

American Correctional Association

ACCREDITATION REPORT



Commission on Accreditation for Corrections

**Ohio Department of Rehabilitation and Corrections
West Central Community Correctional Facility
Marysville, Ohio**

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



American Correctional Association

206 N. Washington Street, Suite 200
Alexandria, Virginia 22314
703-224-0000 • Fax: 703-224-0010
www.aca.org

March 1, 2024

Ohio Department of Rehabilitation and Corrections
West Central Community Correctional Facility
Marysville, Ohio

Congratulations!

It is a pleasure to officially inform you that the West Central Community Correctional Facility was accredited by the Commission on Accreditation for Corrections via a Virtual Panel Hearing in lieu of the American Correctional Association 2024 Winter Conference on January 6th in National Harbor, Maryland.

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

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

On behalf of the American Correctional Association and the Commission on Accreditation for Corrections, thank you for your commitment to the corrections profession and to the accreditation process.

Sincerely,

A handwritten signature in black ink that reads 'TJ Stickrath'.

Thomas Stickrath, Chairperson
Commission on Accreditation for Corrections



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For Immediate Release

West Central Community Correctional Facility Awarded National Accreditation

Thomas Stickrath, 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 West Central Community Correctional Facility. The award was presented in conjunction with the American Correctional Association 2024 Winter Conference on January 6th in National Harbor, Maryland.

In presenting the award, Thomas Stickrath, Chairperson of the CAC, and Denise Robinson, 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 1,300 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 West Central Community Correctional Facility 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 accreditation process.

A handwritten signature in black ink, appearing to read 'David Haasenritter', with a long, sweeping flourish extending to the right.

David Haasenritter,
Director, Standards and Accreditation Department
American Correctional Association

Overview of the American Correctional Association

The American Correctional Association (ACA) is a professional membership organization composed of individuals, agencies and organizations involved in all facets of the corrections field, including adult and juvenile services, community corrections, probation and parole and jails. It has thousands of members in the United States, Canada and other nations, as well as over 100 chapters and affiliates representing states, professional specialties, or university criminal justice programs. For more than 150 years, ACA has been the driving force in establishing national correctional policies and advocating safe, humane and effective correctional operations. Today, ACA is the world-wide authority on correctional policy and expected practices, disseminating the latest information and advances to members, policymakers, individual correctional workers and departments of correction. ACA was founded in 1870 as the National Prison Association and became the American Prison Association in 1907.

At its first meeting in Cincinnati, the assembly elected Rutherford B. Hayes, then governor of Ohio and later U.S. president, as the first president of the association. At that same meeting, a *Declaration of Principles* was developed, which became the accepted guidelines for corrections in the United States and Europe. At the 1954 annual Congress of Correction in Philadelphia, the name of the American Prison Association was changed to the American Correctional Association, reflecting the changing philosophy of corrections and its increasingly important role in society.

Since that time, ACA has continued to take a leadership role in corrections and work toward a professional unified voice in correctional policy. In recent years, one of the Association's major goals has been the development of national and international policies and resolutions of significant issues in corrections. Policies are considered for ratification at the Association's two annual conferences and ratified policies are then widely disseminated. Since its formation, ACA has also had a major role in designing professional standards, and more recently performance based standards and expected practices, for correctional organizations. Since the early 1980s ACA has been involved in a program of accreditation to recognize programs representing excellence in more than 20 different disciplines within the field, with emphasis on evidenced based practices.

Membership in ACA is open to any individual, agency, or organization interested in corrections and the purposes and objectives of the Association. Members include the majority of state, local, provincial, and territorial correctional agencies, individual correctional institutions, local jails, pretrial programs and agencies, juvenile justice programs, schools of criminal justice in colleges and universities, libraries, and various probation, parole, and correctional agencies. Many of ACA's members are employed at federal, military, private, state, and local agencies. Members also include volunteers affiliated with these agencies as service providers 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.

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 a 19-member elected Board of Governors composed of the officers of the Association and five at-large members. The 19 elected governors shall general reflect the Association's composition. The following areas of practice shall be represented by at least one board member:

Correctional Administration	Detention
Institutions	Education
Juvenile	Health Care
Probation	Community Programs
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.

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.

Major Activities of the American Correctional Association

Standards and Accreditation

Perhaps ACA's greatest influence has been the development of Expected Practices and the accreditation process. ACA Expected Practices 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. Expected Practices set by ACA reflect practical up-to-date policies and procedures and function as a management tool for correctional agencies internationally. The Standards and Accreditation Department manage the expected practices for all standards manuals and the accreditation process.

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 expected practices 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 expected practices. 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.

Office of Correctional Health

ACA's Office of Correctional Health serves ACA members, jurisdictions and its affiliates by supporting health services programs for the effective delivery of health to offender populations. We offer comprehensive services, support, and resources to help correctional facilities provide security and quality care for the offender population. The office is responsible for improving ACA's performance-based health care expected practices, trainings and the health certification program. The health certification program includes Nurse, Nurse Manager, Health Services Administrator and Correctional Behavioral Health.

Publications

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

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

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

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

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

Conventions

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

Contracts and Grants

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

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 expected practices for corrections and implementing a voluntary program of accreditation to measure compliance with those expected practices.

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 expected practices and electing members of the Commission. On November 7, 1986, the Commission on Accreditation for Corrections officially realigned itself with the American Correctional Association.

The Commission is governed by a Board of Commissioners who reflect the Association's composition, including adult and juvenile components; the geographical distribution of its membership; and representation of ethnic and racial minorities, women, and management and non-management staff. The responsibility of rendering accreditation decisions rests solely with the Commission.

They represent the following specific categories:

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

Association Staff

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

Auditors

Auditors are corrections professionals who have been selected, trained, and certified by the Association. These individuals perform the field work for the Association which includes providing assistance to agencies working toward accreditation and conducting on-site audits of agencies to assess compliance with program requirements. In certain cases, when the Commission believes it necessary, they monitor agencies to ensure maintenance of the conditions required for accreditation. Teams of auditors, referred to as Visiting Committees, are formed to conduct compliance audits of agencies seeking accreditation and reaccreditation.

Auditors are recruited through announcements in prominent criminal justice publications, online and at major correctional meetings. Affirmative action and equal employment opportunity requirements and guidelines are followed in the recruitment of auditors. All auditors have a minimum of five years of corrections experience, have received a recommendation from an agency administrator, and have demonstrated knowledge in the substantive area(s) in which they are engaged to assist the Association. In addition, all auditors must successfully complete the auditor orientation course, participate in an ACA sanctioned training every three years (check out www.aca.org for details on training dates and times) and be members of the ACA in good standing. All auditors are approved by ACA.

Performance Based Standards and Expected Practices Development

Development of the traditional ACA standards began in 1974 with an extensive program of drafting, field testing, revising, and approving them for application to all areas of corrections. Since then, local, state, national, and international correctional facilities and programs have adopted the traditional standards, performance-based standards, and expected practices as outlined in ACA's accreditation manuals, for implementation through accreditation.

In the development of expected practices, the goal was to prescribe the best possible practices that could be achieved in the United States today, while both being realistic and practical. Steps were taken to ensure that the expected practices 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 expected practices development and approval process has involved participation by a wide range of concerned individuals and organizations. Twenty-five manuals of performance-based standards and expected practices are now used in the accreditation process:

Performance-Based Standards and Expected Practices for Adult Correctional Institutions,
Performance-Based Core Jail Standards
Performance-Based International Correctional Core Standards—Adult
Performance-Based International Correctional Core Standards—Juvenile
Performance-Based Standards for Adult Community Residential Services
Performance-Based Standards for Adult Local Detention Facilities
Performance-Based Standards for Adult Probation and Parole Field Services
Performance-Based Standards for Correctional Industries
Performance-Based Standards for Juvenile Correctional Facilities
Performance-Based Standards for Therapeutic Communities

Performance-Based Health Care Standards for Adult Correctional Institutions
Performance-Based Health Care Standards for Adult Local Detention Facilities
Performance-Based Health Care Standards for Juvenile Correctional Facilities
Standards for Administration of Correctional Agencies
Standards for Adult Correctional Boot Camps Programs
Standards for Adult Parole Authorities
Standards for Correctional Training Academies
Standards for Electronic Monitoring Programs
Standards for Food Service Programs
Standards for Juvenile Community Residential Facilities
Standards for Juvenile Correctional Boot Camps
Standards for Juvenile Day Treatment Programs
Standards for Juvenile Detention Facilities
Standards for Juvenile Probation and Aftercare Services
Standards for Small Juvenile Detention Facilities

Performance-based standards and expected practices establish clear goals and objectives critical to the provision of constitutional and humane correctional programs and services. The performance-based expected practices 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 performance-based standards and expected practices 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 performance-based standards and expected practices address due process and discipline, including access to the courts, mail and visitation, searches, and conditions of confinement of special management offenders.

