguards.		
	(1)	Number of disciplinary incidents resolved informally in the past 12 months.	68	
	divided by	The average daily population in the past 12 months.	1266.58	0.0537
	(2)	Number of formal inmate disciplinary decisions that were appealed in the past 12 months.	301	
	divided by	The total number of disciplinary decisions made in the past 12 months.	2290	0.1314
	(3)	Number of appealed disciplinary decisions decided in favor of the inmate in the past 12 months.	0	
	divided by	The total number of disciplinary decisions made in the past 12 months.	2290	0.0000
	(4)	Number of grievances filed by inmates challenging disciplinary procedures in the past 12 months.	22	
	divided by	The average daily population in the past 12 months.	1266.58	0.0174
	(5)	Number of disciplinary-related grievances resolved in favor of the	0	

		inmate in the past 12 months.		
	divided by	The total number of disciplinary-related grievances filed in the past 12 months.	23	0.0000
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months.	0	
	divided by	The total number of court decisions regarding discipline decided in the past 12 months.	0	No decisions
	(8)	Number of rule violations in the past 12 months.	2672	
	divided by	The average daily population in the past 12 months.	1266.58	2.1096
	(9)	Number of inmates terminated from the facility due to rule violations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1266.58	0.0000
6D		Inmates take responsibility for their actions.		
	(1)	Number of inmates released in the past 12 months who made regular payments toward their restitution obligations.	82	
	divided	The number of inmates who had	Not Tracked	Not Tracked

	by	restitution obligations in the past 12 months.		
	(2)	Number of inmates who satisfy their court cost/fines obligations in the past 12 months.	Not Tracked	
	divided by	The number of inmates who had court cost/fine obligations in the past 12 months.	Not Tracked	Not Tracked
	(3)	Total amount of restitution paid by inmates in the past 12 months.	20,921.35	
	divided by	The average daily population in the past 12 months.	1266.58	16.5179
	(4)	Total number of hours of community service donated by inmates in the past 12 months.	2247.25	
	divided by	The average daily population in the past 12 months.	1266.58	1.7743
	(5)	Total number of inmates who participated in restitution in the past 12 months.	384	
	divided by	The total number of inmates housed in the past 12 months.	30183	0.0127
	(6)	Total number of inmates who participated in community service work in the past 12 months.	41	
	divided by	The total number of inmates housed in the past 12 months.	30183	0.0014
	(7)	Total number of inmates who participated in victim awareness programs in the past 12 months.	392	

	divided by	The total number of inmates housed in the past 12 months.	30183	0.0130
	(8)	Total amount of restitution paid by inmates in the past 12 months.	20,921.35	
	divided by	The total number of inmates housed in the past 12 months	30183	0.6932
	(9)	Total number of hours delivered by inmates who participated in community service work in the past 12 months.	2247.25	
	divided by	The total number of inmates housed in the past 12 months.	30183	0.0745
7A		The facility operates as a legal entity.		
		NONE		
7B		Staff, contractors, and volunteers demonstrate competency in their assigned duties.		
	(1)	Total number of years of staff members' education as of the end of the last calendar year.	Not Tracked	
	divided by	The number of staff at the end of the last calendar year.	Not Tracked	Not Tracked
	(2)	Number of staff who left employment for any reason in the past 12 months.	24	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	327.08	0.0734
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months.	Not Tracked	
	divided	The number of full-time equivalent	327.08	Not Tracked

	by	staff positions in the past 12 months.		
	(4)	Number of professional development events attended by staff in the past 12 months.	117	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	327.08	0.3577
7C		Staff, contractors, and volunteers are professional, ethical and accountable.		
	(1)	Number of incidents in which staff was found to have acted in violation of facility policy in the past 12 months.	29	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	327.08	0.0887
	(2)	Number of staff terminated for conduct violations in the past 12 months.	10	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	327.08	0.0306
	(3)	Number of inmate grievances attributed to improper staff conducts which were upheld in the past 12 months.	19	
	divided by	The number of inmate grievances alleging improper staff conduct filed in the past 12 months.	540	0.0352
	(4)	Number of inmate grievances attributed to improper staff conduct which were upheld in the past 12 months.	19	
	divided by	The average daily population for the past 12 months.	1266.58	0.0150
	(5)	Where staff is tested, the number of staff substance abuse tests failed in the	0	

