



AMERICAN CORRECTIONAL ASSOCIATION

State of

of the Department

of Corrections

Adult Community

Residential Services

100903

**U.S. Department of Justice  
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**Guidelines for the Development  
of Policies and Procedures**

**Adult Community Residential Services**

**June 1981**

**AMERICAN CORRECTIONAL ASSOCIATION**

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# CONTENTS

List of Attachments .....	x
Preface .....	xii
ACA Committee on Standards Members, Staff and Consultants .....	xiii
Introduction .....	xv
USER'S KEY .....	xvi

## SAMPLE POLICIES AND PROCEDURES FOR ADULT COMMUNITY RESIDENTIAL SERVICES

### Chapter 1

Administration, Organization and Management .....	1
2.1.1. Suggested Legal Measures to Ensure Continuity of Services 2-2001 .....	2
2.1.2.A Reporting Requirements (For a Private Agency) 2-2003 .....	4
2.1.2.B Reporting Requirements (For a Public Agency) 2-2003 .....	5
2.1.3 Designation of a Single Executive Officer 2-2004 .....	7
2.1.4 Organizational Chart 2-2005 .....	8
2.1.5 Annual Meetings of the Governing Authority and the Agency Administrator 2-2006 .....	9
2.1.6 Agency Staff Meetings 2-2007 .....	10
2.1.7.A Selecting Advisory Committee Members (Public Agency) 2-2008 .....	11
2.1.7.B Selecting Advisory Committee Members (Private Agency) 2-2008 .....	12
2.1.8 Operations Manual Content Development, Review, Revision and Dissemination 2-2009, 2-2010, 2-2011 .....	13
2.1.9 Development of Long Range Goals 2-2012, 2-2014 .....	14
2.1.10 Monitoring and Reporting 2-2013 .....	16
2.1.11 Conflict of Interest 2-2015 .....	17
2.1.12 Legal Assistance 2-2016 .....	18
2.1.13 By-Laws Governing Incorporated Private Agencies 2-2017 thru 2-2020 .....	19

### Chapter 2

Fiscal Management .....	20
2.2.1 Budgeting and Accounting Systems 2-2021 thru 2-2024 .....	21
2.2.2 Agency Accounting 2-2025, 2-2028, 2-2030 .....	22
2.2.3 Agency Audits and Reports 2-2026, 2-2027 .....	25
2.2.4 Insurance Coverage 2-2031 .....	26
2.2.5 Equipment Records 2-2029 .....	27

### Chapter 3

<b>Personnel</b> .....	<b>29</b>
2.3.1 Personnel Policies and Procedures 2-2032 .....	30
2.3.2 Agency Recruitment 2-2033, 2-2035, 2-2038 .....	31
2.3.3 Agency Job Descriptions, Qualifications and Selection 2-2034, 2-2045 thru 2-2048 .....	33
2.3.4 Affirmative Action 2-2036, 2-2037 .....	34
2.3.5 Employee Retention 2-2039, 2-2043, 2-2044, 2-2051 .....	37
2.3.6 Compensation and Benefit Levels 2-2040, 2-2041 .....	39
2.3.7 Employee-Management Relations 2-2042 .....	41
2.3.8 Personnel Records 2-2049, 2-2050, 2-2052 .....	43
2.3.9 Staff Development 2-2053, 2-2054 and 2-2055 .....	45

### Chapter 4

<b>Research and Evaluation</b> .....	<b>48</b>
2.4.1 Agency Information Systems 2-2056 .....	49
2.4.2 Educational Research 2-2057 .....	51
2.4.3 Conducting Research in a Facility 2-2058 .....	52
2.4.4 Approval of Research Projects 2-2059 .....	54
2.4.5 Facility Evaluation 2-2060 .....	55
2.4.6 Security of Research Data 2-2061 .....	57
2.4.7 Using Residents in Experiments 2-2062 .....	58
2.4.8 Resident Participation in Research Programs 2-2063 .....	59

### Chapter 5

<b>Communication and Coordination</b> .....	<b>60</b>
2.5.1 Public Information and Education Program 2-2064 .....	61
2.5.2 Relationships with Non-criminal Justice Agencies 2-2065 .....	63
2.5.3 Collaboration with Institutions of Higher Learning 2-2066 .....	64

### Chapter 6

<b>Records</b> .....	<b>65</b>
2.6.1 Initiating, Maintaining and Terminating Case Records 2-2067 thru 2-2071, 2077 .....	66
2.6.2 Confidentiality of Information 2-2072 thru 2-2076 .....	69

### Chapter 7

<b>Facility</b> .....	<b>72</b>
2.7.1 Zoning and Building Code Compliance 2-2078 and 2-2079 .....	73



2.7.2	Location of Facilities 2-208	74
2.7.3	Separate Housing for Residential Facility Inmates 2-2081	75
2.7.4	Criteria for Residents' Sleeping Area 2-2082 thru 2-2085	76
2.7.5	Resident Sleeping Areas 2-2086, 2-2087, 2-2089	78
2.7.6	Personal Hygiene Articles 2-2088	79
2.7.7	Counseling and Activity Space 2-2909, 2-2091	80
2.7.8	Sanitary Facilities 2-2092 thru 2-2095	81
2.7.9	Sanitation and Housekeeping 2-2096 thru 2-2099	82
2.7.10	Facility Motor Vehicles 2-2100	84
2.7.11	Telephone Access 2-2101	85
 <b>Chapter 8</b>		
<b>Safety and Emergency Procedures</b>		<b>86</b>
2.8.1	Emergency Procedures 2-2102 thru 2-2108	87
2.8.2	Work Stoppage 2-2109	92
 <b>Chapter 9</b>		
<b>Food Service</b>		<b>93</b>
2.9.1	Menus 2-2110 thru 2-2115	94
2.9.2	Food Service 2-2111, 2-2117 thru 2-2119	96
 <b>Chapter 10</b>		
<b>Medical Care and Health Services</b>		<b>98</b>
2.10.1	Medical and Dental Services 2-2120 thru 2-2122	99
2.10.2	Health Care Personnel Licensure 2-2123	101
2.10.3	Emergency First Aid 2-2124 thru 2-2127	102
2.10.4	Medical Screening and Examinations 2-2128 thru 2-2130	104
2.10.5	Urine Surveillance 2-2131	106
2.10.6	Handling Medications 2-2132, 2-2133	108
2.10.7	Notification of Next of Kin 2-2134	110
 <b>Chapter 11</b>		
<b>Intake</b>		<b>111</b>
2.11.1	Intake Screening 2-2135 thru 2-2140	112
2.11.2	Intake Orientation of Applicant 2-2141, 2-2142	122
 <b>Chapter 12</b>		
<b>Program</b>		<b>123</b>
2.12.1	Equal Opportunity Programming for Female Residents 2-2143	124

2.12.2	Personalized Program Plan 2-2144 thru 2-2148 .....	125
2.12.3	Staff Coverage 2-2149, 2-2150 .....	127
2.12.4	Counseling for Residents 2-2151, 2-2159 .....	128
2.12.5	Resident Rules and Discipline 2-2152, 2-2153, 2-2155, 2-2160 .....	132
2.12.6	Resident Grievance and Appeal Process 2-2154 .....	140
2.12.7	Resident Finances 2-2156 thru 2-2158 .....	142
2.12.8	Leisure Time Activities and Religious Services 2-2161, 2-2165 .....	145
2.12.9	Community Resources 2-2162, 2-2167 .....	146
2.12.10	Education and Vocational Program Enrollment 2-2163 .....	148
2.12.11	Assisting Residents Obtain Suitable Employment 2-2164 .....	150
2.12.12	Visitors Movement 2-2166 .....	152
2.12.13	Furlough Program 2-2168, 2-2169 .....	153
 <b>Chapter 13</b>		
<b>Supervision .....</b>		<b>159</b>
2.13.1	Residents Control of Other Residents 2-2170 .....	160
2.13.2	Contraband Control 2-2171 .....	161
2.13.3	Preventing, Detecting and Pursuing Absconders 2-2172 .....	163
2.13.4	Physical Conditions to Which Residents May be Subjected 2-2173 thru 2-2176 .....	166
2.13.5	Monitoring Resident Movement 2-2177 .....	168
2.13.6	Accounting System for Resident's Whereabouts 2-2178 .....	169
2.13.7	Transporting Residents Returning to Custody 2-2179 .....	170
 <b>Chapter 14</b>		
<b>Citizen and Volunteer Involvement .....</b>		<b>171</b>
2.14.1	Volunteer Recruitment 2-2180, 2-2181 .....	172
2.14.2	Operation of the Volunteer Service Program 2-2182, 2-2183, 2-2184, 2-2187 .....	173
2.14.3	Supervisor of Volunteer Services 2-2185, 2-2186 .....	178
 <b>Chapter 15</b>		
<b>Outclient Services .....</b>		<b>181</b>
2.15.1	Outclient Admission 2-2188, 2-2189 .....	182
2.15.2	Operation of Outclient Services 2-2190, 2-2191 .....	183
 <b>GLOSSARY .....</b>		<b>185</b>

## APPENDICES

A.	A guide to the development of a Policy and Procedures Manual .....	190
B.	Sample By-Laws for a Private Agency .....	201
C.	Codes of Ethics .....	207
D.	Cross-Reference Table .....	217
E.	Sample Personnel Policy .....	220

# LIST OF ATTACHMENTS

## Chapter 4

### Research and Evaluation

- 2.4.3 Research Agreement ..... Attachment 1

## Chapter 5

### Communication and Coordination

- 2.5.1 Media Consent Form ..... Attachment 1

## Chapter 6

### Records

- 2.6.2 Release of Information Consent Form ..... Attachment 1

## Chapter 8

### Safety and Emergency Procedures

- 2.8.1 Emergency Plan - Fire ..... Attachment 1  
Emergency Plan - Toronado ..... Attachment 2  
Emergency Plan - Earthquake ..... Attachment 3  
Record of Emergency Drills ..... Attachment 2

## Chapter 10

### Medical Care and Health Services

- 2.10.3 First Aid Inventory Schedule ..... Attachment 1

## Chapter 11

### Intake

- 2.11.1 Agency Intake ..... Attachment 1  
Eligibility Assessment ..... Attachment 2

## Chapter 12

### Program

- 2.12.4 Weekly Counseling Report ..... Attachment 1  
Quarterly Chronological History ..... Attachment 2  
Counselor Check List ..... Attachment 3  
2.12.5 Informational Incident Report ..... Attachment 1  
Major Violation Report ..... Attachment 2  
Major Violation Report Notification ..... Attachment 3  
Problem Resolution Plan ..... Attachment 4  
Disciplinary Panel Action Notification ..... Attachment 5

2.12.7	Cash Loan Agreement .....	Attachment 1
2.12.13	Sponsor Questionnaire .....	Attachment 1
	Sponsor Agreement .....	Attachment 2
	Application for Home Visitation .....	Attachment 3

**Chapter 13**

**Supervision**

2.13.3	Absence Report .....	Attachment 1
--------	----------------------	--------------

**Chapter 14**

**Citizen and Volunteer Involvement**

2.14.2	Facility Confidentiality Agreement .....	Attachment 1
	Policy Agreement for Volunteers .....	Attachment 2
2.14.3	Job Description .....	Attachment 1

## PREFACE

The past two decades reflect an era of tremendous development in community residential programs. This growth has been spurred by ever increasing institutional populations and the necessity for a less expensive but equally effective disposition for offenders.

Current correctional philosophy supports use of the "least restrictive placement" as serves the interests of the person committed as well as the public served. Persons assigned to community residential facilities more likely will contribute to the cost of their care as well as make a conscientious effort to develop legitimate survival skills in preparation for return to the free society.

Today's community residential facilities cannot replace the correctional institution nor should they be seen in that light. Instead the facility, when used as an alternative disposition at the federal, state and local levels, can lessen the demand on institutional placement. The increasing appearance of community residential programs has introduced knowledge and practice unique to these facilities. Much of that knowledge and refinement of effective practices has been codified in the *Standards of Community Residential Services* published by the Association.

This volume, one of the series of Guidelines

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for the Development of Policies and Procedures produced for the American Correctional Association by its Committee on Standards, companions the *Standards for Adult Community Residential Services*. *Guidelines for Adult Community Residential Services* will provide assistance to agencies seeking to develop or to revise their own policies and procedures. By referencing specific standards, the *Guidelines* also will direct agencies towards those levels of performance required in the accreditation process by the Commission on Accreditation for Corrections.

Special recognition is due the staff of the Correctional Standards Program of ACA for the completion and final production of these policies and procedures. The Program is directed by Dr. Dale K. Sechrest, who had the primary responsibility for the completion of the *Guidelines*. Several knowledgeable consultants contributed to drafting and revision of the manual, as shown on the following page. Richard Billak, Larry Frost and Hardy Rauch had principal responsibility for the completion of several specific tasks related to the standards. Nick Pappas and Tom Albrecht of the Program Management Team, Office of Criminal Justice Programs of LEAA, have contributed immeasurably to the effort and helped make this publication possible.

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New York State Commission of Correction, Department of Correctional Services  
Vermont Agency of Human Services, Department of Corrections  
United States Department of Justice, Bureau of Prisons  
The Correctional Service of Canada



## INTRODUCTION (ACRS)

Written policies and procedures are vital to the implementation of good correctional practice. This volume, *Guidelines for the Development of Policy and Procedures - ACRS*, is intended to be a companion to the manual *Standards for Adult Community Residential Services*, and a reference source for agencies seeking models for the development of operating policies and procedures. Compiled by the American Correctional Association's Committee on Standards and Committee staff, the *Guidelines* are an appropriate sequel to the *Standards* manual. The development of the *Standards* series and the use of the series as the basis for the accreditation process of the Commission on Accreditation for Corrections has demonstrated the need for the *Guidelines* as companion aids for each of the ten *Standards* manuals. Many agencies seeking accreditation have indicated a need for examples of policy format and sample procedures. Others, involved in reorganization and/or internal policy development, may find the *Guidelines* useful as a reference source.

### *Policy and Procedures*

The terms "policy" and "procedure" have specific meanings. A *policy* is a course of action or a principle adopted and pursued by an agency; it guides and determines present and future decisions and actions of the agency. Policies indicate the general philosophy or direction of an organization within which the activities of the personnel and units must operate. They are statements of guiding principles which should be followed in directing activities toward the attainment of objectives. Their attainment may lead to compliance with standards as well as compliance with the overall goals of the agency/system.

Policy is formulated by analyzing objectives and determining, through research, those principles which will best guide the agency/system in achieving those objectives. Standards assist in this research by stating accepted guidelines for good practice in the delivery of services, consistent with statutes, agency/system goals and public mandates.

A *procedure* provides the detailed and sequential actions that must be executed to ensure that a policy is fully implemented. It details the method of performing an operation by setting out in order the steps which must be performed and the personnel responsible. A procedure differs from a policy in that it directs action in a particular situation to perform a specific task within the guidelines of policy.

### *Structure of the Guidelines Manual*

This publication is separated into three sections—a "User's Key," the "Sample Documents," which make up the major portion of the publication, and appendices which supplement information in the body of the document, and provides a "Guide to the Development of a Policy and Procedure Manual."

The "User's Key" provides a detailed explanation of the format and defines the six categories in which the sample documents are presented. Also found in this section are additional sample heading blocks and a discussion on policy implementation procedures. Section three contains the sample policy and procedure documents, each of which is referenced to the *Standards for Adult Community Residential Services, Second Edition*.

The "Guide" is written to be an aid to staff charged with the task of developing, and a comprehensive policy and procedures manual or with the task of updating or upgrading an already existing manual. The "Guide" is not designed to be an all inclusive blueprint for action or a set of rigid rules. Rather, this section should be looked on as a set of suggestions—in terms of process, style and format—based on the practical experience of many agencies and individuals. Each agency is encouraged to apply the information contained herein only insofar as it is relevant and useful.