The expected practices 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 expected practices development and revision.

Suggestions and proposals for revisions to the expected practices from the field and interested others are encouraged. The Standards and 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 performance-based standards and expected practices for the correctional field. ACA expected practices are supported by ACA's Standards and Accreditation Department and the Commission on Accreditation for Corrections, which is the evaluating and certifying body for accreditation. The department is responsible for the administration of accreditation and ongoing development of correctional expected practices.

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 international expected practices, 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 expected practices compliance audit conducted by a visiting committee. The purpose of the audit is to measure operations against the expected practices, based on documentation provided by the agency.

The Visiting Committee Report

The results of the compliance audit are contained in the Visiting Committee report. The finished report consists of a number of sections, which are compiled through an exchange of information between the Visiting Committee, the agency, and Standards and Accreditation Department staff. The report is sent to agency staff for review and distribution to the agency administrator. The completed Visiting Committee report is submitted to the Commission for consideration at the next regularly scheduled panel 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 expected practices.

Agency Response– The agency has three options for expected practices found in noncompliance: a plan of action; an appeal; or a waiver for the requirement of a plan of action request.

A **plan of action** is a detailed statement of tasks to be performed in order to achieve compliance with an expected practice 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 an expected practice. The result of a successful appeal is a change in the status of the expected practice and a recalculation of the compliance tally.

A **waiver** may be requested when noncompliance with an expected practice 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 non-compliant 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 Standards and Accreditation Department Staff.

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

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

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

Conduct of Hearings

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

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

- If a Visiting Committee member is present at the hearing, the panel chairperson may request that the auditor present an account of the visit, focusing on matters particularly pertinent to the decision or specific panel actions. In some cases, however, the panel may wish to call on the Visiting Committee member only to request additional information at different points during the hearing.
- The panel chairperson leads review of each individual non-compliance finding. The agency representative presents information relative to their requests for Waivers, Plans of Action, and appeals. 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 expected practices and at least 90 percent of all other expected practices
- Responds with a formal vote to all appeals submitted by the applicant agency
- Responds with a formal vote to all requests 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-compliance finding, including those for which appeals of non-compliance and Waiver requests have been denied by the panel. In judging the acceptability of Plans of Action, the panel ensures that all of the information requested on the form is provided. Furthermore, the feasibility of plans to achieve compliance is considered, including specific tasks, time frames, and resource availability (staff and funding) for implementing proposed remedies.
- Addresses to its satisfaction any concerns it has with Visiting Committee comments about the quality of life in the facility or program, patterns of non-compliance, or any other conditions reviewed by the panel relating to the life, health, and safety of residents and staff
- For each application, a roll call vote to award accreditation, extend an agency in Candidate or Correspondent Status, or deny accreditation is conducted. The options for final action available to the panel are outlined in the next chapter.

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

Accreditation Decisions

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

- *Three-year accreditation award* based on sufficient compliance with expected practices, acceptance of adequate Plans of Action for all applicable non-compliant findings, (or approval of the Waivers of the requirement that a Plan of Action be submitted) and satisfaction of any other life, health, and safety conditions established by the panel.
- *Extension of the applicant agency in initial accreditation process* (initial accreditation only) for reasons of insufficient 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 agency is for a period of time specified by the panel and for identified deficiencies if in the panel's judgment, the agency is actively pursuing compliance.
- Continuation of accreditation in *Probationary Status* after reaccreditation hearings is considered 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. Probationary Status lasts for a specific period of time designated by the Commission to allow for correction of deficiencies. While an award of accreditation is granted, a monitoring visit *must* be completed, and the report presented at the next meeting of the Commission. At the end of the probationary status, another monitoring visit *MAY* be conducted to ensure that the deficiencies have been corrected. Following the visit, a report is prepared for review by the Commission at its next regularly scheduled meeting. The Commission again reviews the program and considers removing the probationary status or the revocation of accreditation. When the agency corrects the deficiencies within the probationary status period and the corrections have been verified and accepted by the Commission on Accreditation of Corrections by the Commission on Accreditation of Corrections, the agency resumes its status as an accredited agency.

- *Denial of accreditation* denies initial accreditation or removes the agency from Accredited Status (in the case of reaccreditation) and withdraws the agency from the accreditation program. Situations such as insufficient compliance, inadequate Plans of Action, failure to meet other requirements as determined by the panel or quality of life issues may lead to the denial of accreditation. If an agency is denied accreditation by the panel, it is immediately appealed to the full commission. If the agency is denied accreditation by the full commission, 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 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 Director of Standards and 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 Standards and 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 Standards and Accreditation Department. This report is due on the anniversary of the accreditation (panel hearing) date utilizing the template provided by ACA staff (also available at www.aca.org). 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.

Standards and 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 Standards and Accreditation Department staff of any critical incident that has the potential to affect compliance or facility accreditation as soon as possible within the context of the event itself. This information is to be submitted to ACA as soon as possible within the context of the incident itself, using the Critical Incident Report template available at www.aca.org.

Monitoring Visits

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

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

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

Activities, as a general rule, involve a review of all mandatory expected practices, all expected practices 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 expected reviewed, explanation of noncompliance findings, results of the tour and interviews with agency staff and offenders, and discussion of any issues believed to be relevant to the agency's accreditation. The report, as with others prepared by auditors, is reviewed and sent to the agency by Standards and Accreditation Department staff.

When a monitoring visit to the agency reveals deficiencies in maintaining compliance levels that existed at the time of accreditation, or less than 100 percent compliance with mandatory expected practices, 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 expected practices, 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 expected practices is detrimental to life, health, and safety of residents and staff, the Commission may place an agency on probation. Probationary status last for a specific period of time designated by the Commission at its next regularly schedule meeting. The Commission again reviews the program and considers removing the probationary status or revoking accreditation. When the agency corrects the deficiencies within the probationary status period and the corrections have been verified and accepted, the agency resumes its status as an accredited agency. An agency that does not satisfactorily correct the deficiencies may be withdrawn from accreditation.

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

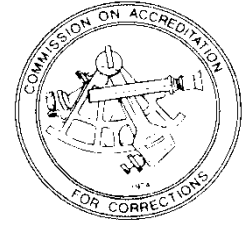
- Failure on the part of the agency to adhere to the provisions on the contract.
- Failure on the part of the agency to maintain continuous compliance with the expected practices at levels sufficient for accreditation.
- Intentional misrepresentation of facts, lack of good faith, or lack of deliberate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

Standards and Accreditation Department staff notify the agency in writing of the specific reasons identified by the Commission for the revocation hearing.

Expiration of Accredited Status

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

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



Visiting Committee Report and Hearing Minutes

CONFIDENTIALITY

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Ohio Department of Rehabilitation and Corrections
West Central Community Correctional Facility
Marysville, Ohio

November 6-7, 2023

VISITING COMMITTEE MEMBERS

David Eberhard, Chairperson
ACA Auditor

David Galione
ACA Auditor

A. Introduction

The reaccreditation audit of the West Central Community Correctional Facility was conducted on November 6-7, 2023, by David Eberhard, Chairperson and David Galione, Member.

B. Facility Demographics

Operational Capacity: 144

Current Population: 128 (85 males and 43 females).