		past 12 months.		
	divided by	The number of staff substance abuse tests administered in the past 12 months.	0	None Administered
	(6)	Number of staff terminations for violation of drug-free work policy in the past 12 months.	1	
	divided by	The number of staff terminations in the past 12 months.	10	0.1000
	(7)	The average number of physicians employed in the past 12 months.	1	
	divided by	The number of physician positions authorized in the past 12 months.	1	1.0000
	(8)	The average number of nurses employed in the past 12 months.	21.00	
	divided by	The number of nurse positions authorized in the past 12 months.	34.40	0.6105
	(9)	The average number of mid-level health care practitioners employed in the past 12 months.	3.83	
	divided by	The number of mid-level health care practitioner positions authorized in the past 12 months.	1.7333	2.2115
	(10)	The average number of ancillary health care staff employed in the past 12 months.	3.50	
	divided by	The number of ancillary health care staff positions authorized in the past 12 months.	2.42	1.4483
7D		The facility is administered		

		efficiently and responsibly.		
	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures).	1,163,623	
	divided by	The budget for the past 12 months.	70,467,692	0.0165
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit.	0	
		NONE	0	0
	(3)	Number of grievances filed by inmates regarding their records or property in the past 12 months.	4	
	divided by	The average daily population in the past 12 months.	1266.58	0.0032
	(4)	Number of inmate grievances (records/property) decided in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate grievances (records/property) in the past 12 months.	4	0.0000
	(5)	Number of objectives achieved in the past 12 months.	Not Tracked	
	divided by	The number of objectives for the past 12 months.	Not Tracked	
	(6)	Number of program changes made in the past 12 months.	Not Tracked	
	divided by	The number of program changes recommended in the past 12 months.	Not Tracked	Not Tracked
	(7)	Number of problems identified by	30	

		internal health care review that were corrected in the past 12 months.		
	divided by	The number of problems identified by internal health care review in the past 12 months.	32.4	
7E		Staff are treated fairly.		
	(1)	Number of grievances filed by staff in the past 12 months.	3	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	327.08	0.0092
	(2)	Number of staff grievances decided in favor of staff in the past 12 months.	0	
	divided by	The total number of staff grievances in the past 12 months.	3	0.0000
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year.	Not Tracked	
	divided by	The number of staff at the end of the last calendar year (e.g. average number of years experience).	Not Tracked	Not Tracked
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months.	4	
	divided by	The number of staff termination or demotion hearings requested in the past 12 months.	3	1.3333
7F		The facility is a responsible member of the community.		
	(1)	Total number of hours of volunteer service delivered by members of the	5212.75	

		community in the past 12 months.		
	divided by	The average daily population of inmates in the past 12 months.	1266.58	4.1156
	(2)	Total number of individual community members who provided voluntary service in the past 12 months.	806	
	divided by	The average daily population of inmates in the past 12 months.	1266.58	0.6364
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	1266.58	0.0000
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months.	25	
	divided by	The average daily population of inmates in the past 12 months.	1266.58	0.0197
	(5)	Total number of complaints from the community in the past 12 months.	67	
	divided by	The average daily population of inmates in the past 12 months.	1266.58	0.0529
	(6)	Total number of hours of community service work delivered by inmates in the past 12 months.	2247.25	
	divided by	The average daily population of inmates in the past 12 months.	1266.58	1.7743

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

Ernest N. Morial Convention Center
New Orleans, Louisiana

Saturday, January 12, 2019

Agency Name: El Paso County Sheriff's Department
Facility Name: El Paso County Criminal Justice Center
Facility Location: Colorado Springs, Colorado

Agency Representatives: Joseph Briester, Undersheriff
Joseph Roybal, Commander
Shannon Paolini, Accreditation Manager
Kylie McAllister, Deputy

Panel Members: Marina Cadreche, Chairperson
Timothy Ward
Gary Hill

Staff: Jennifer Stohr/Eric Schultz

Panel Action

Result

Standards # 4-ALDF-1A-10	Waiver Request
Standards # 4-ALDF-4B-08	Waiver Request
Standards # 4-ALDF-4B-09	Waiver Request
Standards # 4-ALDF-4C-03	Plan of Action

Accreditation Panel Decision

Moved:	Commissioner Ward
Seconded:	Commissioner Hill

Three-Year Accreditation:	Yes
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Accreditation Vote

Yes

No

Commissioner Cadreche	✓	
Commissioner Ward	✓	
Commissioner Hill	✓	

Final Tally

Mandatory	100%
Non-Mandatory	98.7%