## *Policies and Procedures for Adult Community Residential Services*

Early in the work of the Correctional Standards Program it became apparent that the quality of operations for a Community Residential facility was directly related to the quality of its policies and procedures and departmental operating manuals. Program staff, therefore, assembled a wide variety of publications from throughout the United States and Canada to serve as the foundation from which to develop "model" policies and procedures. All available documents were evaluated by correctional part-timers who represented every facet of community correctional operations. This publication is the result of that process and is presented to provide managers with a set of basic resource materials adaptable to local operations. A related goal of the process was to provide policies and procedures which could be directly related to the standards of the Association and the Commission on Accreditation for Corrections.

Throughout the publication, authors emphasize that use of these "models" or sample policies and procedures will not guarantee accreditation, nor will the samples be adaptable to all operations. These samples will, however, provide users with information relative to *Association Standards for Adult Community Residential Services, Second Edition* in such a way as makes them generally adaptable to conditions in a variety of settings.

In the very early stages of development, program staff recognized that no one set of sample documents could relate directly to all sizes and all types of facilities. Therefore, certain assumptions were made to allow the reader a single perspective throughout the publication. These assumptions presume that all sample documents are applicable to:

1. A Center housing from 30 to 60 adult male residents.
2. A facility with a liberal staffing allowance center which is part of an organization which has available additional operating manuals providing detailed instructions for the operation of most departments, i.e., accounting, procurement, food service, safety, personnel, security, and classification.

The sample documents included in this publications contain two major sections, I Policy and II Procedure. In some jurisdictions additional sections may be added, such as Authority; Purpose; Applicability and Definitions. Information relating to the use of these additional sections is contained in the "Guide to the Development of a Policy and Procedures Manual".

### *Conclusion*

As a management tool, a policy and procedure manual gives direction to staff, promoting efficiency and consistency of operations within the framework of overall agency philosophy and policy. As a public document—open to the scrutiny of the tax-paying public as well as courts and legislatures—a manual serves to protect the issuing agency from charges of illegitimate, unprofessional or inefficient practices. It is with these concerns in mind that this document was created. Its value will depend upon the user's ability to adapt the material to local needs and conditions.

# USER'S KEY

## For Use With The

### ADULT COMMUNITY RESIDENTIAL SERVICES POLICY AND PROCEDURES SAMPLES

#### INTRODUCTION


In the attached samples, a standard format is used to provide easy reference, editorial clarity and consistency of presentation. We shall emphasize throughout the publication, especially in the chapter commentaries, that this format and the titles used for departments and staff members are not intended to imply that the format, system or titles are suggested as the best of all possible alternatives. Indeed, the drafters of these documents intentionally have chosen a combination of descriptive terminology currently in use by several systems throughout the United States and Canada.

This document explains the format used in the *Guidelines* for each policy and procedure sample and suggests alternative heading blocks for the preparation of policy and procedure documents. This key also provides the reader with implementation strategies which should be considered prior to establishing the effective date of all policy and procedure documents.

#### THE ACA HEADING BLOCK

**Description of the Material Contained in the ACA Heading Block:** Each document contains a heading block designed by Program staff to facilitate its use. Please refer to the following for an explanation of the information contained in this block.

- A. *The ACA Logo* identifies publishing organization and is accompanied by other publication identification
- B. *ACA Number* identifies chapter number and group number
- C. *Pages* indicates the number of pages in the individual subject document
- D. *Chapter* summarizes the general subject matter which coincides with the ACA's *Standard for Adult Correctional Institutions*
- E. *Related ACA Standards* (Second Edition, January 1981) includes a listing of each standard covered within the document
- F. *Subject* provides general description of the information contained in the document.

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p> <p style="text-align: center;">(A)</p>	<p>ACA Number</p> <p style="text-align: center;">(B)</p>	<p>Pages</p> <p style="text-align: center;">(C)</p>
	<p>Related ACA Standards:</p> <p style="text-align: center;">(E)</p>	
<p>Chapter:</p> <p style="text-align: center;">(D)</p>	<p>Subject:</p> <p style="text-align: center;">(F)</p>	

## THE CATEGORIES USED

**Description of the Contents of the Subdivisions Identified by Roman Numerals:** The two section headings used throughout this publication illustrate one of the many possible formats. The following information will clarify the writers' position and explain the decision to group the material in this fashion.

### I. POLICY

This section serves as the focal point for each document. In this section the main reason for publication of the document is stated. Policy statements differ in nature from procedures; they tend to be general but directive and goal-oriented. The statements include an explanation of what the policy is in clear terms sufficient in detail to enable the reader to comprehend easily the issuing official's intention. The length of the policy section will vary. In some documents, a simple one line sentence will completely state the policy; other policy sections may include statements several pages in length. The policy sections of this publication are related to the standards required for accreditation by the American Correctional Association and the Commission for Accreditation, however, their use should not be considered as a guarantee for compliance with the standards.

### II. PROCEDURES

The procedure statements describe who, when, where and how the policy portion is to be placed into operation. Statements should be detailed, step-by-step descriptions of the sequence of activities necessary to implement the policy and achieve the stated goals. The procedure portions of these documents represent an effort to provide one example of how procedures may be developed to place in operation the objectives described in the policy section.

## SAMPLE HEADING BLOCKS

In developing policies and procedures for local use, the variety of heading block formats is almost unlimited. The following samples are typical of information frequently included in heading blocks used in policy and procedure publications.

### SAMPLE HEADING BLOCK A

Facility Policy Memorandum	Statement Number _____
Subject:	Date Issued: _____
	Date Revised: _____
This Policy Memorandum Will Become Effective: _____	

SAMPLE HEADING BLOCK B

<div style="border: 1px solid black; padding: 5px; display: inline-block;">Local Logo</div>	Community Center	Statement Number: _____  Subject: _____
Date of Issue: _____  Effective Date: _____	Issuing Officer: _____	
Date of Scheduled Review: _____  Review to be Accomplished By: _____ <div style="text-align: center; font-size: small;">Name of Staff</div>	Special Implementing Orders: Training: _____ <div style="text-align: center; font-size: small;">(assigned to)</div>  Construction: _____ <div style="text-align: center; font-size: small;">(assigned to)</div>  Additional Instructions to be Issued By: _____	Completion Date: _____  _____  _____

**IMPLEMENTATION PROCEDURES**

Some agencies include all implementation instructions in the heading section as described previously. However, *prior to signing a policy statement, the issuing officer should examine the contents carefully to ensure that proper consideration is given to actual implementation.* Implementation instructions should include all of the following if the information is not included in the heading section:

- A. *Date of issue:* The date the document is signed by the issuing officer.
- B. *Signature:* The issuing officer must sign the document.
- C. *Training Requirements:* The need for special training to be accomplished prior to placing this policy in effect should be considered. If the issuing officer decides training is needed, the date for completion and the person who will arrange for the training should be included in this section.
- D. *Physical Plant Revision/New Construction Required:* All too often policies and procedures are issued with little or no consideration of the need for construction or remodeling. Each issuing officer should examine mentally the practicality of the policy and procedure as visualized within the existing physical plant. If it appears some additions or revisions will be necessary, the issuing official should indicate the changes necessary, the employee responsible for the changes and the time frame established for work completion.
- E. *Additional Publications Required:* New policies and procedures sometimes require additional supplementary action. When this is necessary, the issuing officer should indicate a description of the document required, and the name of the employee responsible.

F. *Review*: All policies and procedure statements should be reviewed periodically, and revised as necessary. The issuing officer should indicate:

1. Date of scheduled review
2. Employee to whom the review is delegated.

G. *Effective Date*: After consideration of all elements listed above (A. through F.), the issuing officer should assign a date on which the policy and procedures shall be totally operational. By establishing the effective date only after consideration of all factors, the issuing officer will reduce the probability of ordering actions which are impossible or establishing target dates for the implementation of policy documents which are impractical. A typical implementation form includes information listed below. This form may be used as an attachment for policy and procedure statements to ensure compliance with the wishes of the issuing officer relative to policy implementation.

\_\_\_\_\_  
Policy Issue Date

\_\_\_\_\_  
Signature and Title of Issuing Officer

IMPLEMENTING INSTRUCTIONS			
Task	Assigned To		To Be Completed On Or Before
	Official's Name	Department	
Staff Training	Mr. Jones, Bus. Manager	Business Office	June 15, 1981
Plant Alterations	none	N/A	N/A
Additional Documents	none	N/A	N/A
Schedule of Review of Document	Mr. Jones	Business Office	June 15, 1982

This policy and procedure and all implementing actions shall be completed to place the policy in total operational effectiveness on or before \_\_\_\_\_ Date by \_\_\_\_\_ Issuing Officer.

# **CHAPTER 1 ADMINISTRATION, ORGANIZATION, AND MANAGEMENT**


## ***Commentary***

This chapter relates to Adult Community Residential Standards 2-2001 through 2-2020. The documents contained in this chapter are concerned with establishing the agency and residential facilities, assigning management authority and developing a framework for programming and relationships with the community.

Community facilities are often hampered by frequent managerial changes in both top level administration and policy redirection. These sudden shifts can create uneasiness among the staff and residents, and often reduce organizational efficiency and effectiveness.

The ACA Standards for this chapter address these issues by requiring that all facilities be managed by competent, permanently assigned officials invested with adequate authority to direct programming and operations in the most effective way possible.

The samples presented in this chapter pertain primarily to incorporated private agencies lending some clarification to legal status. Additional written procedures will be necessary depending upon local conditions. These procedures should identify reporting and filing requirements necessary to maintain an agency's legal standing, place responsibility for meeting these requirements on specific staff within the agency, and describe steps to be taken to monitor the process.

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>Standards Program</b>  <b>Sample Policy and Procedures</b> </p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.1.1	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2002	
<b>Chapter:</b> Administration, Organization and Management	<b>Subject:</b> Suggested Legal Measures to Ensure Continuity of Services	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Legal measures shall be taken which ensure continuity of agency service in the event of a Proprietor's incapacitation, retirement or death. (Note: This policy and procedure applies only to the owner of an agency who operates as a sole Proprietor.)

II. **PROCEDURES:**

A. **Incapacitation**

The Proprietor shall pre-arrange to delegate the responsibility of agency operations to a designee in the event of his/her incapacitation. The designee may be appointed from the current agency staff or hired, on a temporary basis, in the absence of the Proprietor. The Proprietor previously shall have documented a selection method for replacement since incapacitation may render the Proprietor unable to perform the task.

B. **Retirement**

The Proprietor, planning to retire, shall endeavor to sell the agency, adopt another legal structure or transfer the clients to another agency.


1. If the agency is sold, the sales agreement shall stipulate that the agency continue operations as a community residential agency for a minimum of two years following the sales transaction.
2. Changing the structure of the agency from proprietorship to limited partnership or corporation shall be considered only after study of the following factors:
  - a. Cost, limitation, filing procedures
  - b. Advantages/disadvantages of the structures for investors and residents
  - c. Adaptability of the current structure to either designation
  - d. Effect of applicable laws associated with such structural change.
3. Arrangements shall be made prior with a community residential service to accept, at least on a temporary basis and until other arrangements can be made, as many of the closing agency clients as possible.



C. Death

The Proprietor, having the best interest of the agency in mind, shall be required to maintain, in a legally executed last will and testament, provisions and instructions for the agency's continuation. Provisions and instructions in the will shall be consistent with the above section B of these procedures.


**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b>  2.1.2.A	<b>Pages</b>  1
	<b>Related ACA Standards:</b>  2-2003	
<b>Chapter:</b>  Administration, Organization and Management	<b>Subject:</b>  Reporting Requirements (For a Private Agency)	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** The agency shall file, with the appropriate regulatory bodies and as mandated by existing statute, all materials necessary to maintain its legal authority to continue operations.
- II. **PROCEDURES:**
- A. The Agency Administrator shall assure the following reports are filed in a timely fashion and so verified to the governing authority:
1. An annual report of financial operations must be filed annually with the Secretary of State no later than 90 days following the last day of the fiscal year (June 30).
  2. A Statement of Continued Existence (SCE) must be filed with the Secretary of State once every five years.
  3. Registration must be with the Attorney General for charitable solicitation.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  Standards Program  Sample Policy and Procedures    <b>ADULT COMMUNITY RESIDENTIAL SERVICES</b> </p>	<b>ACA Number</b> 2.1.2.B	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2003	
<b>Chapter:</b> Administration, Organization and Management	<b>Subject:</b> Reporting Requirements (For a Public Agency)	

**[See User's Key for Suggested Heading Blocks.]**

**I. POLICY:** A report on the agency shall be submitted to the appropriate legislative body on the first working day of January of each odd-numbered year. The report shall cover the two-year period ending on June 30 of the year immediately preceding.

**II. PROCEDURES:**

A. Timetables (All dates are for even-numbered years.)

1. August 1—Director of Support Services and each Facility Administrator shall submit required data to the Agency Administrator.
2. October 1—Facility Administrator shall submit preliminary report to the Department of Correction.
3. November 1—Preliminary report shall be returned to the Agency Administrator with comments and annotations.
4. December 1—Final draft shall be submitted to the legislative body.
5. December 15—Report shall be submitted to the Director of Support Services for publication by December 31.

B. Client Data

The report shall include but not be solely limited to

1. Narration of the objectives for the reporting period
2. Location of residents at the beginning of the reporting period
3. Major problems encountered by the residents
4. Any misdemeanors or felonies committed by residents
5. Former criminal history


C. Fiscal Data

The Director of Support Services shall provide to the Administrator income and cost data for the reporting period and all forms and documents required by state statute.

#### D. Report Consolidation

The report shall be consolidated into a single comprehensive report including, but not limited to, the number of persons served, discharges and successful releases, recidivism, earnings and taxes paid by clients on work release, past and projected total and daily per capita costs and other information which the legislative body may request.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.1.3	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2004	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Administration, Organization and Management	<b>Subject:</b> Designation of a Single Executive Officer	

[See User's Key for Suggested Heading Blocks.]


I. **POLICY:** The agency shall have a single Administrator who has overall executive duties and responsibilities for the effective operation of the agency.

II. **PROCEDURES:**

Duties of the Administrator (Also refer to Job Description). The Administrator shall

- A. Direct, control and coordinate the activities and work schedules of all employees
- B. Develop and implement a system for conducting executive staff, as well as governing authority, meetings that includes
  - 1. Provisions for scheduled and ad hoc meetings
  - 2. Planned, pre-arranged agendas
  - 3. Records kept for all governing authority meetings, as either minutes or a summary recording
- C. Act as official spokesperson for the agency with regard to press releases, media interviews, budget presentations and official communications
- D. Administer, manage, evaluate and supervise the implementation of all programs, decisions and policies of the governing authority
- E. Maintain effective staff communication and community and public relations
- F. Oversee the management and supervision of case records, management, research, management information systems, equipment and supply services and finances


**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	ACA Number 2.1.4	Pages 1
	<p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p><b>Chapter:</b> Administration, Organization and Management</p>	<p><b>Subject:</b> Organizational Chart</p>	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** The agency shall maintain a current organizational chart that accurately reflects the structure of authority, responsibility and accountability within the organization. The chart shall be reviewed annually and updated if needed.
- II. **PROCEDURES:**
- A The Agency Administrator shall develop and submit to the governing authority a current organizational chart reflecting the lines of authority, supervisory relationships and functional areas of responsibility.
  - B. The governing authority shall accept, amend and approve this chart as the official organizational structure for the agency.
  - C. Revisions made necessary by expansions, reductions or refinements of the agency's structure shall be submitted in a timely fashion to the governing authority, and prior to its implementation.
  - D. The organization chart shall be approved by the agency administration to reflect supervision of six to eight clients per staff person.