Average Daily Population for the last 12 months: 124

Average Length of Stay: 139 days

Security/Custody Level: Community/Residential

Age of Criminal Majority: 18

Gender: Male and Female

Full-Time Staff: 70

C. Facility Description

West Central Community Correctional Facility (WCCCF) is a 144 bed Community Based Correctional Facility serving Champaign, Clark, Delaware, Logan, Madison, Morrow, and Union counties, in the state of Ohio. WCCCF is alternative to prison providing a secure treatment environment, with its primary purpose being the rehabilitation of non-violent male and female felony offenders. WCCCF assists its residents in their journey to make the changes necessary to live a productive, sober, and pro-social life. Most residents arrive at the facility as a result of being sentenced by a court. A minority of residents arrive at the facility after being released from prison.

The building in which WCCCF is located was built in 1996. The facility is a single-story brick structure with the male and female wings separated by locking gates, doors, and a corridor. Each of the housing unit areas has a large dayroom, dormitories, bathrooms, multi-purpose rooms, a library, laundry facilities, utility rooms and janitor closets. Each of the housing wings has outdoor recreational areas. The facility has a lobby, an administrative wing, a program/educational wing, an intake area, a kitchen and dining area and a visitation area. Construction is currently being conducted to expand the facility's living areas to allow for eight additional male beds and sixteen additional female beds.

WCCCF provides a six-month program, based on Cognitive Behavior Therapy (CBT), for men and women who might otherwise spend their felony sentence in prison. WCCCF utilizes CBT interventions to assist residents in replacing criminal thinking and behavior patterns with pro social thinking and behavior patterns. Each resident is assessed pursuant to the Ohio Risk Assessment System (ORAS) to determine areas of risk and need. Individual Resident Treatment Plans are then created based on those areas. Residents will receive treatment dosage (the amount of treatment hours) based upon risk level, as determined by the results of ORAS.

WCCCF's mission is to prepare residents for re-entry into the community with program integrity by meeting established standards in a safe and secure treatment environment.

Consistent with its mission, WCCCF is to be commended for having on its staff five former residents.



D. Pre-Audit Meeting

The audit team met on November 5, 2023, in Marysville, Ohio, to discuss the information provided by the Association staff and the officials from WCCCF.

The standards were divided in the following way:

Standard #4-ACRS-1A-01 to #4-ACRS-4C-24: David Eberhard, Chairperson.

Standard#4-ACRS-5A-01 to #4-ACRS-7F-10: David Galione, Member

E. The Audit Process

1. Transportation

The audit team was transported to WCCCF by Kollin Tossey, Accreditation Manager.

2. Entrance Interview

The audit team was escorted to the facility conference room and the formal entry meeting was convened.

The following persons were in attendance:

Craig Shumaker – Executive Director
Lori Penrod – Operations Director
Scott Zwiezinski – Program Director
Ann Barge – Grants/Fiscal Coordinator
Derek Clay – Human Resources Manager
Stephen Grim – Curt Services Coordinator
Aaron Stidham – Facility Coordinator
Tina Brent – Resident Monitor III
Tezrene LaRoche – Clinical Coordinator
Rebecca Miracle – Lead Counselor
Demetrius Thomas – Cognitive Behavior Coordinator
Mark Reynolds – Resident Monitor Coordinator
Cheyenne Kuhn – Lead Counselor
Kollin Tossey – Accreditation Manager
Terri Funderburgh – Executive Assistant

It was explained that the goal of the audit team was to be as helpful and non-intrusive as possible while conducting 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. All the attendees introduced themselves and stated their positions of employment. The members of the audit team provided brief biographies. The chairperson expressed appreciation for the opportunity to perform the reaccreditation audit of WCCCF and stated that the audit would be thorough and fair.

3. Facility Tour

The audit team toured the facility from 8:40 a.m. to 11:00 a.m. The following persons were present on the tour and responded to the questions concerning facility operations:

Craig Shumaker – Executive Director
Aaron Stidham – Facility Coordinator
Mark Reynolds – Resident Monitor Coordinator
Kollin Tossey – Accreditation Manager

Terri Funderburgh – Executive Assistant
Lori Penrod – Operations Director
Scott Zwiezinski – Program Director

4. Conditions of Confinement/Quality of Life

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

Security:

A Resident Monitor Coordinator provides oversight of a Resident Monitor IV (vacant at the time of the audit), four Resident Monitor IIIs (one vacancy at the time of the audit), two Resident Monitor IIs (one part time) and 19 Resident Monitor Is (one part time) who circulate throughout the facility and observe and oversee the movement, actions, activities and behavior of residents. While engaging in observation and oversight of residents, RMs are expected to model pro-social behavior, engage in positive reinforcement, and enforce facility rules by responding swiftly and certainly to behavior that is inconsistent with the good order and safety of the facility. When communicating with residents, RMs are expected to be respectful and professional while engaged in the use of authority, disapproval, punishment and/or positive reinforcement. The audit team spoke with and observed numerous RMs. The observed interaction between them and residents was characterized by firmness, fairness, care, and professionalism. While observing RMs engaging in direct supervision of residents, it was evident that RMs attempt to instill order and discipline into the lives of the residents housed at WCCCF. Members of the security staff, communicated with by the audit team, were able to adequately articulate the requirements of their jobs. While performing their duties, members of the security staff carry radios but do not carry restraints, chemical agents, or other force-continuum instruments. Based on acts of misbehavior ranked from Level 1 to Level 5, the facility has a detailed Sanctioning Grid, whereby residents are held accountable for unacceptable behaviors. Resident can also be assigned to a 20-minute “Bench” time, wherein they are allowed to “think” before possibly engaging in inappropriate behavior. Positive behavior is recognized, affirmed, and reinforced by the provision of “Stepping Stones,” which can be used by residents for various privileges.

Offenders who are sentenced or otherwise assigned to WCCCF are subject to a nine-step intake procedure that includes a strip search, body scan (Soter RS Full Body Security Scanning System), urinalysis test and breathalyzer test.

A three-phase accountability system exists for residents whereby they can move through an Orientation Phase (1-2 weeks), a Treatment Phase (7-15 weeks) and a Reentry Phase (3-8 weeks) (the higher the phase the greater the privileges), pursuant to adhering to WCCCF’s rules and regulations, successfully participating

in required programming and showing progress in the Individual Resident Treatment Plan's (IRTC) goals and objectives. All phase changes are based on meeting the expectations listed in each phase. Phase movement and advancement is reviewed weekly.

WCCCF's Control Center is located in an area that separates the administrative wing from the remainder of the facility. Facility ingress and egress consists of a main secure door monitored and controlled by the members of the staff assigned to the Control Center. All members of staff and visitors utilize a sign in/out log before entering the facility. The audit team was able to verify that there is good control of those entering and exiting the facility. Radios and some keys are maintained in Central Control. Assigned members of staff are trained in the safekeeping of assigned radios and keys. The audit team was able to verify that radios and keys are properly secured, inventoried, and documented according to policy and procedures. A cut down tool is present in the Control Center.

WCCCF has a comprehensive key control system, which includes a master inventory of all its keys and ninety-six key rings. The electronic "Morse Key Watcher" system is utilized, from which members of staff check out keys from an issuance station by means of an assigned pin and password code. An electronic log recording all transactions is maintained within the system. As stated earlier, some keys are stored in a key cabinet maintained in Central Control and are issued through a pass-through drawer. Each key ring is numbered with the use of a chit. The audit team recommended that the number of keys on a ring be added to the chit. The audit team was able to verify that WCCCF appropriately controls its keys.

Resident head counts are conducted at least five times daily (2:00 a.m., 5:30 a.m., 12:00 p.m., 5:20 p.m. and 10:00 p.m.). All head counts are documented on a Resident Count Sheet. A member of the audit team was able to observe a resident count, which cleared, and it was performed professionally and efficiently. Walk-through counts are also performed daily. The movement of residents, as observed by the audit team, was orderly and conducive to good security. Residents returning to the facility are subject to intoximeter breathalyzer testing each time they reenter from work, outside appointments, and outside programming. Residents are also subject to random 12-panel urine drug screens (1,856 screens administered in previous 12 months) and pat downs, which are performed randomly, routinely, and pursuant to reasonable suspicion. The chairperson was able to verify that searches of all resident living quarters and common areas are conducted by RMs in a manner consistent with policy. The audit team was able to verify that the number and results of tests and searches are appropriately documented.

