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<b>Compliance Monitoring Program</b>	<b>ACA Standards: 2-CO-1A-20, 2-CO-1A-22, 5-ACI-1A-17, 4-ACRS-7D-02, 4-APPFS-3D-09</b>		
<b>Scott Crow, Director Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Compliance Monitoring Program

### I. Policy

The Oklahoma Department of Corrections (ODOC) will monitor compliance with agency policy and procedures and national correctional standards, provided by the American Correctional Association (ACA), through an internal auditing process.

These assessments provide a valuable mechanism for self-evaluation, improvement of correctional management and best practices, and enhance accountability within the agency and will be conducted annually. (5-ACI-1A-17, 4-ACRS-7D-02, 4-APPFS-3D-09)

## II. Purpose

The purpose of this procedure is to provide guidelines and outline responsibilities for the administration of the compliance-monitoring program in ODOC.

## III. Definitions

### A. ACA Initial Accreditation/Reaccreditation Audit

An ACA audit is an examination of agency/facility records and operations to monitor compliance with ACA standards. This audit is conducted by qualified persons/committees assigned by ACA. This review results in a recommendation to the Commission on Accreditation for Corrections for the approval/disapproval of awarding accredited status or other actions as deemed appropriate.

### B. ACA Manuals

Manuals, developed for respective disciplines/units within the correctional field and published by ACA, which outlines expected practices that define a required or essential condition to be achieved or maintained.

### C. American Correctional Association (ACA) and Commission on Accreditation for Corrections (CAC)

Nonprofit organizations that administer the national accreditation program for all components of adult corrections.

### D. Auditing and Compliance Unit

The Auditing and Compliance unit administers and directs the compliance-monitoring program for the agency. This includes development of goals and objectives to successfully accomplish the mission of the agency; providing liaison functions with departments and agencies within the State of Oklahoma and on a national basis. (4-ACRS-7D-02)

The unit develops and evaluates policy and procedure to ensure compliance with agency operations, national standards, and state and national codes and regulations. Additionally, the unit will develop guidelines and provide interpretation/clarification for competency requirements in order to implement and direct the agency's compliance efforts.

### E. Chief Administrator of Auditing and Compliance

The designated ODOC staff who is assigned the primary responsibility to monitor and evaluate agency/facility/unit compliance with policy, procedure, and national standards through internal audits.

F. Competencies/Audit Instrument

A competency requirement that defines a required or essential condition to be achieved or maintained as outlined in policy/procedures. The audit instrument contains the required competencies, determined to be essential for maintaining compliance levels with agency policy/procedure and/or directives.

G. Compliance

Confirmation that the evidence/information presented provides reasonable assurance that each element of the required competency is met.

H. Compliance Reference Handbook

A reference handbook developed and maintained by the chief compliance officer to provide specific guidelines and an overview of the compliance monitoring process for ensuring compliance with policy, procedure and national standards.

I. Electronic Compliance File

Documentation, provided in an electronic format, which is presented by the facility/unit to demonstrate practice in determining compliance/non-compliance with an applicable standard.

J. Facility

Community corrections centers, institutions and private prisons contracted with the Oklahoma Department of Corrections to house inmates.

K. Operational Audit

An audit conducted by the Auditing and Compliance unit to determine if national correctional standards, policy, procedures, health, sanitation, life/safety, environmental, and custody/control requirements are being met. These inspections result in a report to the facility heads and affected executive/senior/ staff.

L. Pre-ACA Audit

The internal inspection prior to an official accreditation (pre-ACA) audit conducted by Auditing and Compliance staff to determine compliance and readiness of the affected ODOC owned/leased facility/unit.

M. Procedures Officer/ Designees

The employee designated to coordinate the compliance-monitoring program within the facility/unit and provide ongoing monitoring of processes implemented at the facility/unit as outlined in policies and procedures.

N. Response to Non-Compliance/Plan of Corrective Action

A response to a non-compliant finding on an agency competency requirement that specifies how compliance will be attained through a plan of corrective action. Plans will identify the area of responsibility, the affected procedure, action taken/required to be in compliance, and the date of completion or anticipated date of completion.

Findings noted for competency requirements that are found noncompliant and are beyond the facility's control, do not require plans of corrective action.

IV. Initial Accreditation/Reaccreditation Audit

A. Audit Preparation

In preparation for an initial accreditation/reaccreditation audit, the chief administrator of Auditing and Compliance will:

1. Provide technical assistance to facility/district head in organizing for the audit;
2. Request the execution of required contract from ACA;
3. Schedule and coordinate a Pre-ACA audit to determine readiness for the official audit and to identify any problem areas;
4. Submit necessary reports to ACA prior to audit;
5. Schedule and coordinate with ACA staff for auditors' arrival and accommodations; and
6. Represent the agency and provide assistance to the facility/district throughout the accreditation process.