**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.1.5	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2006	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Administration, Organization and Management	<b>Subject:</b> Annual Meetings of the Governing Authority and the Agency Administrator	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** The governing authority of this agency shall meet [twice a year] with the Agency Administrator to open communications, establish and review policies, and discuss any and all pertinent matters related to the agency.
- II. **PROCEDURES:**
- A. The Agency Administrator shall schedule a meeting with the governing authority during the months of March and September.
  - B. The Agency Administrator shall plan and distribute the meeting agenda two weeks prior to the meeting.
  - C. The Agency Administrator shall detail, for the governing authority, the activities of the agency during the past six months. Information presented shall be consistent with that being collected and analyzed for the annual report and observed from the monitoring systems.
  - D. Minutes shall be kept of all meetings, either in detail or summary format.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  Standards Program  Sample Policy and Procedures </p>	<b>ACA Number</b> 2.1.6	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2007	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Administration, Organization and Management	<b>Subject:</b> Agency Staff Meetings	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall hold monthly staff meetings to maintain good internal communications and provide an opportunity for all employees to contribute to policy and procedure formulation in their specific work areas.

II. **PROCEDURES:**

A. **Structure**


The Facility Administrator shall meet monthly with key supervisory personnel. All supervisors shall meet, in turn, with the personnel they supervise.

B. **Meeting Content**

1. Appropriate staff shall be notified one week prior to the scheduled meeting.
2. Participants shall be given ample opportunity for questions, discussion and input during the meeting.
3. Minutes shall be kept, in summary format, and filed with the Agency Administrator.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**




 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>Standards Program</b>  <b>Sample Policy and Procedures</b> </p>	<b>ACA Number</b> 2.1.7.A	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2008	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Administration, Organization and Management	<b>Subject:</b> Selecting Advisory Committee Members (Public Agency)	

**[See User's Key for Suggested Heading Blocks.]**

- I. POLICY:** A Community Advisory Committee of [ten] members shall be appointed for a [two] year term by the governing authority and will meet twice a year. Criteria for selection of Advisory Committee Members shall include
- A. That members are residents of the community and live within a ten-mile radius of the Community Residential Service
  - B. That members have been residents of the community for at least two years
  - C. That members shall represent a diversity of occupational and professional categories and business, organization and association interests.
- II. PROCEDURES:**
- A. The Administrator shall solicit names of persons interested in serving on the Community Advisory Committee by at least two of the following means:
    - 1. Notices posted within the community residential facility, community libraries, community organizations and local business establishments
    - 2. A letter writing campaign to community associations, local businesses, community organizations, etc.
    - 3. Community media coverage by television, radio or newspapers.
  - B. Letters shall be sent to eligible persons requesting they submit a resume and statement of interest to the governing authority.
  - C. A governing authority representative and the Administrator shall select at least twice the number of candidates as there are vacancies on the committee, using criteria cited in the policy.
  - D. A governing authority representative and the Administrator shall interview the candidates and make a final selection for appointment to the Community Advisory Committee.


**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>Standards Program</b>  <b>Sample Policy and Procedures</b> </p>	<b>ACA Number</b> 2.1.7.B	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2008	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Administration, Organization and Management	<b>Subject:</b> Selecting Advisory Committee Members (Private Agency)	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** The agency shall maintain a policy and procedures manual governing service operations. The operations manual shall include a statement of the purpose and mission of the agency and all approved policy/procedure documents. Annual reviews of the agency operations manual shall be conducted with staff at all levels. Staff shall have the opportunity to make recommendations for additions, deletions and revisions. The operations manual shall be accessible to all staff and volunteers.
- II. **PROCEDURES:**
- A. The annual review of the operations manual shall be conducted by the Agency Administrator.
  - B. The Administrator shall amend and/or approve the manual by December of each year.
  - C. Copies of all revisions shall be circulated to all staff by the Agency Administrator.
  - D. A complete, current copy of the manual shall be available to all staff and volunteers at each program site.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number 2.1.8	Pages 2
	<p>Related ACA Standards: 2-2009, 2-2010 2-2011</p>	
<p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>		
<p><b>Chapter:</b> Administration, Organization and Management</p>	<p><b>Subject:</b> Operations Manual Content Development, Review, Revision and Dissemination</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The Members of the Board of Directors shall reflect the interests of the local community. The board shall meet on a semi-annual basis.


II. **PROCEDURES:**

A. The Board of Directors shall be elected annually as outlined in the bylaws (Appendix A).

B. The membership shall reflect the profile of the community documented by relevant data included in the annual affirmative action plan review.

(Note: See Appendix A for sample bylaws, which provide additional information.)

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b></p> <p style="text-align: center;"><b>Standards Program Sample Policy and Procedures</b></p>	<b>ACA Number</b> 2.1.9	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2012 and 2-2014	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Administration, Organization and Management	<b>Subject:</b> Development of Long Range Goals	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall employ a program planning system to focus on a [three] year action plan. The system shall be reviewed and updated annually, culminating in an analysis of the previous year's activity, major results and events. This material shall be used for the agency's [annual] report.

II. **PROCEDURES:**

A. Instituting a Planning Staff

1. Designation of Planning Personnel—The Agency Administrator shall designate staff members to participate in the planning process.
2. Planning Capability of Staff—The Agency Administrator shall arrange for the necessary technical assistance, training and conceptual aids that shall give the planning staff the requisite core knowledge for participating effectively in the planning process.
3. Planning Cycle, Meeting Times and Target Dates—The Agency Administrator shall set meeting times and planning cycles for the development of long-range goals and objectives. The target dates for the development of long-range goals are as follows:
  - a. Training in the planning process shall be completed within 30 days of each planning cycle.
  - b. Draft preparation of the projected three-year plan shall be completed within 120 days of the planning cycle.
  - c. Reviews and comments from agency staff and community groups shall be obtained within 180 days of the planning cycle.
  - d. A new or revised plan shall be completed within one year of the planning cycle.

B. Developing and Institutionalizing a Written Set of Planning Guidelines

1. Procedures Development Session—The planning staff shall develop a set of written guidelines which define the planning process. These procedures shall include, but not be solely limited to, the following:
  - a. Directions for each unit and sub-unit on the development of goals and objectives
  - b. Criteria used in establishing planning priorities
  - c. Responsibility for research and data collection
  - d. Instructions with respect to dates, format and structure involved in the planning process.

2. Input of Relevant Staff Persons—The planning staff shall assess the needs and prospects of the agency on a functional basis, i.e., budget, research, program planning, etc., seek staff input and incorporate suggestions into the planning process.
3. Dissemination of Planning Guidelines—The planning guidelines shall be distributed to relevant staff and incorporated into the operations manual of the agency.


C. Preparing Policy Statements and Planning Documents

1. Issuance of Policy Statements—The Agency Administrator shall prepare a set of policy statements directing implementation of the long-range goals and objectives derived from the planning process. Prescribed dates for policy implementation shall be indicated.
2. Final Approval—Final approval shall be made by the governing authority.

D. Annual Reviewing of Long-Range Policies and Goals

1. Convening of Review Meetings—The Agency Administrator and the governing authority shall meet on a yearly schedule to evaluate progress made towards accomplishing specific objectives of the long-range plan.
2. Content of the Review Process—The review process shall consider budgetary, legislative and other activities which could impact the continued efforts towards a policy or goal.
3. Preparation of the Annual Report—The review process shall culminate in a written report. This report, carefully detailing the major results, events and activity of the previous year, shall be the basis of the agency's annual report.


**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

	<b>AMERICAN CORRECTIONAL ASSOCIATION</b> <b>Standards Program</b> <b>Sample Policy and Procedures</b>	<b>ACA Number</b> 2.1.10	<b>Pages</b> 1
	<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>	<b>Related ACA Standards:</b> 2-2013	
<b>Chapter:</b> Administration, Organization and Management	<b>Subject:</b> Monitoring and Reporting		

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** The agency shall use a program monitoring and reporting system to show activity levels of the agency in reaching planned goals and objectives.
- II. **PROCEDURES:**
- A. The agency function and structure shall be examined every three years to determine the monitoring system's continued applicability.
  - B. The Agency Administrator shall review the study and, if necessary, revise the monitoring system to ensure that agency productivity meets or exceeds stated goals and objectives.
  - C. The monitoring system shall include but not be solely limited to
    1. Semi-annual on-site program audits by the Agency Administrator or designee
    2. Bi-monthly meetings between the Agency Administrator and the Facility Administrator
    3. Monthly progress reports from each Facility Administrator covering
      - a. Sub-unit problems, progress, special events, etc. (e.g. budget over-runs, accreditation team's visit and assessment)
      - b. Staff patterns, concerns, problems, etc.
      - c. Resident patterns, concerns, problems, etc.
      - d. Resident statistics
      - e. Facility Administrator's analysis and forecast regarding the overall atmosphere of the facility.


[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.1.11	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2015	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Administration, Organization and Management	<b>Subject:</b> Conflict of Interest	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** Any activity, on the part of any employee or person in a position of authority within the agency, which can be construed as a conflict of interest, shall be prohibited.
- II. **PROCEDURES:**
  - A. Members of the Board of Directors shall file a required disclaimer to verify compliance with the bylaw regarding conflict of interest.
  - B. During orientation, all staff shall receive and document, in writing, their understanding of the Personnel Code of Ethics regarding conflict of interest contained on page [1] of the Personnel Policies.
  - C. The Agency Administrator shall assure the above procedures are completed and take appropriate steps against any policy infractions.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**


 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	ACA Number 2.1.12	Pages 1
	<p style="text-align: center;">ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p><b>Chapter:</b> Administration, Organization and Management</p>	<p><b>Subject:</b> Legal Assistance</p>	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** The agency shall obtain legal counsel in any litigation, legislative or administrative hearing and contract negotiations concerning agency operations.
- II. **PROCEDURES:**
  - A. The Agency Administrator shall be responsible for obtaining necessary legal services for the agency. The following points shall be observed:
    - 1. Contracts, subpoenas, hearing notices and any other matters which appear to require legal counsel shall be sent to the Agency Administrator.
    - 2. Legal matters shall not be acted upon by any employee without instruction from legal counsel.
  - B. The Agency Administrator shall select a counsel from a pool of persons predetermined by the Board. Counsel selection shall be based on the attorney's area of expertise and type of legal matter confronting the agency.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**



	<b>AMERICAN CORRECTIONAL ASSOCIATION</b> <b>Standards Program</b> <b>Sample Policy and Procedures</b>	<b>ACA Number</b> 2.1.13	<b>Pages</b> 1
		<b>Related ACA Standards:</b> 2-2017 to 2-2020	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>			
<b>Chapter:</b> Administration, Organization and Management	<b>Subject:</b> By-laws Governing Incorporated Private Agencies		

[See User's Key for Suggested Heading Blocks.]

**I. POLICY:** This agency is a not-for-profit corporation covered under Section 501c of the Internal Revenue Code. It shall maintain an incorporated legal status to ensure continuity of service to the community. Agency incorporation shall be maintained in the state containing the majority of agency facilities. The agency, at all times, shall maintain its incorporated not-for-profit tax status. The bylaws of the agency shall include, but not be solely limited to, the following specific points:

- A. Members of the governing authority shall be selected from the individuals most qualified and most concerned with community residential service programs. The number of members to the governing authority shall not exceed [20].
- B. Membership on the governing authority shall not exceed [five] years.
- C. The governing authority shall meet no less than [four] times a year. The executive body of the governing authority (president, vice-president, secretary and treasurer) shall meet separately no less than [four] times a year.
- D. The quorum to hold a regular business meeting of the governing authority shall be [14]. The quorum of an executive meeting shall be [three].

(Note: See appendices A and B for additional bylaw samples.)

**II. PROCEDURE:**

- A. The agency shall seek the assistance of counsel in the development and maintenance of its incorporated legal status. Counsel and the Agency Administrator shall develop the agency's bylaws in accordance with state laws and regulations. Approval of the bylaws by the appropriate temporary officials of the corporation shall be completed within the prescribed time limits sanctioned by the state's laws of incorporation.
- B. The Agency Administrator or designee shall arrange the location for the regular business meetings of the governing authority. The Chairperson of the governing authority shall advise the Agency Administrator when the meeting is to be held.
- C. The Secretary of the governing authority shall be responsible for taking minutes at each regular business meeting and each executive meeting. The minutes will be transcribed by the Secretary and distributed, within 30 days, to all members of the governing authority and the Agency Administrator. The minutes of the preceding governing authority meeting shall be approved at the next regularly scheduled governing authority meeting.
- D. All facilities shall maintain documentation of tax status. Tax-exempt numbers shall be used, when appropriate, for purchases and services.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]


## **CHAPTER 2**

### **FISCAL MANAGEMENT**

#### ***Commentary***

Standards 2-2021 through 2-2031 require policies and procedures basic to fiscal management. To be effective, these policies and procedures must provide a system of fiscal management commentary for all financial activities and make available financial information to the agency and its facilities. The agency must be able to demonstrate its financial position, the results of its operations and the extent of compliance with legal provisions. Effective budgeting and accounting systems will guarantee that expenditures fulfill the intent of the governing authority. These systems also will provide compilation of both revenue and expenditure data to facilitate future budget preparation.

Currently there are two approaches to fiscal policy and procedure development. In the first approach the agency operates under its own policies and procedures, as is generally the case for private agencies. The second approach is for the agency operated by a state or local government, which follows policies and procedures prescribed by law or the finance and audit departments of the governmental jurisdiction. In either case, the agency must document that it maintains and follows policies and procedures which address all elements of fiscal operations and controls.

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	ACA Number 2.2.1	Pages 1
	<p style="text-align: center;">ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p><b>Chapter:</b> Fiscal Management</p>	<p><b>Subject:</b> Budgeting and Accounting Systems</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The annual budget and revisions or supplements to the budget shall be approved by the governing authority. Each Facility Administrator shall supervise the preparation of the budget.

II. **PROCEDURES:**

A. **Budget Preparation**


The agency's fiscal year is October 1 through September 31. The budget process starts in mid-January under the overall supervision of the Agency Administrator. He/she shall request each Facility Administrator to submit a budget by April 31.

1. The Agency Administrator and Facility Administrators shall meet to discuss the budget. Following these meetings, the Agency Administrator shall complete the budget process by developing a presentation of the agency's annual budget request for the governing authority.
2. The Agency Administrator shall deliver the annual budget request to the governing authority for its review no later than May 30th.
3. The governing authority shall make any adjustments, modifications, additions or deletions deemed appropriate and return the budget to the Agency Administrator no later than June 31.
4. A budget hearing shall take place between the governing authority and the Agency Administrator during the month of July.
5. The governing authority shall approve the agency's adjusted budget no later than August 15th.

B. **Budget Revisions**

1. Any revision between the initial and final drafts of the budget shall be presented to the governing authority for final approval.
2. Any change in a budget item greater than 10 percent during the budget year shall be approved by the governing authority.
3. Unexpended funds may be reallocated after approval by the governing authority.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	ACA Number 2.2.2	Pages 3
	<p style="text-align: center;">ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p><b>Chapter:</b></p> <p style="text-align: center;">Fiscal Management</p>	<p><b>Subject:</b></p> <p style="text-align: center;">Agency Accounting</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall be responsible for the receipt, safeguarding, disbursement and recording of all agency funds.

II. **PROCEDURES:**

A. **Cash Receipts**

1. All cash received by the agency is recorded in the cash receipts log by the Administrative Assistant.
2. Cash receipts are entered into the cash receipts journal on the day of transaction by the Accounting Clerk on the day of transaction and posted to the cash ledger by the Bookkeeper.
3. Cash receipts are deposited daily into the appropriate bank account by business office personnel.