Perimeter Rounds are performed daily: once per day shift, and twice per night shift. The night shift rounds must be at least four hours apart and typically happen at 10:00 p.m. and 4:00 a.m. All perimeter rounds are documented. The facility has thirteen wall pack lights attached to the building and thirty-five light poles with attached lighting, which provide for sufficient lighting of the facility at night. The

facility has 121 interior cameras and sixteen exterior cameras (four of which are PTZ), which are observed from Central Control.

Tool control at the facility is under the supervision of the Maintenance Specialist. Tools are maintained in toolboxes (each with an attached inventory sheet) and on a shadow board. Tools do not have an engraved or marked unique identifying number. Residents are allowed to use tools under direct supervision. All tools are maintained in secure, locked areas. Inventory logs were present and appropriately maintained. A full inventory of tools is performed quarterly. There was documentation that tools are inventoried. Through specific inquiry, the audit team was able to verify the inventory and location of specific tools (Daily Tool Sign In/Sign Out forms). There is a system in place to discard and replace broken or worn-out tools.

WCCCF's toxics and caustics are all maintained in appropriately designed, designated, and locked storage areas. Equipment/Chemical Sign In/Out forms and inventory logs were present and appropriately maintained. Through specific inquiry, the audit team was able to verify the inventory and location of specific chemicals. Chemical products were appropriately labeled. The required SDS's were present and readily available. Gasoline was appropriately stored and accounted for. The audit team recommended that numerous bottles of hand sanitizer (being stored on an open shelf), that was listed as flammable, be moved to the facility's flammable cabinet.

Environmental Conditions:

The maintenance of WCCCF is overseen by a Maintenance Specialist. He is assisted in maintaining the facility by a Maintenance Crew comprised of 2-3 residents. To forestall structural problems, the facility has a preventive maintenance agreement with Silco and Applied Mechanical. Apart from preventive maintenance, as deficiencies are observed and/or reported, Maintenance Service Request Forms are prepared and monitored through Lotus Notes. Maintenance Service Request Forms are appropriately prioritized and monitored. Subject to supply chain issues, the goal is to complete all Maintenance Service Request Forms within a week's time. Maintenance issues that involve safety and security are addressed immediately. When maintenance jobs are beyond those which the Maintenance Specialist can address, he seeks assistance from private contractors. A system exists to monitor tools that are brought onto the facility grounds of the complex by private contractors.

The building in which WCCCF is located was built in 1996. The building is very presentable and appears to be well maintained. Light, noise and airflow conditions have been tested by a qualified environmental expert and fall within approved ranges. The facility is completely air-conditioned. The temperatures inside the facility during the time of the audit were extremely comfortable and the air quality was good. Each housing unit had appropriate number of sinks, showers (newly

installed stainless steel) and toilets easily accessible to the sleeping rooms. The bathrooms were well maintained and there was no appearance of mildew in the shower areas. Fixtures that were tested during the audit were in good working order. The water temperatures were acceptable. The artificial lighting levels were good, and there was sufficient natural light. The residents are provided with comfortable mattresses (properly fire rated). Mattresses are to be sanitized monthly. While most of the mattresses observed by the audit team appeared to be in acceptable condition, the audit team did raise concerns about multiple mattresses that they observed with tears that were covered up with duct tape. Before the audit concluded, the audit team was able to review a requisition form indicating the ordering of new replacement mattresses. Residents have sufficient storage areas. Common areas are provided to residents, and they felt free to interact and communicate with each other and members of staff within these areas. Televisions are present in common areas. Enough phones are present that can be adequately operated by residents. Male residents have access to four Adobo computer tablets and female residents have access to three Adobo computer tablets, which can be used for both programming and non-programming purposes. Residents have access to vending machines. The grounds of the facility were in excellent condition.

Sanitation:

The WCCCF housekeeping plan describes in detail the cleaning requirements for twenty-two separate areas. Residents who are assigned to Facility and Sanitation Crews are provided instruction as to how chemicals, cleaning supplies and equipment are to be handled. Residents, in performing their "Tites" do all the sweeping, dusting, scrubbing, mopping, and buffing of the entire facility seven days a week under the supervision of members of staff. It appears as if the housekeeping plan is enforced, given the cleanliness that the audit team observed at WCCCF. Resident living areas were very orderly. The cleaning equipment observed by the audit team was in good repair and there appeared to be sufficient cleaning supplies. Both the equipment and supplies were safely stored in enclosed areas that were organized, clean, dry, and free of musty smells. The complex utilizes a pre-diluted cleaning supply system (Ecolab) that allows for a controlled, inventoried, and effective delivery of the supplies necessary for maintaining a clean and sanitary environment. Inventories were checked and the system is professionally managed. The supply system was adequately demonstrated for the audit team. Personal protective equipment is available for use. SDSs were present and readily available. Members of staff conduct weekly inspections, which are documented, to monitor the facility's safety, cleanliness, and sanitation. Corrections to deficiencies noted in the weekly inspections appear to be performed in a timely manner and documented. Residents with whom the audit team communicated stated that proper cleaning and sanitation is enforced, and that the facility is routinely clean and orderly. The most recent Environmental Health and Safety Inspection of the facility was performed by the Union County Health Department on 9-28-23, wherein five deficiencies were noted. The audit team was able to review documentation indicating that as of 11-2-23 all the deficiencies had been corrected.

Fire Safety:

WCCCF is protected from the danger of fire and smoke by a Simplex Fire Alarm system (tested annually and last serviced in 10-30-23). Protection from fire and smoke is achieved through this system by smoke detectors, heat detectors, duct detectors, pull stations and audio/visual alarms. The fire alarm panel, located in the Control Center, was functional during the time of the audit. Additional suppression and fire safety equipment includes sprinklers (tested annually and last serviced on 10-26-22), one standpipe (tested annually and last serviced on 10-26-23) and thirteen fire extinguishers (fully charged with current inspections). The facility has thirty-nine exit signs (last inspected on 10-18-23). It was stated that all the exit signs were functional at the time of the audit. It was stated that emergency lighting is combined with normal lighting and was functioning at the time of the audit. Fire drills are conducted monthly, per shift and are actual. Fire drills are documented. Residents concurred that fire drills occur on an ongoing basis, and they were able to describe the process. Evacuation plans were current, prominently displayed and appropriately approved. Weekly and monthly inspections are conducted and documented. The most recent fire inspection was conducted by the Marysville Fire Division on 9-14-23, wherein three violations were noted. A reinspection of the facility was conducted on 10-18-23, at which time the violations had been corrected. The Marysville Fire Division (0.3 miles from the facility) provides emergency fire response and service protection.

Food Service:

WCCCF's Food Service Department is overseen by a Food Service Coordinator (ServSafe certified), who is assisted by 13-15 residents. The facility follows a rotating four-week menu cycle, which provides approximately 3,200 calories daily for male residents and 2,700 calories for female residents and is approved by its contracted Medical Doctor. The cost per meal, per resident is \$1.91. The Department provides both medically approved therapeutic diets and religious diets. At the time of the audit, there were fourteen medically approved therapeutic diets and zero religious diet being provided to residents. The kitchen also prepares food for a separate grill menu, from which meals can be purchased at a nominal cost.

There is one kitchen in the facility, which is spacious, well lit, and well appointed. The refrigerator, freezer, dry storage, and dishwasher areas were clean, orderly, and well maintained. At the time of the audit, all equipment was functioning. A review of temperature logs indicated that ambient, freezer, refrigerator, food, and dishwasher temperatures were appropriate and checked on a regular basis. Food containers were stored off the floor and at appropriate distances from walls and ceilings. Sugar and spices were securely stored. Dates were clearly marked on food containers pursuant to a first-in-first-out storage system. The food preparation areas were clean and orderly. Sample meals are maintained for a 24-hour period. The audit team recommended that the amount of time that sample meals are maintained be increased to 48-72 hours. Members of the staff and Resident Kitchen Workers

were properly attired, wore head coverings and appeared to observe appropriate sanitation practices. Daily resident and staff health checks were documented. The range guards were clean. The ice machine was clean and appeared to be well maintained. An eye wash station was present and was functioning properly. At the time of the audit, food was found to be at appropriate temperatures. The most recent food/ health inspection was conducted by an authorized inspector for the State of Ohio on 5-24-23, wherein no violations were noted.