B. Self-Assessment

The facility/district head will develop a self-assessment/inspection procedure to ensure that operational processes and physical plant requirements are maintained.

C. Audit Protocol

The facility/district head is responsible for representing the facility/district, administering the tour, responding to the audit team and attending all audit activities throughout the audit. In addition, the facility/district head will:

1. Provide full support and cooperation to the auditors including access to all property, records, employees, and inmates/offenders;
2. Ensure that, barring any emergency, the audit is given priority for its entire duration;
3. Ensure that key staff are available for the duration of the audit. Key staff are those most familiar with or assigned responsibility for any given operation or program area. When the primary key staff member is not available, a secondary staff person, who is comparably qualified, must be available to assist the auditor(s); and
4. Provide timely initiation and completion of appropriate corrective action.

V. Ongoing Monitoring of Compliance

When a facility/district has completed an internal/Pre-ACA inspection or has been awarded accreditation, the procedures officer or other designated staff must maintain and monitor operations to ensure continual efforts to meet accreditation requirements and to maintain compliance with applicable standards and policy/procedure.

A. Facility/District Reporting

1. During the three-year accreditation period, the facility/district head and the procedures officer or designated staff will communicate regularly with the chief administrator of Auditing and Compliance regarding any issues, concerns and/or changes that may affect the accredited status of the facility/district.
2. Accredited facilities are required to compile an annual report that is submitted to ACA through the Auditing and Compliance unit.

The chief administrator of Auditing and Compliance will administer the compliance-monitoring program annually through the facility/probation and parole region sub office location and appropriate administrator/division administrator. The audit schedule will be published and provided to all affected regions, facilities, and executive/senior staff by January first of each year. (2-CO-1A-20, 2-CO-1A-22, 5-ACI-1A-17, 4-ACRS-7D-02, 4-APPFS-3D-09)

B. Inspection Instruments

The Auditing and Compliance unit maintains guidelines/audit instruments for the inspection and review process. These instruments will be reviewed at least annually and routinely updated as policy, procedure, and expected practices are revised and published. Inspections will be planned, conducted, reported and will address correctional best practices, to include the following

1. Facilities (Institutions and Community Corrections Centers)  
(2-CO-1A-22, 5-ACI-6D-09)
  - a. Administration and management, including fiscal activities, personnel management, training, canteen operations, and citizen advisory activities;
  - b. Physical plant compliance with building and life/safety codes, environmental conditions, general conditions of confinement, security aids, equipment, sanitation and hygiene;
  - c. Facility operations including: custody/control, safety and emergency procedures, visiting program, transportation, tool control, inmate telephone system, special management, rules and discipline, and inmate responsibilities and associated rights;
  - d. Facility services including: food service operations, health care, social services, programs for reception/orientation, release/reentry and classification systems
  - e. Inmate programs, to include work and correctional industries, academic, vocational, library services, recreation, volunteer and faith-based programs; and
  - f. Overall staff and inmate quality of life.
2. Probation and Parole Region Sub Offices
  - a. Community compliance, including community protection, sentencing recommendations;
  - b. Offender compliance through behavior, parole and post-release supervision, conditions of supervision, offender responsibilities;
  - c. Agency requirements including, competence, training and development, protection for harm, ethics, efficiency, working conditions, safety and security, vehicle safety.

C. Electronic File Review

A review of documentation/evidence provided in the accreditation file for determining compliance levels for each standard requirement.

1. For consistency throughout the agency, each file will be identified according to the applicable standard number.
2. File construction and format will be in accordance with the accreditation reference handbook.
3. Checklists are developed to demonstrate the key facets of each electronic file requirement, to include rules of protocols (written guidelines) and process indicators (documentation of practice).

D. Reporting

A written report will be prepared outlining or delineating the findings of the inspections and submitted to the facility head/assistant regional supervisors. The report will include the date the inspection occurred, who participated in the inspection (audit team members and work location), each requirement/competency reviewed, and the outcome/finding of the requirement/competency. If found noncompliant, the report will also include the evidence reviewed resulting in the finding.

E. Plans of Corrective Action and Reassess/Follow Up

The facility head/assistant regional supervisor will submit plans of corrective action as outlined in Section III. item J. of this procedure to the Auditing and Compliance unit.