B. **Safeguards and Controls**

1. Bonding—Blanket coverage in the amount of \$20,000 shall be obtained for the business office Administrative Assistant, governing authority Treasurer and Accounting Clerk. Coverage of \$125,000 shall be obtained for the Agency Administrator, Bookkeepers and each Facility Administrator.
2. Signature Control on Checks—The Treasurer of the Governing Authority, Agency Administrator and Bookkeeper shall be the only persons authorized to sign checks. All checks shall be signed by two of the three persons authorized.

C. **Disbursements**

1. **Cash Disbursements**

- a. Invoices from vendors shall be accumulated by the Bookkeeper. All invoices relating to merchandise received shall be attached to the supporting receiving report.
- b. The Bookkeeper shall determine and assign the appropriate general ledger account distribution to each invoice.
- c. Invoices, with supporting receiving reports, shall be presented for approval of payment and account distribution to the Agency Administrator.
- d. The Bookkeeper shall collect approved invoices in alphabetical file and prepare a check voucher.

- e. Check vouchers, with supporting invoices and documents shall be retained in alphabetical file until payment.
- f. At time of payment, the Bookkeeper shall select the check voucher (with supporting documents from the alphabetical file), assign a check number and complete the check.
- g. Checks, with their supporting documents, then shall be presented to the appropriate parties for signature.
- h. Paid and cancelled invoices and documents shall be returned to the Bookkeeper for alphabetical filing.
- i. All signed checks then shall be distributed.

2. Petty Cash

The authorized amount shall be established by the Agency Administrator and Governing Authority treasurer. To obtain petty cash funds the following steps shall be taken:

- a. Petty cash vouchers are submitted to the business office with a written request for funds.
- b. Disbursements shall be for items \$10.00 or under unless authorized by the Facility Administrator. In no event shall this amount exceed \$25.00.
- c. Disbursements for all items purchased must be supported by a register receipt or its equivalent. The register receipt shall be checked for accuracy by the staff member making the transaction and attached to the petty cash voucher.
- d. All petty cash vouchers shall be signed by the individual receiving petty cash funds as well as by the staff member approving the disbursement.
- e. All petty cash vouchers shall be marked with an account number and recorded in the cash disbursements register by the Bookkeeper.
- f. All petty cash funds shall be locked at all times and located in a place accessible only to those staff members authorized to handle petty cash funds.

3. Routine Financial Assistance to Residents

- a. Carfare requests signed by the Facility Administrator shall be submitted weekly to the business office. A weekly listing shall be made of all requests from unemployed clients. Carfare receipts and the listing clearly stating carfare needed shall be in the business office by 5 p.m., Tuesday of each week. The original request shall be filed by the Bookkeeper in the business office.
- b. Other financial assistance to residents shall be processed by completion of an assistance request form. The request shall be approved by the Facility Administrator and presented to the business office for payment.

4. Employee and Volunteer Expense Reimbursement

Employees and volunteers shall submit, in triplicate, an expense voucher listing expenses to be reimbursed. Receipts must accompany the voucher. A copy of the expense form shall be returned to the employee with the check. One copy shall be retained by the business office and the other copy shall be kept in the employee's expense voucher file.

5. Employee Compensation

a. Time sheets

- (1) Each employee shall prepare a personal time sheet showing dates, times in and out and total hours worked. The employee shall attest to the accuracy of the time sheet by signature.

- (2) The employee's supervisor shall verify the time sheet information making any necessary corrections and signing the verification line for hours worked.
- (3) The supervisor shall be responsible for submitting all time sheets received to the business office by noon of the Monday following the end of the pay period.
- (4) The business office shall enter salary and wage information from the payroll listing to each time sheet.


b. Bank Payroll Service

Time sheet information is transferred to preprinted computer sheets. The computer sheets shall be balanced, totaled and transported to the bank. The bank independently shall calculate withholdings and other deductions. Within 48 hours, the bank shall make available individually printed payroll checks with backup documentation available for business office pickup.

c. Verification Procedures

The business office shall verify each paycheck against the appropriate time sheet and computer sheets. The information from the computer printouts accompanying each set of paychecks shall be posted to a payroll journal divided according to project or program functions. Total payroll figures must balance with the net payroll plus deductions. Where errors occur, the printed paycheck shall be voided, supplementary checks issued and appropriate correcting action shall be entered onto the preprinted computer sheet for the following pay period.


**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.2.3	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2026 and 2-2027	
<b>Chapter:</b>  Fiscal Management	<b>Subject:</b>  Agency Audits and Reports	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** An annual audit of the agency shall be conducted by a Certified Public Accountant. [Or, for government operated agencies, an agency audit shall be conducted by a separate unit of government.]
- II. **PROCEDURES:**
- A. The agency shall prepare for financial audits on an ongoing basis by having the Bookkeeper prepare monthly financial reports. These reports shall be distributed to the members of the governing authority after approval of the Agency Administrator has been obtained. The monthly financial report shall include a detailed balance sheet and a statement of income and expenses for the current month as well as the year to date. It shall be the responsibility of the Bookkeeper to make all postings to the general ledger and to maintain the general ledger in proper form and balance at all times.
- B. All audit teams shall be responsible for examining and reviewing agency financial records. The agency and facilities shall extend every courtesy to the audit team in this regard. Areas with which the auditor shall be concerned are
1. Verifying the clerical accuracy of books of accounts and all related documents
  2. Examining documents which support recorded transactions and account balances appearing on statements
  3. Inspecting or counting physical assets such as equipment and undeposited cash receipts.
- C. Required financial reports are submitted to funding agencies, as requested.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>Standards Program</b>  <b>Sample Policy and Procedures</b> </p>	<b>ACA Number</b> 2.2.4	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2031	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Fiscal Management	<b>Subject:</b> Insurance Coverage	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The Corporation, its employees, Administrators, and governing authority shall be insured at a level sufficient for protection. Such insurance shall include

- A. Property Liability
- B. Personal Injury Liability
- C. Bonding of Fiduciary Staff
- D. Vehicle Insurance

II. **PROCEDURES:**

A. Private Insurance


- 1. The Agency Administrator shall solicit from at least three sources insurance packages that include necessary coverage at sufficient levels to protect the Corporation and its employees.
- 2. The governing authority shall review and approve the desired plan.
- 3. The Agency Administrator shall assure that all premiums, claims, and reports are properly completed.

B. Self-Insurance (when used)

- 1. Authorization to self-insure shall come from the Board of Directors.
- 2. A "memorandum of insurance" or similar document shall be developed which acts as policy, setting the limits of liability for various categories of risk, including deductible limits.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**



 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	ACA Number 2.2.5	Pages 2
	<p style="text-align: center;">ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p><b>Chapter:</b></p> <p style="text-align: center;">Fiscal Management</p>	<p><b>Subject:</b></p> <p style="text-align: center;">Equipment Records</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** All equipment which is nonperishable and costing over [\$50.00] must be entered on the general inventory ledger and noted lost, moved, stolen or discarded. The methods of purchasing and requisitioning supplies and equipment shall follow fiscal policies contained in policy 2.2.2.

II. **PROCEDURES:**

A. Limitations

No purchases in excess of [\$25.00] shall be made without an approved purchase order authorized by the Agency Administrator.

B. Records

The procedures below shall be followed for purchasing and receiving.

1. A detailed purchase order must be submitted by the Bookkeeper for approval by the Agency Administrator.
2. Upon approval, a copy of the purchase order is sent to the vendor, a second retained by the Bookkeeper and the third sent to the staff person responsible for receiving the merchandise.
3. Upon receipt of the merchandise, the staff member shall verify the order and sign and return the invoice to the Bookkeeper for filing in the vendor file.

C. Major Equipment Items

For equipment which is over [\$50.00] and nonperishable, the following procedures will occur on receipt of the order.

1. The Secretary will prepare an inventory control card, completing all necessary information including the location of the item. All cards are maintained in the administrative office.
2. The Bookkeeper will complete an inventory control tag with the proper numerical code.
3. The House Manager will affix the tag to the item.
4. The Secretary will add this item to the general inventory ledgers.

D. Missing Equipment

For items lost, stolen, discarded or moved, the Agency Administrator shall be informed in writing so as to approve and/or notify the Secretary to annotate this to the general ledger.

E. Audits

A complete audit of all items listed on the general ledger shall be completed annually.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

### **CHAPTER 3**

### **PERSONNEL**


#### ***Commentary***

Personnel policies and procedures cover recruitment, selection and promotion of staff; affirmative action; compensation; labor management relations, personnel records, and all other areas of manpower of an organization. They relate to standards 2-3032 through 2-2055. Public agencies generally operate under policies and procedures prescribed by law and regulations. Private agencies usually author their own personnel policies and procedures.

To employ a staff which is representative of the community and clientele served by the agency, the agency must design an effective affirmative action plan. Standards call for such a plan summarily to be implemented. Annual review of the plan and its various programs also is required.

Written policies and procedures govern the award and denial of merit pay increases; uniform, consistent administration of compensatory time and the confidentiality of and employee access to the content of personnel records.

Additional information regarding sample personnel practices is contained in the Appendix.

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>Standards Program</b>  <b>Sample Policy and Procedures</b> </p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.3.1	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2032	
<b>Chapter:</b> <p style="text-align: center;">Personnel</p>	<b>Subject:</b> <p style="text-align: center;">Personnel Policies and Procedures</p>	

[See User's Key for Suggested Heading Blocks.]

**I. POLICY:** All personnel policies shall be approved annually, reviewed and updated, if necessary, and adopted by the governing authority. Orientation for each new employee shall include review of personnel policies and procedures. Each employee shall have access to a copy of the personnel policies manual.

**II. PROCEDURES:**


**A. Content of Personnel Policies and Procedures**

1. Organizational chart
2. Availability of training, attendance at conferences and seminars and educational opportunities for staff
3. Employment criteria such as application procedure, selection process, tenure and promotion
4. Job descriptions
5. Employee evaluation criteria and process
6. Compensation schedules and fringe benefits
7. Employee management relations
8. Additional information as shown in Appendix C

**B. Review**

The Board of Directors shall appoint a subcommittee on personnel to review all personnel matters for presentation to the Board.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	ACA Number 2.3.2	Pages 2
	<p style="text-align: center;">ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p>Chapter: Personnel</p>	<p>Subject: Agency Recruitment</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** All vacancies shall be open to applicants from both outside and within the agency. The agency does not discriminate or exclude from employment on the basis of race, creed, national origin, sex, age, marital status, or prior criminal history.

II. **PROCEDURES:**

A. Vacancy Notices

1. Notice of any positions to be filled shall be published in at least one newspaper of general circulation in the agency area. Two newspapers that circulate in the minority communities also shall give notice of any positions to be filled. When necessary and feasible, notices also shall be given in other publications.
2. The state employment service and other selected not-for-profit or governmental employment agencies shall be advised of all job openings in the agency.
3. Staff shall be advised of openings within the agency by posted and circulated job announcements.
4. Written job announcement and job description shall be provided to an applicant upon request.

B. Applications for Employment


1. Written application shall be made on a form provided by the agency. Persons currently employed by the agency shall be required to file a new application form. They shall submit a letter stating desire for consideration and any additional qualifying information not contained in their original application.
2. Notification of any prior criminal record shall be required. Previous conviction of a criminal offense, however, does not disqualify an applicant from employment.

C. Notifications

1. The agency shall maintain applications of hired employees in its personnel file.
2. Applications of individuals not hired, whether interviewed or not, shall be maintained for a period of six months. To calculate the six month period, the effective beginning date is that which appears on the position-filled notice supplied to the applicant.

3. When a complaint is lodged with the Equal Employment Opportunity Commission (E.E.O.C.), all applications pertinent to the specific hire in question shall be maintained pending disposition of the complaint by E.E.O.C. and pending clearance, if required, to destroy them.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.3.3	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2034, 2-2045, 2-2046, 2-2047, and 2-2048	
<b>Chapter:</b>  Personnel	<b>Subject:</b>  Agency Job Descriptions, Qualifications, and Selection	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The written job description for all staff positions shall include the job title and general duties and areas of responsibility. Qualifications for all positions shall be established by the Board.

II. **PROCEDURES:**

A. **Job Descriptions**

The following items shall be included as a part of the written job description:


1. Job title
2. Duties and responsibilities
3. Specific task.

B. **Job Qualifications**

Qualifications shall be established for each position within the agency by the Board. Each job qualification statement shall specify the level of education and the amount of experience needed by the person filling the position. The basic qualifications for the Agency Administrator are set forth as follows:

1. A baccalaureate degree in social or behavioral science or a closely related field, or
2. Four years of experience or training in planning, development, administration and/or delivery of social services programs directly related to residential correctional programs.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.3.4	<b>Pages</b> 3
	<b>Related ACA Standards:</b> 2-2036 and 2-2037	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b>  Personnel	<b>Subject:</b>  Affirmative Action	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Equal employment opportunity shall be provided to all people without regard to race, creed, national origin, sex, age, marital status or prior criminal history. To promote this, a positive affirmative action plan and necessary programs shall be developed and implemented by the agency.

II. **PROCEDURES:**

A. **Responsibility for Implementation**

1. The agency administrator is responsible for, although not solely limited to, the following affirmative action activities:
  - a. Assigning minorities, women and ex-offenders to all levels of positions within the agency
  - b. Developing and using talents of all staff persons without regard to race, creed, national origin, sex or prior criminal record
  - c. Carrying out all affirmative action recruitment, promotion and training policies and procedures
  - d. Reviewing qualifications of employees to ensure that they are given equal opportunities for transfers or promotions
  - e. Ensuring that employees are afforded full opportunity and encouragement to participate in agency sponsored educational, training, recreational and social activities.
  
2. The affirmative action officer assigned by the Agency Administrator is responsible for, although not solely limited to, the following affirmative action activities:
  - a. Providing direction for establishing agency affirmative action goals and objectives
  - b. Periodically evaluating hiring and promotion practices and patterns to determine the progress of the agency and to remove impediments to attainment of set goals
  - c. Recommending and drafting additional or amended policy statements, additional affirmative action programs, and internal and external communication techniques which facilitate affirmative action
  - d. Identifying problems in administering the affirmative action and equal employment policy and helping to resolve them
  - e. Preparing an annual report for the Agency Administrator to present to the governing authority



- f. Designing and maintaining a record keeping and audit system which measures the effectiveness of the program

## B. Analysis

Biannually, the Affirmative Action Officer shall conduct an analysis of current employee status to ascertain the number of minorities, women and ex-offenders employed and their staff level and function for comparison with the total employee population. Completion of the staff analysis shall dictate immediate and future goals and time tables to place such individuals where deficiencies exist.

## C. Records

The following records concerning race, sex and criminal records shall be maintained for statistical purposes and reviewed bi-annually by the Agency Administrator to evaluate the status of the agency's affirmative action plan:


1. Recruitment resources
2. New employees by job classification
3. Promotion by job classification
4. Turnover by job classification, and the reason for turnover (e.g., dismissal, resignation, job elimination, etc.)
5. Employee participation in agency training programs
6. Changes in composition of the organization work force by position type and level
7. Changes being made in the implementation of the affirmative action plan as a result of changes in staffing during the reporting year.