Shadow boards, inventory logs, Daily Tool Sign In/Sign Out forms, and a resident ID system are maintained regarding the storage and use of kitchen utensils and tools. Utensils, knives, and tools are stored in a locked cabinet. When in use, knives are not tethered. A member of the audit team recommended the tethering of knives. Through specific inquiry, the audit team was able to verify the inventory and location of utensils, knives, and tools. Formal documented accountability of utensils, knives and tools is conducted at least three times daily. Informal accountability of utensils, knives and tools is conducted throughout the day.

Food Service chemicals are stored in a secure area. An Ecolab dilution system is used. The audit team checked inventories and determined that chemicals are accounted for. Appropriate SDS's were present and readily available. Personal protective equipment was available for use.

The male residents have a dining hall. The female residents have their meals delivered to the housing unit dining area. The residents' dining areas were found to be clean and well maintained.

The audit team ate a resident meal and found it to be good in taste, appearance, and quantity. The audit team also ate a meal from the grill menu, which it found to be good in taste, appearance, and quantity.

Medical Care:

Pursuant to a Provider Services Agreement entered between WCCCF and Memorial Hospital, the medical authority for the facility is Dr. Kevin Henzel. The medical department is comprised of a full-time Medical Coordinator, a full-time LPN, a part-time LPN (vacant at the time of the audit) and two part-time Medical Transport Assistants (one vacancy at the time of the audit). Dr. Henzel is present at the facility on Tuesdays for sick call and chronic care clinics. Dr. Henzel prescribes medications, sees residents for general health conditions, work-related injuries, mental health issues and arranges outside mental health consultations. He is also highly active in helping residents navigate the Medication-Assisted Treatment process. Dr. Henzel is always available for consultation with the WCCCF healthcare staff. WCCCF also has a Mental Health Manager and a Contract Psychologist. Residents are responsible for paying a \$10.00 charge for initial visits with WCCCF healthcare staff. There is no Dental care provided by the facility. If dental issues arise, residents are required to go to an outside dentist. Residents can

obtain furloughs to visit a medical doctor or dentist with the approval of the Executive Director and the medical staff. New admissions are received on Tuesday and Thursday, at which time residents are screened and given the PPD skin test. Sick call is provided Monday – Friday at 1:00 p.m., by the Medical Coordinator and a RM. RMs conduct four pill calls a day for the residents. Medications and needles are securely stored. RMs check the medication that the resident is supposed to receive along with the appropriate resident identification. Residents self-administer their medications. Administered medication is accounted for daily by RMs. Documented formal audits of medication and needle inventories are performed twice monthly.

All members of the WCCCF staff on each operational shift are trained in emergency first aid and CPR. First aid kits are in Central Control, the kitchen, and facility vehicles. Monthly audits of first aid kits are documented. There is an AED in Central Control. WCCCF has Narcan kits located in seven areas of the facility.

Recreation:

WCCCF provides a wide range of recreation opportunities to its resident population. The grounds contain two outside recreation areas offering the opportunity for basketball, kickball, t-ball, running and walking and tables for sitting and relaxing. Stationary bicycles, treadmills, steppers, exercise balls, yoga mats, pull up bars, dip bars, corn hole equipment, foosball and table tennis are available in dayrooms, along with more sedentary activity options such as television, table games and musical instruments. Physical fitness and Yoga videos are available for residents. While engaging in the tour of the facility, the audit observed exercise equipment that had tears that had been covered with duct tape. A recommendation was made to appropriately recover this exercise equipment.

Religious Programming:

WCCCF does not employ a chaplain. There is no on-site chapel on the premises of the facility. All residents at the facility are offered the opportunity to practice the faith of their choosing. Residents have the opportunity to participate in multiple bible studies. Residents can retain religious material related to their faith with their property. Eligible residents can attend church services on approved furloughs. The Executive Director can approve special clergy visits. Members of the medical staff approve religious special diets.

Offender Work Programs:

Prior to the covid19 pandemic, WCCCF residents participated in employment opportunities outside of the facility. The facility's attempts to restore those outside work opportunities have been stifled by further covid19 outbreaks. The facility has recently been in communication with an employment site, and it is believed that outside employment for residents will be resumed in December of 2023. Residents

perform jobs within the facility by being assigned to one of nine resident work crews, those being: Big Brother/Big Sister Crew, Community Awareness Crew, Education Crew, Facility and Sanitation Crew, Garden Crew, Kitchen Crew, Laundry Crew, Maintenance Crew and Motivation Crew. Each of the crews have detailed descriptions of the job duties that must be engaged in by an assigned resident.

Academic and Vocational Education:

The Education Department, which is partially funded with an ASPIRE grant, is staffed by an Education Coordinator, three Adult Education Instructors and an Education Aide. Residents who are not verified to have a high school diploma or GED are placed in the facility's academic program. To determine academic levels, students are provided the Tests of Adult Basic Education (TABE) and other educational assessments. Students participate in academic classes that meet on a regular basis. The focus of the academic classes includes basic skills improvement and GED preparation. The Education Department also provides tutoring to improve literacy and information regarding higher learning and financial aid. In addition, members of the Education Department staff work with residents who have a desire to further their education by helping them make connections with local institutions of higher learning. Students have access to the resident computer lab (seven computers) and are encouraged to use the additional resources in the facility libraries. The facility has two spacious, comfortable, and well-appointed classrooms. WCCCF is a Pearson Vue testing site for the GED. In the past year, fifty-five students have achieved their GED. WCCCF is to be commended for the impressive number of GED graduates in the past year. GED celebrations take place monthly.

Social Services:

WCCCF provides a comprehensive set of services directed at addressing the mental health, cognitive, addiction and reentry needs of its residents. The facility employs two Clinical Coordinators (one vacancy at the time of the audit), who oversee three Lead Counselors and 11 Counselors (one vacancy at the time of the audit). The facility also employs a Mental Health Manager and a Family and Volunteers Services Coordinator who oversees two Family and Volunteer Services Specialists (one vacancy at the time of the audit). Upon arrival at the facility, a resident is assigned a Counselor, who identifies individual programmatic needs in an effort to ensure positive adjustment on the part of the resident that will translate into successful reintegration to the community. The Counselor and resident work together to develop an Individual Resident Treatment Plan (IRTP), which is a written agreement between the Counselor and resident that states how the resident is going to make positive changes in his or her life. It also provides the Counselor with a tool to evaluate a resident's progress. The resident's ORAS results are relied upon in determining the IRTP.

As stated earlier in this report, WCCCF provides a six-month program based on Cognitive Behavior Therapy (CBT). The program is made up of a three-phase accountability system whereby residents can move through an Orientation Phase (1-2 weeks), a Treatment Phase (7-15 weeks) and a Reentry Phase (3-8 weeks) (the higher the phase the greater the privileges), pursuant to adhering to WCCCF's rules and regulations, successfully participating in required programming and showing progress in the IRTC goals and objectives. All phase changes are based on meeting the expectations listed in each phase. Phase movement and advancement is reviewed weekly.

While participating in WCCCF's program, the specific programming engaged in by residents includes: Thinking For A Change, Cognitive Behavioral Interventions Substance Abuse, Getting Motivated To Change, Transitional Skills For Recovery, Anger Management, Occupational Skills, Social Skills #1, Social Skills #2, Employability Skills #1, Employability Skills #2, Healthy Relations, Trauma Survivors, Setting the Score, Parenting, Beyond Trauma and Booster Groups.

Residents can participate in a Job Readiness Group, which covers the issues of Myths and Values, Identifying Skills, Searching for Employment, Information Interviewing, Applications, Resumes, Interviewing and Keeping Your Job.

Family and Volunteers Services ensure that before discharge from the facility, residents have opportunities for involvement with family and community activities. As such, this department ensures that residents' responsibility will increase throughout the program by engaging in community service, furloughs, special visits, work release and family counseling.

Resource guides (which are County specific) dealing with necessary documentation, social security, transportation, housing, employment, medical care, mental health, legal assistance, and substance abuse are provided to residents for their use in reentry.