Upon receipt/review of the response to the finding, the chief compliance officer may determine the need to reassess/follow up on areas found noncompliant to reevaluate the current compliance level. The assessment will include reviewing the implementation of the plans of corrective action response or review of information provided for a finding.

F. Executive/Senior Staff Review

A copy of all audit reports and plans of corrective action will be submitted to designated executive/senior staff for review and, as applicable, follow up..

VI. Operational Audit Protocol

The facility/unit head is responsible for representing the facility/sub office, conducting the tour, responding to the audit team and attending all audit activities throughout the audit. In addition, the facility head will:

- A. Provide full support and cooperation to the auditors including access to all property, records, staff, and inmates/offenders;

- B. Ensure that, barring any emergency, the audit is given priority for its duration;
- C. Ensure that key staff are available for the duration of the audit. Key staff are those most familiar with or assigned responsibility for any given operation or program area. If the primary staff member is not available, a secondary staff person, who is comparably qualified, must be available to assist the auditor(s); and
- D. Provide timely initiation and completion of appropriate corrective actions as required.

## VII. Ongoing Monitoring of Compliance by Auditing and Compliance Unit

The facility/probation and parole district sub office will develop procedures, which outline the process to maintain and monitor operations to ensure continual efforts to maintain compliance with applicable national standards and policy/procedure.

### A. Agency Policy/Procedure

The Auditing and Compliance unit will review all new and revised policy and procedures to ensure national standards are included and communicate with the respective executive/senior staff member to resolve any issues related to the standards' requirements.

### B. Revisions to Accreditation Expected Practices

The chief administrator of Auditing and Compliance will communicate changes in national standards to the agency director, chief of Operations, chief of Staff, affected executive/senior staff and the procedures officers/community corrections designee when impacting a significant agency process/system.

### C. Facility Procedures Officer /Designee Responsibilities

Responsibilities include:

1. Coordinate all audit activities within the facility/probation and parole region sub office;
2. Serve as the point of contact for the electronic file review leading to the development of necessary field memorandums, best practices and compilation of electronic files;
3. Assist the facility head with development of plans of corrective action for noncompliant findings during operational audits;
4. Provide training to staff on the compliance monitoring process;



5. Conduct inspections utilizing a team concept. Internal inspections will be “user friendly” and not designed to accent negative findings;
6. Maintain electronic files for each inspection review; and
7. Participate in audits of electronic files as assigned by the chief administrator of Auditing and Compliance through the facility head/assistant regional supervisor.

#### VIII. Compliance Managers/Compliance Review Specialists

The operational/health services audits will be conducted utilizing the Auditing and Compliance team. The chief administrator of Auditing and Compliance will determine competencies for the compliance managers/operational audit team members.

##### A. Conduct of Auditing and Compliance Staff

1. The assigned compliance manager or designee will plan, direct and provide oversight of the compliance review specialists/team members throughout the duration of the audit. All audit team members will:
  - a. Conduct themselves in a professional manner in accordance with [OP-110215](#) entitled “Rules Concerning the Individual Conduct of Employees.”
  - b. Maintain an independent attitude so that conclusions and recommendations are objective and unbiased.
  - c. Exercise good professional judgment in assessing the various operations and programs.
2. Compliance review specialists will determine compliance levels by:
  - a. Reviewing evidence and/or documents, files and records;
  - b. Interviewing staff and/or inmates/offenders;
  - c. Observing staff and/or inmates for required processes (i.e.; caustic issuance, tool rooms);
  - d. Consulting with the assigned compliance manager/designee and the facility/unit head for review of non-compliant findings;
  - e. Reporting deficiencies, which will include, but are not limited to:

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- (1) Deviations from policies, procedures, regulations, or national standards;
- (2) Weakness in internal controls;
- (3) Lack of quality controls;
- (4) Failure to observe accepted standards or adhere to established procedures;
- (5) Failure to meet objectives; and/or
- (6) Perceived need for improvement in operations or programs.

f. Auditing and Compliance staff will provide additional assistance to a facility/region probation and parole sub office requesting collaboration in obtaining compliance.

IX. References

Policy Statement P-130100 entitled “Oklahoma Department of Corrections Annual Inspections and Monitoring”

OP-110215 entitled “Rules Concerning the Individual Conduct of Employees”

Compliance Reference Handbook

X. Action

The chief administrator of Auditing and Compliance is responsible for compliance with this procedure and for the annual review and revisions.

Any exception to this procedure will require prior written approval from the agency director

This procedure is effective as indicated.

Replaced: OP-130101 entitled “Compliance Monitoring Program” dated November 30, 2020

Distribution: Policy and Operations Manual  
Agency Website