## D. Elements of the Affirmative Action Plan

1. Recruitment. The recruitment program shall be conducted to reach all segments of the community. If regular channels of recruitment do not supply a variety of target applicants, initiative shall be taken to identify such candidates, make them familiar with available positions and encourage them to apply. This shall be done by
  - a. Directly contacting minority employment and placement agencies
  - b. Placing recruitment advertisements in minority news media (see policy number 2.2.3.2.)
  - c. Identifying and contacting placement offices of educational institutions that have special programs for minorities, women and ex-offenders
  - d. Directly contacting groups and other organizations specifically concerned with minority groups, women and ex-offenders.
2. Promotion. Every consideration shall be given to affirmative action internal promotions. Minority, female and ex-offender records shall be reviewed to identify those who may be qualified for promotion. All job openings shall be announced, circulated and posted so minority, female and ex-offender staff members are aware of these positions and may apply.

3. Training. Learning opportunities leading to more responsible positions shall be available to minority, female and ex-offender staff through
  - a. Educational and self-development training opportunities
  - b. Provision for minority, female and ex-offender staff to attend courses and training sessions
  - c. Time off allowed for educational and/or training opportunities.
  
4. Complaint Handling. Any complaints arising from the work situation within the organization involving allegations of discrimination on the basis of race, creed, national origin, prior criminal record, sex, age or marital status shall be handled by the affirmative action officer.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<p style="text-align: center;"><b>ACA Number</b> 2.3.5</p>	<p style="text-align: center;"><b>Pages</b> 2</p>
	<p><b>Related ACA Standards:</b> 2-2039, 2-2043, 2-2044 and 2-2051</p>	
<p><b>Chapter:</b>  Personnel</p>	<p><b>Subject:</b>  Employee Retention</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** All new employees shall serve a [three] month probationary period of employment. The employee's job performance shall be evaluated at the conclusion of this period. The decision to permanently retain the employee shall be based on the job performance evaluation. Performance evaluations thereafter shall be conducted annually. Termination or demotions shall be for just cause and after appropriate grievance and appeals procedures have been exhausted.

II. **PROCEDURES:**

A. **Probationary Period**

At this critical stage of employee's initial placement with the agency, the employee shall be provided every opportunity to explore the various aspects of the job description and his/her suitability for the position. During the probationary period, the following shall occur unless otherwise indicated.

1. The progress of the employee shall be monitored and recorded by the employee's supervisor. Upon request of the employee, or at times determined by the supervisor, these progress reports shall be reviewed with the employee.
2. The probationary period may be extended for just cause. The additional specified amount of time shall be indicated in writing, not to exceed one year. At the conclusion of the extended period, another performance evaluation shall be made and final employment status determined.
3. Once the probationary period has been completed, permanent status shall be conferred upon the employee.

B. **Employee Conduct**

Employees are expected to conduct themselves at all times to reflect positively on the agency. After achieving permanent status, an employee may be fired or demoted for just cause. The list below includes but does not limit activities which may result in disciplinary actions of termination or demotion.

1. Insubordination
2. Intoxication or use of drugs during work hours
3. Introduction or promotion of contraband in the facility
4. Willful destruction of agency or resident property

5. Sick leave or attendance abuse
6. Incompetence and poor or careless work habits.

C. Annual Performance Review


1. The employee and supervisor shall meet for an uninterrupted discussion of the job.
2. At this meeting, goals, objectives, essential requirements, critical elements and other important factors, are discussed and documented.
3. The supervisor shall evaluate and rate the employee's performance in the following areas:
  - a. Quality of work
  - b. Dependability
  - c. Initiative
  - d. Job knowledge and skills
  - e. Interpersonal skills.
4. If the employee disagrees with any portion of the review, response or comments may be attached to the review or the employee may appeal via the employee grievance procedure (see II.D.)
5. Both the employee and the supervisor shall sign the performance review.

D. Employee Grievance Procedure

The agency's grievance procedure is designed to handle any dispute regarding the terms of employment. The agency is open and impartial to employee complaints via this channel. The grievance procedure is as follows:

1. An employee who is unable to resolve grievances directly and informally with his/her supervisor may file written grievance with the Facility or Agency Administrator. A meeting with the employee shall be scheduled within 10 days of the receipt of the grievance. The Administrator shall render a decision in writing within five days of the meeting.
2. If the employee is not satisfied, he/she may present the grievance to the governing authority within three days of the administration's response. A hearing shall be held within 10 days or an extension may be granted with consent of the employee. A written decision shall be delivered within 15 days of the hearing.
3. The majority opinion of the Executive Committee of the Governing Authority is the final arbiter for employee grievances on all matters involving demotion, suspension or discharge.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	ACA Number 2.3.6	Pages 2
	<p>Related ACA Standards: 2-2040 and 2-2041</p>	
<p>Chapter: Personnel</p>	<p>Subject: Compensation and Benefit Levels</p>	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** Employees shall be hired to fill authorized positions classified at a specific salary level. Salary range increases and special merit pay increases shall be granted within the limits of the agency's financial resources. The agency shall seek to keep its compensation and benefit levels within [10] percent of employees in similar occupational groups within the community (e.g. halfway or group homes for the mentally ill, the handicapped, the aged, etc.).
- II. **PROCEDURES:**
- A. Salary Classification
- The agency's salary scale shall be reviewed on an annual basis for all staff positions. Increments are awarded on the employee's anniversary. Such increments are based upon a favorable annual review of the employee.
- B. Special Merit Pay
- When an employee has demonstrated outstanding and exemplary performance in the course of his/her work assignment, monetary compensation may be allowed. The employee's supervisor shall be responsible for documenting the events which result in recommending the employee for such merit pay. The agency administrator annually shall appoint a committee to review such recommendations. The committee shall review the recommendations and commendations received on the employee and submit its findings. The committee review shall focus on the employee's significant contributions to the goals and objectives of the agency and promotion of cost savings and income producing procedures throughout the year. The Agency Administrator, in concurrence with the governing authority, shall give final approval if such pay is to be given.
- C. Benefits
1. Social Security—All employees are covered by Social Security and are required to participate. Social Security costs are paid by both the employee and the agency.
  2. Workmen's Compensation—All staff members are covered by Workmen's Compensation for injuries sustained while on the job. The full cost of Workmen's Compensation is paid by the agency.
  3. Unemployment Compensation—All employees are covered by unemployment compensation. Determination of eligibility to collect unemployment compensation is made on an individual basis by the State Department of Labor. The full cost of unemployment compensation is paid by the agency.


4. Hospitalization Insurance—Hospitalization insurance is available to full time personnel following the first month of employment. The current underwriter of the agency's hospitalization insurance program is Blue Cross/Blue Shield. The full cost of hospitalization insurance for the employee and his/her family is paid by the agency.
5. Pension Plan—The agency's pension plan is available to employees who qualify for enrollment in the plan. The full cost for the pension plan is paid by the agency. Employees have a vested interest in the pension plan after five years of service. An annuity plan may be selected by the employee upon retirement at age 55.
6. Other Benefits—Other benefits provided to full time staff members by the agency include:
  - a. Eight hours of annual leave per month which may be accrued not to exceed 240 hours
  - b. Twelve paid holidays
  - c. Eight hours of sick leave per month which may be accrued
  - d. Forty hours per year of personal leave which may not be accrued
  - e. Fifty percent college tuition reimbursement

D. Comparison Salary Report

An annual report submitted to the governing authority shall provide justification of the policy concerning salaries. The report shall cover, but not be solely limited to, the points listed below.

1. How salary compensation is commensurable with the responsibility and task employees have within the agency
2. Whether the range of salaries paid to employees are comparable and are within 10 percent of salaries paid to similar occupations groups within the area
3. What applicable and comparable salaries are needed to attract and hold qualified employees.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b></p> <p style="text-align: center;">Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.3.7	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2042	
<b>Chapter:</b>  Personnel	<b>Subject:</b>  Employee Management Relations	

[See User's Key for Suggested Heading Blocks.]

**I. POLICY:** The agency shall recognize legitimate employee concerns and adopt resolutions when necessary to alleviate problems. An employee grievance procedure shall be established as one means of resolving employee/management problems. An employee/management relations committee shall meet quarterly to discuss matters of mutual concern.

**II. PROCEDURES:**

**A. Committee Membership**

An employee/management relations committee shall be established by the Facility Administrator to be composed of

1. The Facility Administrator-Chairperson
2. A supervisory person from each unit who is appointed by the unit supervisor
3. A non-supervisory person from each unit who is delegated by the employees of that unit

**B. Meeting Content**

1. Proposals for programmatic changes
2. Safety practices
3. Training plans
4. Changes in agency and facility operations
5. Changes required by law or other jurisdictional authority

**C. Corrective Actions**

The chairperson shall examine the minutes of each meeting and evaluate the concerns expressed. If necessary, the following corrective actions may be taken:

1. Require additional information from appropriate program managers
2. Appoint a committee to evaluate a situation and prepare recommendations for corrective action
3. Prepare a plan of action to be taken by the managers of the programs related to the problem area

#### D. Grievance Procedures

Any agency employee who believes he/she has been treated unfairly about any matter may file a grievance. The following steps must be taken.


1. An employee grievance must be presented within 15 calendar days after the incident occurs.
2. An employee shall be entitled to a representative of his/her choosing in pursuing grievance actions.
3. The grievance must be presented in writing to the employee's immediate supervisor. The following information shall be included in the grievance.
  - a. The identity of the aggrieved employee
  - b. The specific nature of the grievance
  - c. The corrective action sought
  - d. The signature of the employee and the employee's representative

#### E. Reviews and Appeals

1. Upon receipt of a grievance, the immediate supervisor shall consider all available facts and notify the employee as to a decision no later than five calendar days following the date of presentation.
2. If the employee is dissatisfied with the decision of the supervisor, the employee and/or his/her representative may present the grievance to the Facility Administrator within five calendar days following the initial attempt at resolution. The Facility Administrator may meet with the employee and his/her representative and, where appropriate, any other parties directly involved within five calendar days following the date the grievance is received. A written response shall be given to the employee within five calendar days following this meeting.
3. If the grievance is not satisfactorily resolved, the employee, directly or through a representative, may present the grievance to the governing authority within five calendar days following the previous decision. The governing authority shall be the deciding official for the grievance.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**



 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>Standards Program</b>  <b>Sample Policy and Procedures</b> </p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.3.8	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2049, 2-2050, and 2-2052	
<b>Chapter:</b> <p style="text-align: center;">Personnel</p>	<b>Subject:</b> <p style="text-align: center;">Personnel Records</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** A current, complete and confidential personnel record for each employee shall be securely maintained in the agency's central office. Access to such files shall be authorized by the Agency Administrator. Each employee, upon request, shall have access to his/her personnel file.

II. **PROCEDURES:**

A. **Responsibility**

The personnel record for each employee shall be maintained by the Agency Administrator.

B. **Personnel Record Content**

The personnel record shall contain but not be solely limited to

1. Original application and/or resume
2. Reference letters and reference checks
3. Employment investigation reports
4. Attendance and leave information
5. Compensation data and payroll deduction authorizations
6. Annual performance evaluation
7. Commendations and disciplinary actions, if any
8. Promotion information
9. An acknowledgement of receipt for agency policy regarding the following:
  - a. Use of force
  - b. Confidentiality of information
  - c. Employee standard of conduct

### C. Information Criteria

Only information relevant to the work situation or the employee's compensation and benefits shall be made a part of the personnel record. All material placed in the employee's file shall be copied to the employee.

### D. Former Employee Personnel Records

The records of former employees shall be retained as active files for one year following separation from the agency. After one year, the records may be reduced to essential data and stored in inactive files.

### E. Confidentiality

Due to the confidential nature of personnel files, they shall be kept in a secured location in the agency's central office. Availability of personnel files shall be restricted to the employee who is the subject of the record, his/her supervisor and agency employees who have need of the record in the performance of their duties.

### F. Access to Records


1. Each employee shall have the right, on written request to his/her immediate supervisor and with approval by the Facility/Agency Administrator, to examine and copy any or all of his/her personnel record information including performance evaluations. Individuals are encouraged to review their records annually for accuracy and completeness.
2. Any request by an external party to view an employee's file must be accompanied by signed permission from the employee.
3. Telephone inquiries shall be answered only to verify information already provided by the employee.
4. In the event of a legal request or order to view a record, the employee shall be given prior warning sufficient to allow legal action if desired.

### G. Challenges of Record

All employees may challenge information in their files. If an employee believes personnel file information to be inaccurate, objectionable or false, he/she may request such information corrected or removed.

1. The employee shall submit a written statement to the Agency Administrator specifying the inaccurate, objectionable or false information and the reason(s) the information is believed to be inaccurate, objectionable or false. A request for the type of corrective action must also be included.
2. On receipt of the statement, the Agency Administrator shall review the matter and make a determination as to the validity of the information.
3. The Agency Administrator shall make written response to the employee of the results of the review and whether the request for corrective action is sustained or denied.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number 2.3.9	Pages 3
	<p>Related ACA Standards: 2-2053, 2-2054, and 2-2055</p>	
<p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>		
<p>Chapter: Personnel</p>	<p>Subject: Staff Development</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:**

A. **Initial Orientation**

Within the first week of employment, all new staff members shall be provided with an initial orientation.

B. **Training**

All full time and part time employees shall receive training. Full time staff shall receive at least forty hours of in-service training annually. Part time staff shall receive the same number of training hours as the number of employment hours to be worked in a week.

C. **Tuition**

Tuition reimbursement shall be available to all staff who meet specific qualifications.

II. **PROCEDURES:**

A. **Orientation**

A discussion with all new employees shall consist of but not be limited to

1. Overall explanation of the agency goals, including at least
  - a. History of the agency
  - b. Agency purposes, goals, mission
  - c. Agency programs.
2. Personnel matters discussed shall include
  - a. Leave
  - b. Benefits
  - c. Attendance
  - d. Medical coverage
  - e. Personal conduct
  - f. Grievance and disciplinary procedures.

3. Evaluation by the employee of the orientation and a dated signed statement attesting to receipt of orientation by the employee shall be collected.

#### B. Training

In-house training shall be the responsibility of the Facility Administrator. Staff shall receive at least 16 of its 40 hours of training within the facility on tasks specifically job related. The components of the in-house training shall be as follows:

1. In-house training shall be noted in minutes of the meeting at which the training occurred.
2. Minutes shall be filed with the Agency Administrator and in the file of each employee receiving the training.

#### C. Records

Minutes shall contain the following information:

1. Date, time and place of the training
2. Name(s) of staff present
3. Name(s) of staff absent
4. Name(s) of staff person(s) conducting the training
5. Brief description of material covered
6. Amount of time spent in the training session
7. Time training session adjourned
8. Signature of person taking the minutes.

#### D. Content

The curriculum shall include but not be solely limited to

1. Human relations
2. Problem-solving
3. Group dynamics
4. Crisis intervention
5. First-aid
6. Fire and emergency procedures
7. Legal issues and concepts
8. Needs of residents
9. Communication skills

#### E. Outside Training

Training which occurs outside of the agency and can be accredited to the remaining 24 hours of training shall include, but shall not be solely limited to, the attendance at conferences, seminars, institutes, continuing education courses and workshops. Approval must be obtained from the Agency Administrator to attend outside training not specifically assigned. The Facility Administrator shall determine the number of hours each employee shall receive in outside training. Outside training is optional.

F. Tuition Reimbursement

The agency encourages staff members to continue their education through attendance at a college or university. Tuition for credit courses leading to a degree or directly related to the position the staff member holds shall be eligible for reimbursement.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

## **CHAPTER 4**

### **RESEARCH AND EVALUATION**


#### ***Commentary***

Research and evaluation assist an agency in establishing goals, objectives and plans for the future. Properly managed and controlled, they can make significant contributions to the efficiency and effectiveness of a program. These policies and procedures are related to standards 2-2056 through 2-2063.

Research in the facility must comply with all applicable program policies as well as federal and state guidelines. Adherence to confidentiality laws and proper security of research data must be established to ensure privacy. Participation by residents must be voluntary as well as protected from any non-therapeutic experimentation. Research results must be reviewed and verified before dissemination.