Visitation:

Visitation is a privilege earned after a resident has completed Phase I. Since the covid19 pandemic, visits to WCCCF have been only video visits. Friends and family members 18 years of age and older wishing to conduct video visits are required to create an account and register for visitation on the IC Solutions website. Residents are permitted to have no more than three visitors at one time (unless they have approved special accommodation permitting additional visitors). Phase II residents are permitted to have one on-site video visitation per week and one off-site video visitation per week. Phase III residents are permitted to have two on-site video visitations per week and two off-site video visitations per week. All visits must be scheduled at least 12 hours prior to the requested time of the visit and can be scheduled up to two weeks in advance. Unless a longer time has been approved, visits can last no longer than 30 minutes. The charge for a video visit is \$7.50,

which is paid for by the visitor at the time the visit is scheduled. On-site video visits are at no cost. Kiosks and tablets are available for visitation. Visitation occurs seven days a week. A resident's visitation privileges may be suspended by staff and/or a Probation Officer due to behavior or treatment issues.

Library Services:

The facility maintains an open and accessible library on the male wing and the female wing. The library on the male wing is located on a mezzanine above the dayroom. In the female wing the library materials are in a general, multi-purpose room adjacent to the dayroom. Materials in the libraries include general reading, community resource pamphlets and brochures, county specific information, newspapers, and magazines. Most of the books in the libraries are donated. Educational books are purchased by the facility. Residents can request books from the local library to be checked out.

Laundry:

The facility provides separate laundry rooms for male and female residents. The male laundry room contains five commercial grade washing machines and five commercial grade dryers. The female laundry room contains five commercial grade washing machines and two commercial grade dryers. The washing detergent is self-fed through an Ecolab system. All the washing machines and dryers were functioning during the time of the audit. Resident laundry crews are responsible for the washing and drying of cloths contained in net bags. The facility has a central laundry (one commercial grade washing machine and one commercial grade dryer) for linens and bulk loads. Appropriate procedures for chemical issuance are followed. Appropriate SDSs are present and readily available. The clothing worn by residents, as observed by the audit team, appeared to be clean and in good condition. Residents can purchase clothing through Keefe Commissary.

F. Examination of Records

Following the facility tour, the review of accreditation files was initiated. During the course of the audit, the audit team inspected personnel records and training records. The chairperson found the file documentation to be organized and complete.

1. Litigation

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

2. Significant Incidents/Outcome Measures

The Significant Incident Summary statistics did not indicate any problem areas at the facility. Two escapes during the last year were noted. Facility staff members do not physically apprehend residents who walk away from the facility.

The Outcome Measures worksheet was reviewed. The statistics reflected in the report are consistent with the overall mission and security level of the WCCCF.

3. Departmental Visits

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

Lead Counselor – Cheyenne Kuhn
Cognitive Behavior Specialist – James Blakeman
Central Control – Mark Reynolds
Kitchen – Tracie Six
Teachback Session – James Blakeman
Maintenance – Aaron Stidham
Human Resources – Derek Clay
Resident Monitor III – Tina Brent

4. Shift

a. Day Shift

The audit team was present at the facility during the day shift from 8:20 a.m. to 6:00 p.m. Members of staff were professional, competent, and knowledgeable of their job duties. Members of staff were extremely responsive and cooperative. The audit team observed and spoke to male and female residents who were open to describing their experiences while being housed at WCCCF. The audit team reviewed standards files.

b. Evening Shift

The audit team was present at the facility during the evening shift from 6:00 p.m. to 6:45 p.m. A member of the audit team attended shift briefing and found the members of the oncoming staff to be professional, competent, and knowledgeable of their job duties. A member of the audit team observed the changeover in Central Control, which was carried out in a professional and efficient manner.

G. Interviews

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

1. Resident Interviews

During the audit, the audit team spoke informally with residents in their living and common areas and formally interviewed ten residents (both male and female). The

residents did not appear to be intimidated and spoke openly and freely about the experiences at the facility. All the residents with whom the audit team communicated stated that they felt safe and that the members of the staff interacted with them in a respectful manner. All the residents with whom the audit team communicated stated that RMs enforce rules in a fair manner. Multiple residents expressed appreciation for being at WCCCF and spoke highly of the programming and the program facilitators. All the residents with whom the audit team communicated stated that the medical department was very responsive, caring, and competent. Residents were complimentary of the food served at the facility. There were no general complaints about the facility or members of staff.

2. Staff Interviews

During the audit, a substantial number of members of the staff were interviewed. Members of staff both on the security and programming side appeared to have a passion for WCCCF's mission and their role in helping the facility achieve its mission. Members of staff with whom the audit team spoke were knowledgeable about their duties and very articulate in explaining those duties. Members of staff with whom the audit team spoke stated that they received appropriate training for their jobs. The morale and camaraderie among the members of staff observed by the audit team was positive. Progressive attitudes regarding the treatment of residents were expressed by all the members of staff with whom the audit team communicated.

H. Exit Discussion

The exit interview was held in the conference room of the facility with Executive Director Shumaker and sixteen staff members in attendance.

The chairperson explained the procedures that would follow the audit. The chairperson discussed the compliance levels of the mandatory and non-mandatory standards and reviewed his 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.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Community Residential Services, 4 th Edition	
Supplement	2016 Standards Supplement	
Facility/Program	West Central Community Correctional Facility	
Audit Dates	November 6-7, 2023	
Auditor(s)	David Eberhard, Chairperson, David Galione, Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	32	218
Number Not Applicable	0	11
Number Applicable	32	207
Number Non-Compliance	0	0
Number in Compliance	32	207
Percentage (%) of Compliance	100%	100%
<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

Ohio Department of Rehabilitation and Corrections
West Central Community Correctional Facility
Marysville, Ohio

November 6-7, 2023

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #4-ACRS-2A-06

IF EMPLOYEE'S CONTRACTS ARE GOVERNED BY CIVIL SERVICE OR UNIONS, PROCEDURES PROVIDE FOR PROVISIONAL APPOINTMENTS TO ENSURE THAT SHORT-TERM PERSONNEL, BOTH FULL-TIME AND PART-TIME, CAN BE AVAILABLE DURING EMERGENCIES.

FINDINGS:

The West Central Community Correctional Facility is not governed by civil service or unions.

Standard #4-ACRS-2A-13

THE ELECTRONIC MONITORING PROGRAM HAS A SYSTEM OF ACCOUNTING FOR AN OFFENDER AT ALL TIMES, INCLUDING VERIFICATION OF ACTIVITIES, REPORTING OF TARDINESS AND/OR ABSENCE FROM REQUIRED SERVICES OR ACTIVITIES, AS WELL AS OTHER PROGRAM VIOLATIONS

FINDINGS:

The West Central Community Correctional Facility does not have an electronic monitoring program.

Standard #4-ACRS-2A-14

ACCESS TO COMPUTER EQUIPMENT IS LIMITED TO AUTHORIZED PERSONNEL WITH SECURITY CODES. ADEQUATE POWER AND COMMUNICATION BACKUP SYSTEMS PROVIDE CONTINUOUS, UNINTERRUPTED OPERATIONS.

FINDINGS:

The West Central Community Correctional Facility does not have an electronic monitoring program.

Standard #4-ACRS-2A-15

ANY INTERRUPTION IN SERVICE IS DOCUMENTED AND REPORTED TO THE AUTHORITY HAVING JURISDICTION.

FINDINGS:

The West Central Community Correctional Facility does not have an electronic monitoring program.

Standard #4-ACRS-2A-16

A DETAILED WRITTEN OFFENDER SCHEDULE IS DEVELOPED AND SIGNED BY A STAFF MEMBER AND THE OFFENDER.

FINDINGS:

The West Central Community Correctional Facility does not have an electronic monitoring program.

Standard #4-ACRS-2A-17

PROVISIONS ARE MADE FOR THOSE WHO ARE UNABLE TO PAY PROGRAM COSTS.

FINDINGS:

The West Central Community Correctional Facility does not have an electronic monitoring program.

Standard #4-ACRS-4C-14-1

WHERE NURSING INFANTS ARE ALLOWED TO REMAIN WITH THEIR MOTHERS, PROVISIONS ARE MADE FOR A NURSERY, STAFFED BY QUALIFIED PERSONS, WHERE THE INFANTS ARE PLACED WHEN THEY ARE NOT IN THE CARE OF THEIR MOTHERS.

FINDINGS:

The West Central Community Correctional Facility does not have nursing infants.

Standard #4-ACRS-6A-04-1

THE ASSIGNMENT OF APPROPRIATELY TRAINED INDIVIDUALS TO ASSIST DISABLED OFFENDERS WHO CANNOT OTHERWISE PERFORM BASIC LIFE FUNCTIONS IS PROVIDED.

FINDINGS:

Given the nature of its program, the West Central Community Correctional Facility does not house residents who cannot perform basic life functions.

Standard #4-ACRS-7A-02

A SOLE PROPRIETOR OPERATING A FACILITY IS ABLE TO DOCUMENT THAT NECESSARY LEGAL MEASURES HAVE BEEN TAKEN TO PROVIDE CONTINUITY OF SERVICE IN THE EVENT OF BANKRUPTCY, INCAPACITATION, RETIREMENT, OR DEATH.

FINDINGS:

The West Central Community Correctional Facility is not a sole proprietorship.

Standard #4-ACRS-7A-03

THE AGENCY SATISFIES PERIODIC FILING REQUIREMENTS NECESSARY TO MAINTAIN ITS LEGAL AUTHORITY TO CONTINUE OPERATIONS. (PRIVATE AGENCIES ONLY).

FINDINGS:

The West Central Community Correctional Facility is not a private agency.

Standard #4-ACRS-7A-04

AT A MINIMUM, THE BYLAWS FOR THE GOVERNING AUTHORITY OF THE AGENCY INCLUDE:

- MEMBERSHIP (TYPES, QUALIFICATIONS, COMMUNITY REPRESENTATION, RIGHTS, DUTIES)
- SIZE OF GOVERNING BODY
- METHOD OF SELECTION
- TERMS OF OFFICE
- DUTIES AND RESPONSIBILITIES OF OFFICERS
- TIMES AUTHORITY WILL MEET
- COMMITTEES
- PARLIAMENTARY PROCEDURES

- RECORDING OF MINUTES
- METHOD OF AMENDING THE BYLAWS
- CONFLICT OF INTEREST PROVISIONS
- QUORUM

FINDINGS:

The West Central Community Correctional Facility is not a private agency.

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: **West Central Community Correctional Facility** Reporting Period: **Nov. 2022 – Oct. 2023**

Incident Type	Months	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Total for Reporting Period
	→													
Escapes		0	0	0	0	0	0	0	1	1	0	0	0	2
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	0	0
	Offender/Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
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.



Facility Name: West Central Community Correctional Facility
 Date: November 3, 2023

Standard	Outcome Measure	Numerator / Denominator	Value	Calculated O.M
1A	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months	2	
	divided by	Average number of Full-Time Equivalent staff positions during the past 12 months	70	0.03
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months	296	
	divided by	Average Daily Offender Population for the past 12 months	119	2.49
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months	20	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0.17
	(4)	Number of sanitation or health code violations identified by external agencies in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0.17
1B	(1)	Number of accidents resulting in property damage in the past 12 months	0	
	divided by	total number of miles driven in the past 12 months unless otherwise noted	119	0
	(2)	Number of accidents resulting in injuries requiring medical treatment for any party in the past 12 months	2	
	divided by	Total number of miles driven in the past 12 months unless otherwise noted.	9871	0.00
	(3)	Amount (\$) of damage from vehicle accidents in the past 12 months.	8692.94	

	divided by	Total number of miles driven in the past 12 months unless otherwise noted.	9871	0.88
1C	(1)	Number of emergencies, caused by forces external to the facility, which result in property damage in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0
	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that results from emergencies in the past 12 months.	10	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	.08
	(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	Average Daily Offender Population for the Past 12 Months.	119	0
	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months	0	
	divided by	Number of emergencies caused by forces external to the facility.	0	0
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0
	(6)	Number of injuries requiring medical attention that result from emergencies that were not caused by forces external to the facility in the past 12 months	42	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0.01

	(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.	1	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0.01
	(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	Number of emergencies.	7	0.14
	(9)	Number of injuries requiring medical treatment resulting from fires in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
	(10)	Number of fires that resulted in property damage in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0
	(11)	Amount (\$) of property damage from fire in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0
	(12)	Number of code violations cited in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0
	(14)	Number of incidents of inventory discrepancies during the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0
2A	(1)	Number of incidents in the past 12 months	321	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	2.7

	(2)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	19	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0.16
	(3)	Number of unauthorized offender absences from the facility in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0.17
	(4)	Number of times facility did not report offender absence to the responsible jurisdiction within the established time.	0	
	divided by	Number of unauthorized offender absences	2	0
	(5)	Number of instances of unauthorized access to the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0
2B	(1)	Number of instances in which force was used in the past 12 months.	1	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0.01
	(2)	Number of times that staff uses of force was found to have been inappropriate in the past 12 months.	0	
	divided by	number of instances in which force was used	1	0
	(3)	Number of offender grievances filed alleging inappropriate use of force in the past 12 months	1	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0.01
	(4)	Number of grievances alleging inappropriate use of force decided in favor of offender in the past 12 months.	0	
	divided by	number of grievances alleging inappropriate use of force filed	1	0

	(5)	Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0
2C	(1)	Number of incidents involving contraband in the past 12 months	14	
	divided by	Average Daily Offender Population for the Past 12 Months.	119	0.12
	(2)	Number of weapons found in the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
	(3)	Number of controlled substances found in the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
2D	(1)	Number of incidents involving keys in the past 12 months	3	
	divided by	Average Daily Offender Population for the Past 12 Months	119	.03
	(2)	Number of incidents involving tools in the past 12 months	1	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0.01
3A	(1)	Number of rule violations in the past 12 months	3158	
	divided by	Average Daily Offender Population for the Past 12 Months	119	26.54
	(2)	Number of offenders terminated from the facility due to rule violations in the past 12 months	52	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0.44
4A	(1)	Number of documented offender illnesses attributed food service operations in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
	(2)	Number of offender grievances about food service decided in favor of the offender the past 12 months	0	

	divided by	Number of offender grievances about food service in the past 12 months.	1	0
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months	0	0
4B	(1)	Offender grievances regarding offender access to personal hygiene decided in favor of the offender in the past 12 months	1	
	divided by	Number of offender grievances about access to personal hygiene in the past 12 months	1	1
4C	(1)	Number of suicide attempts in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0.02
	(2)	Number of offender suicides in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
	(3)	Number of offender grievances regarding access to health care in the past 12 months	8	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
	(4)	Number of offender health care access complaints that are found to have merit in the past 12 months	1	
	divided by	Number of offender grievances regarding access to health care in the past 12 months	8	0.13
	(5)	Number of court suits filed against the facility challenging access to health care in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
	(6)	Number of health care access court cases decided against the facility in the past 12 months	0	
	divided by	Number of court suits filed against the facility challenging access to health care in the past 12 months	0	0

5A	(1)	Number of offenders who are employed upon release in the past 12 months	0	
	divided by	Number of offenders released in the past 12 months	291	0
	(2)	Number of offenders who move into permanent housing upon release in the past 12 months	220	
	divided by	Number of offenders released in the 12 months	291	0.76
	(3)	Number of offender substance abuse tests for which the results were positive in the past 12 mos.	86	
	divided by	Number of tests administered in the past 12 months	1856	.05
	(4)	Total number of offenders who successfully completed the program in the past 12 months	220	
	divided by	Number of offenders who left the program in the past 12 months	291	0.76
	(5)	Number of offenders who showed improvement as measured by the objective assessment instrument prior to release in the past 12 months	199	
	divided by	Number of offenders released in the past 12 months	291	
	(6)	Number of offenders who were arrested while in residence in the past 12 months	0	
	divided by	Daily Offender Population for the Past 12 Months	119	0
6A	(1)	Total number of offender 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	5	
	divided by	Average Daily Offender Population for the Past 12 Months	119	.04
	(2)	Number of offender grievance (see a through e above) decided in favor of offenders in the past 12 months	2	
	divided by	Total number of grievances filed in the past 12 months	5	0.4