Policies and procedures for collecting, recording, organizing, processing and reporting data can be developed with the help of facility staff. An organized system of data collection identifies information needs prior to the collection of data and shares data with various criminal justice agencies, thus assisting the facility in planning for future needs and standardizing terminology.

Internal management information systems do have limitations which can be overcome only by periodic, full scale, independent evaluations. These evaluations rely heavily on well defined evaluation criteria. Facilities must provide such criteria in both budget and program operations. Otherwise, much needed evaluations will be postponed continually or, worse, completed without proper design and little or no credible results.

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	ACA Number 2.4.1	Pages 2
	Related ACA Standards: 2-2056	
Chapter: Research and Evaluation	Subject: Agency Information Systems	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** There shall be an organized system of information collection, storing, retrieval, reporting and review. The system shall be capable of delivering information useful to determine the type of individual best served by the facility and any trends in its referral and intake system. It also shall be capable of generating demand information when special or periodic reports are required.

II. **PROCEDURES:**

A. Operation of an Information System

1. The Agency Administrator shall ensure the operation of an effective information collection system.
2. The Agency Administrator shall assign staff to annually review and, if necessary, revise or develop the information system.
3. The Agency Administrator shall assign staff to perform the following tasks related to the management information system.
  - a. Collecting—Collect and report data on a regular basis and supply appropriate staff with necessary reporting forms
  - b. Recording and Organizing—Compile all data by category and carefully compute the aggregates
  - c. Processing and Reporting—Prepare the actual management information report for dissemination and distribute in a timely manner to all appropriate staff
4. The Agency Administrator shall review the management information system semi-annually for relevance, completeness, effectiveness and efficiency. A written report shall be prepared documenting these findings and presented along with copies of the management information reports to the governing authority at the regular meeting.

B. Data Profile

At a minimum, information collected shall provide outcome data on clients (e.g., recidivism, program completion, incidents of violence in the facility) and compare this data with significant intake information (e.g., previous arrest record, age, cultural background, type of offense). Data collected also shall provide information concerning referral sources, number of referrals by source, types of clients being referred, number of clients by quarter and other information useful in evaluating trends in the agency's referral and intake system.

C. Retrieval and Review of Information Collected


1. Facilities shall generate typed quarterly reports summarizing the data collected.
2. Facility Administrators shall determine the organizational form of the data after consulting with staff.
3. Quarterly reports shall be reviewed by the Facility Administrator and other staff, as appropriate, and it shall be submitted to the Agency Administrator.

D. Security of Information Collected

1. Information collected which identifies clients shall be kept in a locked file housed in a secure area.
2. Release of information which identifies clients must be accompanied by the appropriate signed release form.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**



 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  Standards Program  Sample Policy and Procedures    ADULT COMMUNITY RESIDENTIAL SERVICES </p>	<b>ACA Number</b> 2.4.2	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2057	
<b>Chapter:</b>  Research and Evaluation	<b>Subject:</b>  Educational Research	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall support and engage in research activities which assist in establishing goals, objectives and plans for the future and/or which contribute to more effective and efficient agency operations.

II. **PROCEDURES:**


A. **Research Projects**

A staff person assigned as liaison with institutions of higher learning regularly shall discuss with representatives of these institutions opportunities for research projects as well as specific research and evaluation needs of the agency.

B. **Response**

Agency and Facility Administrators shall respond in a timely manner to all research requests.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures ADULT COMMUNITY RESIDENTIAL SERVICES	<b>ACA Number</b> 2.4.3	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2058	
<b>Chapter:</b> Research and Evaluation	<b>Subject:</b> Conducting Research in a Facility	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** All persons conducting research in the facility shall be informed of agency policies concerning their research with particular emphasis on the confidentiality of the information attained. Research findings shall be published and disseminated only after they are reviewed by the Agency Administrator and he/she has had opportunity to comment.

II. **PROCEDURES:**

A. **Agreement**

The Facility Director shall ensure all researchers are informed of agency policy concerning research. A signed agreement (see Attachment 1) shall be completed and filed prior to the start of research.

B. **Consent of Clients**

At the start of the research, the researcher shall obtain signed consent forms from clients and staff planned for participation in the research.

C. **Monitoring**

A staff member shall be assigned to monitor the research project, paying particular attention to compliance with applicable state and federal guidelines on confidentiality.

D. **Prior Approval**

The Agency Administrator shall approve the plan for using and disseminating the research findings prior to the start of research; he/she shall review and comment on the final research findings prior to actual dissemination.

E. **Findings Publication**

A copy of all research findings shall be submitted to the Agency Administrator prior to publication and dissemination.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

Attachment 1

**RESEARCH AGREEMENT**

I agree to abide by all agency policies which govern the conducting of research.

I fully realize that the use and dissemination of research findings which may identify client or staff of the agency or facility requires a signed statement of consent by each identified client or staff.

I agree to permit a staff member assigned by the Administrator to monitor the research project while in progress.

I agree to submit a plan discussing the anticipated use and dissemination of the research findings for approval prior to the start of research.


I agree to submit all research findings to the Agency Administrator for review and comment prior to actual use of dissemination of the findings.

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.4.4	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2059	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Research and Evaluation	<b>Subject:</b> Approval of Research Projects	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** All research projects requiring the cooperation and participation of employees and/or residents must be approved in writing by the Agency Administrator prior to the start of research.

II. **PROCEDURES:**

A. **Research Requests**

All requests for research projects shall be directed to the Agency Administrator by the Facility Administrator.

B. **Research Design**

A research design shall accompany the request clearly stating the requirements of the agency, its staff and residents.


C. **Approval**

Research projects may not be approved until all requirements are fully understood and fully approved.

D. **Written Determination**

After consultation with the Agency Contracts Administrator and the Facility Administrator, as well as other interested parties (e.g., board members), a written determination shall be issued. A contract with the researcher shall be signed by the Agency Administrator and the Facility Administrator.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>Standards Program</b>  <b>Sample Policy and Procedures</b> </p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.4.5	<b>Pages</b> 2
	<b>Related ACA Standards:</b>  2-2060	
<b>Chapter:</b>  Research and Evaluation	<b>Subject:</b>  Facility Evaluation	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The operations of the agency shall be independently evaluated on a [biannual] basis in terms of written goals and objectives and program and cost effectiveness.

I. **PROCEDURES:**

A. Evaluation

The Facility Director shall make provision in both budget and program operations for an evaluation of the program every two years.

B. Bids

When done by an independent contractor, the Agency Administrator shall solicit bids from potential evaluators to be received no later than 60 days prior to the scheduled date of the evaluation.

1. All bids shall include

a. A cost statement

b. A statement of work which includes, but is not solely limited to, the methods used in the evaluation of the program's written goals and objectives and overall effectiveness; program cost analysis and the related effectiveness of those costs; and evaluation criteria. Data elements for the evaluation criteria shall include but not be limited to

(1) Absconder rate

(2) Frequency and number of incidents involving staff

(3) Group disturbances by clients/residents

(4) Program completion rates

(5) Savings at the time of termination

(6) Rate of recidivism

c. A projected date of completion


C. Written Notification

After consulting with the Agency Administrator and the governing authority, the Administrator shall notify the bidders in writing of the decision.

D. Evaluation Dissemination

Consistent with security and confidentiality requirements, written results of the evaluation shall be disseminated to all interested parties (e.g., funding source, board members and staff).

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>Standards Program</b>  <b>Sample Policy and Procedures</b> </p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.4.6	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2061	
<b>Chapter:</b> Research and Evaluation	<b>Subject:</b> Security of Research Data	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** All research data collected which identifies individual residents and staff shall be subject to the same confidentiality and security standards as case and personnel files. Research data and findings shall be verified to ensure confidentiality prior to publication.

II. **PROCEDURES:**

A. **Data Accuracy**

The Agency Administrator shall ensure the safety and accuracy of all research data collected.

B. **Data Access**

Access to research data collected identifying residents and staff shall be limited to the researchers, those staff members charged with filing and evaluating the data and the Facility Administrator.

C. **Data Storage**

Researchers and the facility shall store all research data collected in locked files located in a secure area.

D. **Data Release**

Research data identifying staff or residents shall not be released or published by the researchers or the agency without signed release forms.


E. **Data Review**

All research data collected shall be carefully reviewed for accuracy by an agency staff member.

F. **Confidentiality**

Findings and conclusions of the research shall be examined to ensure confidentiality of individual respondents prior to publication.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number 2.4.7	Pages 1
	Related ACA Standards: 2-2062	
ADULT COMMUNITY RESIDENTIAL SERVICES		
Chapter: Research and Evaluation	Subject: Using Residents in Experiments	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The use of residents for medical, pharmaceutical or cosmetic experiments shall be prohibited.

II. **PROCEDURES:**

A. **Experimental Programs**


All requests to perform experimental programs shall be directed to the Agency Administrator.

B. **Experiments Denied**

All requests for medical, pharmaceutical or cosmetic experiments categorically shall be denied by the Facility Director.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**



 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number 2.4.8	Pages 1
	Related ACA Standards: 2-2063	
ADULT COMMUNITY RESIDENTIAL SERVICES		
Chapter: Research and Evaluation	Subject: Resident Participation in Research Programs	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Clients may participate in agency approved non-medical research programs which show relevance and potential benefit to the facility, program and clients. Participation shall be voluntary.

II. **PROCEDURES:**

A. Prospective Research

All requests for prospective research shall be directed to the Agency Administrator.

B. Participation

All participation by residents shall be voluntary and shall be accompanied by a signed consent form (see Attachment #1).

C. Confidentiality

Resident's rights to confidentiality must be strictly observed in all approved research projects.


[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

**CHAPTER 5**  
**COMMUNICATION AND COORDINATION**  
*Commentary*

Maintaining good relationships with the media and other community organizations is an important function of a well run residential community service, as indicated in the related standards 2-2064 through 2-2066. Facility and Agency Administrators must initiate community support and involvement. Contacts within the media and general public, other criminal justice agencies, non-criminal justice agencies and institutions of higher learning are most desirable.

Administrators must respond readily to public and media requests for information concerning goals, purposes and agency roles in the community. Suppression of such information could result in a negative community reaction.

The Facility Administrator who works with other community agencies, both within and outside the criminal justice system, helps establish the facility as a partner in the furtherance of public welfare and safety.

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<p style="text-align: center;">ACA Number 2.5.1</p>	<p style="text-align: center;">Pages 2</p>
	<p>Related ACA Standards: 2-2064</p>	
<p><b>Chapter:</b> Communication and Coordination</p>	<p><b>Subject:</b> Public Information and Education Program</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** A continuing, planned program of public information and education shall be conducted by agency staff. Contact with the public and communications media shall be encouraged. Implementation of this program shall be documented in writing.

II. **PROCEDURES:**

A. **Public Information Program**

The Agency Administrator shall conduct a continuing public information and education program on behalf of the Agency.

B. **Content**

The planned program shall include, but not be solely limited to

1. Notification of media concerning all news of importance and general interest
2. Efforts to inform and educate the public concerning the role of the program in the community through radio, television and the newspaper
3. Access to the facility by members of the public and media except where access would interfere with the orderly administration of the facility (See Attachment 1)
4. Personal contacts by agency staff with all agencies and organizations providing referrals and/or services to the facility.
5. Quarterly staff reviews to assess on-going compliance with the plan.

C. **Activities**

The activities of the public information and education program shall be documented in writing.

D. **Program Review**

The Agency Administrator shall conduct an annual review of each facility's information and education program not later than 90 days after the close of the fiscal year. He/she shall report findings and recommendations to the Facility Director.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

Attachment 1

**MEDIA CONSENT FORM**

I freely agree to participate in activities and interviews which may be photographed, filmed, reported in writing, or reported by broadcast by the news media.

I fully realize that by my participation, I may be identified as a resident of (name of facility or agency). If this occurs, I will have no objection and will not hold (name of agency) responsible.


**NOTE:** You are hereby advised that if you have litigation pending (i.e., trial, law suit, etc.), you may wish to consult your attorney before being photographed, filmed or interviewed by a news media representative.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness

\_\_\_\_\_  
Date

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>Standards Program</b>  <b>Sample Policy and Procedures</b> </p>	<b>ACA Number</b> 2.5.2	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2065	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Communication and Coordination	<b>Subject:</b> Relationships with Non-Criminal Justice Agencies	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall develop and maintain working relationships with other components of the criminal justice system and relevant non-criminal justice agencies, organizations and community groups.

II. **PROCEDURES:**

A. Working Relationships

Each Facility Administrator shall ensure the establishment of working relationships with all appropriate agencies.

B. Contacts

When possible, representatives from these groups shall be invited to the facility for a tour, description of the program and discussion of potential service link-ups.


C. Agreements

Referral arrangements and all agreements to provide services shall be documented by letter.

D. Outside Groups

Outside groups periodically shall visit the facilities to monitor the quality of service provided the program's residents and for exposure to the facility program services available as well as any changes in the program. All visits shall be documented in writing by the visiting staff member.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number	Pages
	2.5.3	1
ADULT COMMUNITY RESIDENTIAL SERVICES	Related ACA Standards: 2-2066	
Chapter: Communication and Coordination	Subject: Collaboration with Institutions of Higher Learning	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall collaborate with universities, colleges and other institutions of higher learning in areas of mutual concern.

II. **PROCEDURES:**

A. **Liaison**

The Agency Administrator shall designate, in writing, a staff member to identify, initiate and maintain liaison with educational institutions.

B. **Collaboration**

Areas of collaboration shall include but are not solely limited to

1. Development of an academic curriculum for a corrections degree program
2. Research and experimental programs
3. Provision of student interns and work/study students
4. Provision of qualified advisors in regard to policy and programs
5. Special training conferences or learning seminars
6. Formal classroom work
7. Consultation and evaluation.

C. **Documentation**

All areas of potential collaboration, however initiated, shall be detailed in writing and shall be approved by the Agency Administrator prior to implementation.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

## **CHAPTER 6**


### **RECORDS**

#### **Commentary**

Adult community residential programs must maintain official records on clients participating in the program. These data document specific activities within the program and provide a basis for individual case assessment and treatment planning as affect the client's reintegration into community life. Related standards are 2-2067 through 2-2077.

Case records and termination reports are essential to audits by agencies reviewing internal management and substantiation of contract performance. The program must establish written policies and procedures to ensure the maintenance of thorough case recording for each client participating in the program.

Case records developed on individual participants must be considered confidential, protected and released only when appropriate. Privacy, though understood, is not an absolute right. The public's interest to disclose must be weighed against the individual's interest in preventing disclosure. The general position in community residential treatment is that the individual has a right to privacy and only in clearly defined circumstances can information be released.

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b></p> <p style="text-align: center;"><b>Standards Program Sample Policy and Procedures</b></p> <p><b>ADULT COMMUNITY RESIDENTIAL SERVICES</b></p>	<b>ACA Number</b> 2.6.1	<b>Pages</b> 3
	<b>Related ACA Standards:</b>  2-2067 thru 2-2071, and 2-2077	
<b>Chapter:</b>  Records	<b>Subject:</b>  Initiating, Maintaining and Terminating Case Records	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** An official case record shall be established for all agency clients. All information generated on a client by other agencies shall be placed in his/her case record. Case assessment and treatment planning by staff shall be documented in this file. Regular entries concerning staff intervention activities, on-going progress and final outcome of the client's program participation also shall be documented. All entries into a case record shall be signed and dated by the staff member making the entry. Individual case records shall be audited on a continuing basis by administrative staff to ensure accuracy.

II. **PROCEDURES:**

A. Initiating a Case Record

1. At time of screening, a temporary record shall be established on the individual. All information received or generated on a particular individual shall be placed in a manila folder and in the designated screening record file cabinet. Only those cases undergoing the screening process or awaiting transfer to the facility shall be kept in this file drawer.
2. An official individual case record shall be established on each new resident. The staff member initiating this record shall assign a "case number" to and write the individual's name in the appropriate place on the case number log. The individual's name and number shall be placed on the tab of the six-section folder. Paperwork contained in this manila screening folder shall be transferred to its appropriate location in the six-section folder.
3. When the client previously has participated in the program, a new case number shall not be assigned if previous involvement occurred within the past two years.

B. Organizing of the Case File

A six-section file shall be utilized as the master case record. The file shall be uniformly organized to insure effective maintenance of and easy access to this information. The order shall be

1. Intake and screening information; all agreement forms and copies of court orders
2. Chronological history (first in order), classification or reclassification forms
3. Counseling reports (current reports on top), individual plans and programs reports, job checks, educational reports, home visitation passes, etc.



4. Disciplinary reports, if any, incident reports, specific memos, etc.
5. General correspondence, letters, memos, release of information consents and other miscellaneous records
6. Termination report, other agency reports, medical reports, psychological reports and psychological testing data

C. Maintenance of Case Files

Staff shall ensure information generated as a result of a client's participation in the program is properly noted in the case file.

1. The staff member assigned case work responsibility for a particular client shall insure the file is properly maintained and make regular notations in the file as appropriate. The initial case assessment identifying needs and problems shall be recorded in the file as well as the staff's treatment plan. Counseling reports shall be placed in the file. Regular narrative notations signed and dated by the individual making the entry shall be made in the chronological record. Notations of significant events and progress of the client also shall be made.
2. Other staff members shall file additional information generated on the client in the file, i.e., community release forms, home visitation passes, disciplinary reports, etc. Any staff member having such input for the client's record is required to make the appropriate notations on the chronological file.

D. Termination Report

The staff member assigned responsibility of case management shall prepare a termination report of the client's participation in the program. The report shall review and describe explicit initial problems and needs, program plan, accomplishment of plans, program adjustment, final release plans and potential problems anticipated after release. It shall indicate community resources which may affect the outcome of the client's community readjustment after release.

E. Case File Audits

Each case record shall be audited monthly to assure appropriate entries have been made. The audit shall ensure that the following information is maintained in the file.


1. Intake information forms
2. Case history and social history
3. Individual plan or program
4. Signed release of information forms
5. Evaluation and progress reports
6. Current employment data
7. Client's signed and dated rules and disciplinary policy of the agency
8. Documented authority to accept client

9. Disciplinary record
10. Referrals to other agencies

F. Closure, Storage and Disposal of Case Files

1. After the termination report is completed, the case file of discharged clients shall be kept in active files for 30 days. All information forwarded from other agencies or not yet filed shall be placed in the case file.
2. After 30 days, the case file shall be placed in storage. Case files placed in storage shall be kept in secured filing cabinets located in an area protected from entry or theft.
3. Closed files shall be retained for five years. Once a year, the staff member assigned to destroy files shall review all closed files and pull those that are over five years old.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.6.2	<b>Pages</b> 3
	<b>Related ACA Standards:</b> 2-2072, 2-2073, 2-2074, 2-2075 and 2-2076	
<b>Chapter:</b>  Records	<b>Subject:</b>  Confidentiality of Information	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Information that shall be released to the general public, upon request, is the client's participation in the program, current offense, sentence, and the date of admittance to the facility. All other information received by or generated through the program concerning individual clients shall be confidential and not released to another individual without proper authorization. Clients shall be requested to sign "Release of Information Consent Forms" before specific information is released. A copy of the signed form shall be kept in the client's case record.

II. **PROCEDURES:**

A. **Case File Security**

1. The file cabinet containing case files clearly shall be marked "confidential."
2. The individual case files clearly shall be marked "confidential."
3. The major pieces of information placed in the case file shall be marked "confidential." For example, psychological reports, counselor reports, etc.
4. The file cabinet containing the case files shall be secured at all times.
5. When in use, the case file shall be tracked by a sign out system.
6. The case file shall be replaced immediately after staff have completed work.
7. The case records shall not be removed from the premises without proper authorization of the Agency Administrator.

B. **Approval**

Staff having written approval of the Agency Administrator shall have the only access to the case file. The following rules shall be observed:

1. Access to the case file shall be related explicitly to the fulfillment of specific job functions.
2. All requests for case file information shall be made in writing.
3. A written summary of the case record information or a copy of the case file information shall be disseminated.
4. Oral discussion of the content of the case file is prohibited.

### C. Confidentiality Waiver

1. Each participant entering the program is requested to sign a confidentiality waiver for the release of information for specific purposes. This confidentiality waiver shall be known as a "Release of Information Consent Form." The form, given to the client, shall be explained in detail. The form shall indicate that the agency may disclose information gathered in the course of the client's participation in the program; and that information may be released for the purpose of obtaining and maintaining employment, training, education and treatment services and a sponsor. Client review and signature shall occur within the first 24 hours following admission. The client shall receive a copy of the signed form.
2. The "Release of Information Consent Form" shall include the organization requesting the information, the organization releasing the information, the information to be disclosed, the purpose or need for the information, the date that consent expires, signature and date by the client and a signature and date by the individual witnessing the resident's signature. A separate form (See Attachment 1) shall be required for each disclosure.
3. The Agency Administrator shall identify staff who are authorized to release information under the conditions stipulated in the "Release of Information Consent Form."
4. A copy of the "Release of Information Consent Form" shall be filed permanently in the client's official case record.

### D. Special Situations

Under certain conditions, information can be released where specific written consent by the program participant does not exist. These situations include

1. Medical personnel to the extent necessary to meet bona fide medical emergencies.
2. Qualified personnel for the purpose of conducting scientific research, management, financial audits or program evaluation. In such instances, personnel must not be able to identify directly or indirectly the name of the individual client when carrying out audits, evaluation, etc.
3. Individuals authorized, by appropriate court order, access to specific information contained in the client's case file.
4. Parole and probation officers under court order to accomplish pre-sentence investigation, parole investigation or supervision of the client in the community after release.

### E. Client Access to Official Case Records

Each resident has a right to see information in his/her case file with the exception of

1. Information received from other agencies under conditions where this agency is not allowed to disclose it without prior approval
2. Psychological reports and information unless disclosed in person by the Psychiatrist, Psychologist, Social Worker, or Licensed Therapist
3. Information from third parties when the disclosure could create a danger to the third party

A resident/client may challenge any information in his/her official case record. If the information is erroneous, it will be removed in the presence of the resident.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

Attachment 1

**RELEASE OF INFORMATION CONSENT**

I, \_\_\_\_\_, hereby authorize this agency to release any or all of the contents or information in may file to \_\_\_\_\_ which is (circle or specify type of agency) a(n) educational facility, social agency, prospective employer, \_\_\_\_\_. This consent will remain in effect until \_\_\_\_\_.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date


## **CHAPTER 7**

### **FACILITY**

#### **Commentary**

Community residential programs must offer safe and comfortable living accommodations, as provided in related standards 2-2078 through 2-2101. A facility in poor repair or structurally unsafe will impact negatively all areas of programing. The community's image of the program most often reflects the outward and inward appearance of the physical structure. Zoning, building codes, sanitation and health codes as well as fire codes must be met if the facility is to operate within the legal limits of local and state statutes.

The policies and procedures do not relate solely to physical plant structure. Facility structure and accommodations affecting the resident's morale and well-being also are addressed. Policy and procedure covering these general facility accommodations include access to transportation for residents, separate housing from a main correctional facility, clean and sanitary sleeping quarters and bedding, room decorating criteria and housekeeping.

 <p>AMERICAN CORRECTIONAL ASSOCIATION</p> <p>Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	ACA Number	Pages
	2.7.1	1
	Related ACA Standards:	
	2-2078 and 2-2079	
Chapter:	Subject:	
Facility	Zoning and Building Code Compliance	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Each facility shall be in compliance with all applicable zoning ordinances and building codes.

II. **PROCEDURES:**


A. **Responsibility**

Contact shall be made by the Facility Administrator with the appropriate local official to acquire documentation that the facility is in compliance with zoning ordinances. If this approval has not been obtained, all correspondence shall be retained to show efforts are being made toward compliance.

B. **Compliance**

Contacts made with appropriate local and state officials shall ensure the facility is in compliance with applicable building codes.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number 2.7.2	Pages 1
	Related ACA Standards: 2-2080	
ADULT COMMUNITY RESIDENTIAL SERVICES		
Chapter: Facility	Subject: Location of Facilities	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** All agency facilities shall be located within one mile of public transportation. When this is not possible, other means of transportation shall be made available to the residents.

II. **PROCEDURES:**

A. **Assessment of Transportation Distance**

The initiation of a new facility or the announced rerouting of public transportation shall initiate an assessment to determine if public transportation is within one mile of the facility. An area street map shall be used on which the transportation routes can be marked as to their proximity to the facility.


B. **Transportation Alternatives**

When public transportation is not within one mile of the facility, other means of transportation shall be developed for residents of the facility. The plan shall include but not be solely limited to

1. What means of transportation shall be provided
2. Who shall operate the transportation, e.g., a volunteer transportation system in which volunteers are used to transport residents to their place of employment as well as any other meetings or functions that may be necessary for the successful completion of the facility's program; a system whereby one or more staff members of the facility or the agency are employed as transportation officers
3. Who shall be held responsible for the operation of the system
4. How details of the transportation system shall be documented and promulgated to residents.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]



 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number	Pages
	2.7.3	1
ADULT COMMUNITY RESIDENTIAL SERVICES	Related ACA Standards: 2-2081	
Chapter: Facility	Subject: Separate Housing for Residential Facility Inmates	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Any facility which is part of, or attached to, an adult correctional institution, shall house residents separately from other inmates.

II. **PROCEDURES:**


A. Planning

To insure that residents in a work/study release program are allowed the necessary freedom to begin accepting increased responsibilities leading toward eventual release into the community, and to minimize the possibility of contraband being introduced into the correctional institution, the Agency Administrator annually shall review the planned usage of area residential programs. The review and any necessary revision shall determine whether the area is, in fact, separate from the institution and whether residents have contact in any fashion with inmates.

B. Monitoring

Facility Administrators shall include in their monthly reports the process by which this policy and the above stated plan are being enforced. In conjunction with these reports, the Agency Administrator shall conduct biannual site visits to such facilities/institutions to ascertain compliance.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number 2.7.4	Pages 2
	<p>ADULT COMMUNITY RESIDENTIAL SERVICES</p> <p>Related ACA Standards: 2-2082, 2-2083, 2-2084 and 2-2085</p>	
<p>Chapter:</p> <p>Facility</p>	<p>Subject:</p> <p>Criteria for Residents' Sleeping Area</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** All sleeping quarters shall contain 60 square feet of floor space per resident. No more than four square feet of this area shall be used for a closet or wardrobe. The sleeping area shall have adequate ventilation, lighting which provides 20 foot candles of illumination for reading and grooming and room partitions when there are more than two residents to the sleeping area.

II. **PROCEDURES:**

A. Assessment of the Facility's Physical Plant

The Agency Administrator or designee shall survey each facility every three years to determine the facility's compliance with the above stated policy. The Agency Administrator shall submit a report to the governing authority regarding the findings.

B. Inadequate Facilities

If the facilities are inadequate, the Agency Administrator shall

1. Report the findings to the agency's governing authority with recommendations for correcting the inadequacies
2. Obtain the necessary approval from the governing authority to provide for any additional expenses which will occur as a result of making the appropriate changes
3. Solicit bids and let contracts to make the necessary changes.


C. Request for Alterations

1. When necessary, the Facility Administrator shall make a formal request for alterations necessary to achieve the above stated policy. The Administrator shall
  - a. Assess the area in need of alteration
  - b. Document a description of the problem
  - c. Recommend an alteration plan for correcting the problem
  - d. Indicate the date of the request and the date the alteration should be completed
2. The request shall be forwarded to the Agency Administrator for processing.

#### D. Processing Alteration Requests

1. The Agency Administrator shall analyze the alteration request with regard to acceptability, availability of funds and priority.
2. If the project appears feasible, the Agency Administrator shall present the request to the governing authority for approval.
3. If the request is not feasible or is inappropriate for any reason, the Agency Administrator shall respond to the Facility Administrator indicating reasons for denying the request.
4. If the alteration request receives approval, bids shall be solicited and a contract let.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

	<b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures  ADULT COMMUNITY RESIDENTIAL SERVICES	<b>ACA Number</b> 2.7.5	<b>Pages</b> 1
		<b>Related ACA Standards:</b> 2-2086, 2-2087 and 2-2089	
<b>Chapter:</b> Facility		<b>Subject:</b> Resident Sleeping Areas	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Each resident shall be assigned clean sleeping quarters and appropriate bedding which includes bed, mattress, pillow and bed linen. A closet or locker shall be issued for the storage of personal items. Residents shall be allowed to decorate their sleeping quarters with personal possessions.

II. **PROCEDURES:**


A. **Sleeping Quarters**

At the time of admission, each resident shall be assigned sleeping quarters. The assignment shall be recorded in a master log kept of all resident sleeping quarter assignments. The area shall be cleaned and disinfected prior to the assignment. The bed, mattress and pillow already shall be placed in the sleeping area.

B. **Issue and Exchange of Bed Linen**

1. Each new resident shall be provided with clean flatwork which includes two sheets, a pillow case, two towels and two wash cloths from the laundry supply area.
2. Each week, on Wednesday, the laundry supply area shall be open from 9-12 a.m. and from 7-10 p.m. to exchange soiled linen and towels. Residents shall only receive the exact exchange for items presented.
3. A check list signed by the resident shall assure proper credit for exchanged items.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p>AMERICAN CORRECTIONAL ASSOCIATION</p> <p>Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	ACA Number 2.7.6	Pages 1
	Related ACA Standards: 2-2088	
Chapter: Facility	Subject: Personal Hygiene Articles	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Basic personal hygiene articles shall be distributed to all residents who are unable to purchase them.


II. **PROCEDURES:**

A. Hygiene Articles

Residents who do not have sufficient funds to purchase personal hygiene articles shall be issued any of the following needed items:

1. Soap
2. Toothbrush, comb
3. Toothpaste, toothpowder or denture cleanser
4. Toilet paper
5. Sanitary products
6. Deodorant
7. Shaving equipment
8. Other articles as approved by the Facility Director.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b></p> <p style="text-align: center;">Standards Program Sample Policy and Procedures</p>	ACA Number 2.7.7	Pages 1
	<p style="text-align: center;">ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p><b>Chapter:</b></p> <p style="text-align: center;">Facility</p>	<p><b>Subject:</b></p> <p style="text-align: center;">Counseling and Activity Space</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** This agency shall allocate sufficient space and furnishings for counseling and other activities such as group meetings and visits with relatives and friends in the facility.

II. **PROCEDURES:**

A. **Counseling Space**

1. Individual counseling space shall be available to all counselors. Since residential counselors share office facilities, a private room is available for this purpose.
2. Group counseling space shall be available to all counselors on an as needed basis.


B. **Activity Room**

Since the activity room is used for both residents' activities and visiting, it shall be used only for resident activities between the hours of 9-12 a.m. and 9-12 p.m. During visiting hours (1 p.m. to 8:30 p.m.), the area shall be used exclusively for visiting.

C. **Furnishings**

Counseling rooms and the Activity/Visiting room shall be appropriately furnished with the necessary chairs and tables.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<p>ACA Number 2.7.8</p>	<p>Pages 1</p>
	<p>Related ACA Standards: 2-2092, 2-2093, 2-2094 and 2-2095</p>	
<p>Chapter:  Facility</p>	<p>Subject:  Sanitary Facilities</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall have sufficient sanitary facilities in all residential facilities.