	(3)	Total number of offender court suits alleging violation of offender rights filed against the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
	(4)	Number of offender court suits alleging violation of offender rights decided in favor of offenders in the past 12 months	0	
	divided by	Total number of offender suits filed in the past 12 months	0	0
6B	(1)	Number of offender grievances regarding discrimination in the past 12 months	3	
	divided by	Average Daily Offender Population for the Past 12 Months	119	.03
	(2)	Number of offender grievances regarding discrimination resolved in favor of offenders in the past 12 months	0	
	divided by	Total number of offender grievances filed regarding discrimination in the past 12 months	4	0
	(3)	Number of grievances resolved in favor of offenders in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	119	.02
	(4)	Number of grievances resolved in favor of offenders in the past 12 months	2	
	divided by	Total number of grievances filed in the past 12 months	3	.67
6C	(1)	Number of disciplinary incidents resolved informally in the past 12 months	49	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0.41
	(2)	Number of formal offender disciplinary decisions that we are appealed in the past 12 months	1	
	divided by	Total number of disciplinary decisions made in the past 12 months	60	.02

	(3)	Number of appealed disciplinary decisions decided in favor of the offender in the past 12 months	0	
	divided by	Total number of disciplinary decisions made in the past 12 months	60	0
	(4)	Number grievances filed by offenders challenging disciplinary procedures in the past 12 months	1	
	divided by	Average Daily Offender Population for the Past 12 Months	119	.01
	(5)	Number of disciplinary-related grievances resolved in favor of the offender in the past 12 months	0	
	divided by	Total number of disciplinary-related grievances filed in the past 12 months	1	0
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	0	0
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months	0	
	divided by	Total number of court decisions regarding discipline decided in the past 12 months	0	0
	(8)	Number of rule violations in the past 12 months	3158	
	divided by	Average Daily Offender Population for the Past 12 Months	119	26.53
	(9)	Number of offenders terminated from the facility due to rule violations in the past 12 months	52	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0.44
6D	(1)	Number of offenders released in the past 12 months who made regular payments toward their restitution obligations	0	
	divided by	Number of offenders who had restitution obligations in the past 12 months	22	0

	(2)	Number of offenders who satisfy their court cost/fines obligations in the past 12 months	0	
	divided by	Number of offenders who had court cost/fine obligations in the past 12 months	265	0
	(3)	Total amount of restitution paid by offenders in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
	(4)	Total number of hours of community service donated by offenders in the past 12 months	9633	
	divided by	Average Daily Offender Population for the Past 12 Months	119	80.95
	(5)	Total number of offenders who participated in restitution in the past 12 months	0	
	divided by	Total number of offenders housed in the past 12 months	299	0
	(6)	Total number of offenders who participated in community service work in the past 12 months	299	
	divided by	Total number of offenders housed in the past 12 months	299	1
	(7)	Total number of offenders who participated in victim awareness programs in the past 12 months	0	
	divided by	Total number of offenders housed in the past 12 months	299	0
	(8)	Total amount of restitution paid by offenders in the past 12 months	0	
	divided by	Total number of offenders housed in the past 12 months	299	0
	(9)	Total number of hours delivered by offenders who participated in community service work in the past 12 months	9633	
	divided by	Total number of offenders housed in the past 12 months	299	32.21
7A		None		
	(1)	Total number of years of staff members' education as of the end of the last calendar year	172	

	divided by	Number of staff at the end of the last calendar year	74	2.32
	(2)	Number of staff who left employment for any reason in the past 12 months	31	
	divided by	Number of full-time equivalent staff positions in the past 12 months	70	0.44
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months	0	
	divided by	Number of full-time equivalent staff positions in the past 12 months	70	0
	(4)	Number of professional development events attended by staff in the past 12 months	5	
	divided by	Number of full-time equivalent staff positions in the past 12 months	70	.07
7C	(1)	Number of incidents in which staff were found to have acted in violation of facility policy in the past 12 months	3	
	divided by	Number of full-time equivalent staff positions in the past 12 months	70	.04
	(2)	Number of staff terminated for conduct violations in the past 12 months	2	
	divided by	Number of full-time equivalent staff positions in the past 12 months	70	.03
	(3)	Number of offender grievances attributed to improper staff conduct which were upheld in the past 12 months	1	
	divided by	Number of offenders grievances alleging improper staff conduct filed in the past 12 months	1	1
	(4)	Number of offender grievances attributed to improper staff conduct which were upheld in the past 12 months	1	
	divided by	Average Daily Population for the past 12 months	119	.01

	(5)	Where staff are tested, the number of staff substance abuse tests failed in the past 12 months	0	
	divided by	Number of staff substance abuse tests administered in the past 12 months	3	0
7D	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures)	127885	
	divided by	Budget for the past 12 months	5000000	.03
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit	0	0
	(3)	Number of grievances filed by offenders regarding their records or property in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
	(4)	Number of offender grievances (records/property) decided in favor of offenders in the past 12 months	0	
	divided by	Total number of offender grievances (records/property) in the past 12 months	0	0
	(5)	Number of objectives achieved in the past 12 months	50	
	divided by	Number of objectives for the past 12 months	50	1
	(6)	Number of program changes made in the past 12 months	8	
	divided by	Number of program changes recommended in the past 12 months	6	1.33
7E	(1)	Number of grievances filed by staff in the past 12 months	0	
	divided by	Number of full-time equivalent staff positions in the past 12 months.	70	0
	(2)	Number of staff grievances decided in favor of staff in the past 12 months	0	
	divided by	Total number of staff grievances in the past 12 months	0	0
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year	427	

	divided by	Number of staff at the end of the last calendar year (e.g., Average number of years experience)	74	5.77
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months	2	
	divided by	Number of staff termination or demotion hearings requested in the past 12 months	2	1
7F	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months	1520	
	divided by	Average Daily Offender Population for the Past 12 Months	119	12.77
	(2)	Total number of individual community members who provided voluntary service in the past 12 months	408	
	divided by	Average Daily Offender Population for the Past 12 Months	119	3.43
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0.02
	(5)	Total number of complaints from the community in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	119	0
	(6)	Total number of hours of community service work delivered by offenders in the past 12 months	9633.01	
	divided by	Average Daily Offender Population for the Past 12 Months	119	80.95
OPT	(1)	Number of offenders released in the past 12 months who are employed for six months after release		
	divided by	Number of offenders released in the past 12 months		

	(2)	Number of offenders released in the past 12 months who continue substance abuse treatment for six months after release		
	divided by	Number of offenders released in the past 12 months		
	(3)	Number of offenders released in the past 12 months who support themselves for six months following their release		
	divided by	Number of offenders released in the past 12 months		
	(4)	Number of offenders released in the past 12 months who are convicted or adjudicated for a felony crime within 6 months after release		
	divided by	Number of offenders released in the past 12 months		
	(5)	Number of offenders released in the past 12 months who are convicted or adjudicated for a misdemeanor crime within 6 months after release		
	divided by	Number of offenders released in the past 12 months		
	(6)	Number of offenders released in the past 12 months who are convicted or adjudicated for a felony crime within 6 months after release		
	divided by	Number of offenders released in the past 12 months		
	(7)	Number of offenders released in the past 12 months who are convicted or adjudicated for a misdemeanor crime within 12 months after release		
	divided by	Number of offenders released in the past 12 months		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

PANEL ACTION REPORT

Virtual Hearing
In Lieu of the
2024 ACA Winter Conference
National Harbor, Maryland
February 28, 2024

Agency Name: Ohio Department of Rehabilitation and Corrections
Facility Name: West Central Community Correctional Facility
Facility Location: Marysville, Ohio

Agency Representative: Craig Shumaker, Executive Director
Scott Zwiezinski, Program Director
Aaron Stidham, Facility Coordinator
Kollin Tossey, Accreditation Manager

Panel Member: Michael Wade, Chairperson
Pamela Hill
Colette Santa
Don Stewart

Staff: Rick Albert, Senior Accreditation Specialist
Eric Schultz, Accreditation Specialist
David Haasenritter, Director of Standards & Accreditation

Standard

Panel Action

No CAC Panel Actions are necessary. Accreditation approved.

Accreditation Panel Decision

Moved: Colette Santa
Seconded: Don Stewart

Accreditation Vote:

Yes

No

Chairman : Wade Yes
Commissioner : Hill Yes
Commissioner :Santa Yes
Commissioner: Stewart Yes

Final Tally

Mandatory:	100%
Non-Mandatory:	100%