II. **PROCEDURES:**

A. **Toilet Facilities**

One operable toilet shall be provided for every ten residents.

B. **Wash Basin**

One operable wash basin with hot and cold running water shall be provided for every six residents.

C. **Bathing Facilities**

One operable shower or bathing facility with hot and cold running water shall be provided for every eight residents; hot water shall not exceed a temperature of 110°F (43°C).

D. **Washer/Dryer**

One operable washer and dryer shall be provided for every 16 residents.


E. **Maintenance**

Plumbing and other maintenance repairs for the above fixtures shall be provided.

F. **Alterations**

When necessary alterations are needed to comply with the above policy, they shall be done in accordance with policy number 2.7.9.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b></p> <p style="text-align: center;"><b>Standards Program Sample Policy and Procedures</b></p> <p><b>ADULT COMMUNITY RESIDENTIAL SERVICES</b></p>	<b>ACA Number</b> 2.7.9	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2096, 2-2097, 2-2098 and 2-2099	
<b>Chapter:</b>  Facility	<b>Subject:</b>  Sanitation and Housekeeping	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The facility shall be in compliance with the sanitation and health codes of the local and state jurisdiction. The facility shall have a system for controlling pest and vermin, handling trash and garbage removal and inspecting the facility on a weekly basis. A housekeeping plan shall remain in effect to ensure that the facility is continuously clean and in good repair.

II. **PROCEDURES:**

A. **Health Code Compliance**

Contact shall be made with the appropriate local and state officials to ensure that the facility is in compliance with applicable sanitation and health codes. The Agency Administrator shall obtain annual documentation from these officials that the facility meets such codes.

B. **Pest and Vermin Control**

1. The House Manager weekly shall inspect and be concerned with the location and elimination of breeding places for rodents and insects.
2. Effective chemical agents shall be used to bring an affected area under control.
3. Records of misting/spraying or use of poisonous substances shall be logged.

C. **Trash and Garbage Removal**

The agency shall contract for trash and garbage removal. After a contract has been negotiated and let, the Agency Administrator annually shall review the provisions of the contract and assess the services provided.

D. **Weekly Facility Inspections**

The Facility Administrator shall appoint a staff person to inspect weekly the facility to ensure that the internal and external facility is maintained, equipment is functional and in good repair and sanitation and safety codes are enforced.


E. **Request for Maintenance**

1. **Non-Emergency Repairs**
  - a. Any staff member having knowledge of a repair need in the facility shall identify the area in a memorandum to the Facility Administrator.
  - b. The Facility Administrator shall report the problem to the House Manager.



- c. The House Manager shall dispatch the appropriate maintenance personnel to the area within seven days to perform the necessary repairs.
2. Emergency Repairs. An emergency repair is defined as a situation which, if not corrected immediately, may endanger the health or safety of employees or residents; may cause a major disruption of facility functions and operations; or may cause excessive property loss or damage. The following steps are taken in the event of an emergency:
  - a. Steps a and b above shall be followed with the exception that emergencies shall be reported by telephone. The memorandum of report shall be forwarded within 24 hours.
  - b. The House Manager shall dispatch the appropriate maintenance personnel to the area within 24 hours to perform the necessary repairs.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.7.10	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2100	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Facility	<b>Subject:</b> Facility Motor Vehicles	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Facility vehicles shall be operated only by licensed drivers. The facility shall insure all vehicles in conformance with state statutes. Vehicles shall be maintained in a safe and operating condition.

II. **PROCEDURES:**

A. Use of Motor Vehicles

1. The agency owns two motor vehicles. Operation of these vehicles is limited to transporting residents in emergency situations and official inter-agency service.
2. All drivers must have a valid state driver's license.
3. Permission to use a motor vehicle on official agency business shall be obtained from the requestor's immediate supervisor.
4. The keys shall be presented to the requestor by the Agency Secretary upon receipt of an approval statement to use the vehicle.
5. In an emergency situation, the unit supervisor shall obtain immediate access to the vehicle keys.


B. Insurance Coverage

The Agency Administrator, in conjunction with the Agency Finance Officer, shall obtain appropriate insurance coverage for the vehicles.

C. Vehicle Safety

The motor vehicles shall be maintained in a safe operating condition. The vehicles shall undergo quarterly preventive maintenance and annual state operation inspections. Any person operating the vehicle immediately shall report any defect noticed in the vehicle.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number	Pages
	2.7.11	1
ADULT COMMUNITY RESIDENTIAL SERVICES	Related ACA Standards: 2-2101	
Chapter: Facility	Subject: Telephone Access	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Telephone facilities on the facility premises are accessible to residents to allow them to make and receive private calls.

II. **PROCEDURES:**

A. Public Telephone

There shall be one public (coin-operated) telephone facility on the premises for every thirty residents.

B. Access

Residents shall be permitted reasonable access to the public telephone(s) for both personal and program related calls. Time allotted to make or receive calls shall be stipulated by the Facility Administrator.

C. Outgoing Calls

All outgoing calls shall be made by residents on public coin-operated telephone equipment.


[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

**CHAPTER 8**  
**SAFETY AND EMERGENCY PROCEDURES**  
*Commentary*

If the importance of a chapter is judged by the percentage of mandatory standards, this becomes the most important section of the manual. Six of the eight ACA Standards covered in this chapter are mandatory and two are essential.

These documents presuppose the existence of broad and general policy directives issued by the Agency Administrator and a much more detailed set of manuals and codes related to local and state fire and safety regulations.

Both ACA standards and the sample documents included in this chapter make frequent reference to local and state regulations and officials. These sources frequently provide assistance and advice to enhance and improve the fire control programs in public facilities.

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b></p> <p style="text-align: center;"><b>Standards Program Sample Policy and Procedures</b></p> <p><b>ADULT COMMUNITY RESIDENTIAL SERVICES</b></p>	<b>ACA Number</b> 2.8.1	<b>Pages</b> 8
	<b>Related ACA Standards:</b> 2-2102, 2-2103, 2-2104, 2-2105, 2-2106, 2-2107, and 2-2108	
<b>Chapter:</b>  Safety and Emergency Procedures	<b>Subject:</b>  Emergency Procedures	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Facility emergency plans shall be communicated to all employees, clients and residents. The plans shall be posted conspicuously and shall include directions to and the locations of exits, fire extinguishers, first aid equipment and other emergency equipment or supplies. All agency personnel shall be trained in the implementation of these written plans. Quarterly emergency drills shall be conducted. The agency shall comply with local and state fire safety regulations and codes. The facility's fire and smoke detection alarm system shall be tested [annually].

II. **PROCEDURES:**

A. **Emergency Plans**

Copies of emergency plans shall be posted in each room and unit supervisor area on each floor of the facility. These lists of plans shall be used, but not solely limited to

1. Fire Plan. The plan (see Attachment 1) shall include but not be solely limited to
  - a. Method of notifying residents, clients, staff and the fire department
  - b. Information that shall be reported to the fire department
  - c. Means of egress
  - d. Location of emergency equipment.
  
2. Severe Weather Condition Plan. The plan (see Attachment 2) shall include but not be solely limited to
  - a. Means of obtaining severe weather conditions report
  - b. Method of notifying residents, clients and staff of severe weather report
  - c. Instruction to staff, residents and clients for different weather conditions, i.e., tornadoes, hurricanes, blizzards, etc.
  - d. Location of emergency equipment.
  
3. Natural Disaster Plan. The plan (see Attachment 3) shall include but not be solely limited to
  - a. Method of obtaining assistance for staff, clients and residents

- b. Instructions to staff, clients, and residents for different conditions, i.e., flood, earthquake, life threatening severe damage to facility structure
- c. Location of emergency equipment.

B. Staff Training

Staff shall receive training in the implementation of the above plans both during orientation and during annual training. A certificate of training in emergency procedures shall be placed annually in each employee's personal file.

C. Evacuation Drills

1. Shall be conducted once every 90 days
2. Shall include employees, residents and clients
3. Shall be coordinated by an evacuation coordinator, responsible for conducting such drills. Responsibilities of this individual shall include, but not be limited to, scheduling drills which cover different shifts and times, and reporting to the Facility and Agency Administrator on the effectiveness of the drill (see Attachment 4).

D. Fire Safety

Emergency plans, training in these plans and evacuation drills help save lives and prevent property damage. Fire safety and prevention measures will enhance these efforts. The following preventive measures shall be met:

1. Wiring and appliances shall be kept in good repair.
2. Paper products shall not be allowed to accumulate in excess.
3. Flammable liquids and other combustible materials shall be kept in secure storage areas.
4. Residents shall receive fire prevention and safety orientation at the time of admission.
5. Fire extinguishers shall be located strategically throughout the facility (See Attachment 1).
6. Fire and smoke detection alarms shall be located strategically throughout the facility.
7. Fire and emergency equipment shall be tested annually by a professional fire safety engineer or consultant.
8. Unit supervisors shall inspect and report weekly whether exit illumination is in proper order and whether exits are clear from all obstructions.
9. Biannual inspections shall be conducted of all facilities by the local fire marshall.
10. The local fire department annually, or whenever revised, shall be provided with a copy of this policy and procedure for review and comment.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

**EMERGENCY PLAN - FIRE**

**FIRE DEPARTMENT - Telephone Number -**

1. When a fire is expected or noticed give alarm to all individuals in the facility and then **CALL THE FIRE DEPARTMENT**. Fire extinguishers may be used only after the above has been done and if the fire is small and localized. Fire extinguisher locations are designated below.
2. When alarm is given, all individuals immediately shall leave the building by the most accessible exit. **DO NOT WAIT TO DRESS, INVESTIGATE or RETRIEVE POSSESSIONS. EXIT ROUTES ARE POSTED IN EACH ROOM.**
3. Move quickly, but calmly, to avoid panic.
4. To slow fire spread, close any doors you can as you leave. **DO NOT SHUT OFF ESCAPE ROUTE FOR OTHERS.**
5. Go directly to designated **MEETING SPOT** which is the corner of [Avenue A on the facility side of the block].
6. At the **MEETING SPOT** staff shall make a head count to account for all individuals. If someone is missing, staff shall inform the Fire Department giving the individual's last known location or bedroom location.
7. **DO NOT RE-ENTER BUILDING.**
8. If faced with heat or smoke, keep low for better air.
9. If trapped, close one door between you and the fire. Wait at window for rescue.
10. Before opening a closed door feel the door first. If the door is warm or smoke is seeping in, **DO NOT OPEN**. Use another avenue of escape or wait at window for rescue.

<b>11. FIRE EXTINGUISHERS LOCATIONS</b>	<b>Type Class</b>
Main corridor, near stairway	A
Admitting & Processing Station	
All Unit Supervisors	
Laundry Area	
Linen Storage Area	
Records Office	

**FIRE EXTINGUISHERS LOCATIONS****Type Class**

Administrative Offices Hallway

Stock Room

Boiler Room Furnace Area

BC

Boiler Room Hallway Area

BC

Telephone Main Equipment Area

Passenger Elevator

Visiting Area

Visiting Corridor and Multi-Purpose Room

A

Clothing Storage Area



Attachment 2

**RECORD OF EMERGENCY DRILLS**

**EMERGENCY DRILLS SHALL BE DONE AT LEAST ONCE EVERY THREE (3) MONTHS**

1. Emergency drill conducted: Date: \_\_\_\_\_  
Time: \_\_\_\_\_

2. Type of Emergency drill (check) conducted:

\_\_\_\_\_ FIRE  
\_\_\_\_\_ TORNADO  
\_\_\_\_\_ EARTHQUAKE  
\_\_\_\_\_

3. Evaluation:

Amount of time taken for complete evacuation: \_\_\_\_\_ minutes

Were all lights turned off? YES \_\_\_\_ NO \_\_\_\_

Were all doors closed? YES \_\_\_\_ NO \_\_\_\_

Did everyone know where to go? YES \_\_\_\_ NO \_\_\_\_

Other evaluative comments:


4. Improvements needed and action taken:

\_\_\_\_\_  
Signature of Staff Person Conducting Drill

\_\_\_\_\_  
Facility Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b></p> <p style="text-align: center;">Standards Program Sample Policy and Procedures</p>	ACA Number 2.8.2	Pages 1
	<p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p><b>Chapter:</b></p> <p style="text-align: center;">Safety and Emergency Procedures</p>	<p><b>Subject:</b></p> <p style="text-align: center;">Work Stoppage</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall maintain a written plan which provides for continuous facility operation in the event of a concerted work stoppage or other job action.

II. **PROCEDURES:**

A. **Plan Availability and Review**

Copies of the agency's plan shall be available to all supervisory personnel. They shall be required to familiarize themselves with its contents. Since the plan is of a confidential nature, only the elements basic to creating a plan shall be detailed in this procedure. The plan shall be reviewed annually, and, if necessary, revised or developed.

B. **Elements of the Work Stoppage Plan**


1. Maintain a listing of all essential personnel to be contacted in the event of an action
2. Notify agency personnel of the emergency as appropriate
3. Notify referring and transferring authorities to discontinue referrals
4. Maintain an organization chart depicting the chain of command for such situations
5. Assign supervisory staff to strategic areas within the facility
6. Determine which operations can be discontinued
7. Determine sleeping areas for staff who remain on duty.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

**CHAPTER 9**  
**FOOD SERVICE**  
*Commentary*

Food service for residents may be provided within or outside the facility; by the program, through a contract with one or more restaurants or with each individual resident. The program should ensure residents a nutritious diet no matter how food service is arranged. Standards 2-2110 through 2-2119 apply to a variety of programs, including those contracting for food service and those where residents are responsible for their own meals.

To the correctional practitioner, there is little need to dwell on the importance of a food service program. Though food service often is responsible for expenditure of ten percent of the total budget, some organizations relegate this responsibility to a staff with limited budget experience. The department is critically examined regularly by both the inmate populace and members of the staff. Few programs affect the climate of a facility more than the food program. Diners tend to equate dietary service quality with overall expertise and managerial capability.

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number 2.9.1	Pages 2
	<p>ADULT COMMUNITY RESIDENTIAL SERVICES</p> <p>Related ACA Standards: 2-2110, 2-2111, 2-2112, 2-2113, 2-2114 and 2-2115</p>	
<p>Chapter:</p> <p>Food Service</p>	<p>Subject:</p> <p>Menus</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall be responsible for providing residents with meals that are well-balanced, nutritious and sufficient in quantity. Menus shall be approved by a physician or registered dietician. Menus, planned and posted at least one week in advance, shall be followed. If a food item is not available, the substitute shall be equivalent in nutritional value and shall be from the same food group. Special medical and religious dietary needs of residents shall be met.

II. **PROCEDURES:**

A. Menu Requirements

The basis for food planning shall be to meet or exceed the dietary allowance and minimum daily nutrition standards of the Food and Nutrition Board of the National Research Council. This shall be done by

1. Menus prepared to meet both the minimum standards and the agency's requirements
2. Agency Dietician's review and approval of menus presented
3. Dietician's designation of acceptable exchanges from the regular menu when special medical or religious diets are needed
4. Selection of a contractor who offers sufficient variety and quantity of foods to meet nutritional requirements in agency contracts

B. Menu planning


Advance menu planning shall be on an ongoing basis, as follows:

1. Menus shall be developed every 12 weeks.
2. Menus shall consider residents' tastes as well as nutrition. Menus shall conform to the four basic food groups.
3. The Facility Administrator shall ensure that the planned menus are posted for the residents' information.
4. Staff members eating at the facility shall receive the same menu as residents.

### C. Special Diets and Meals

1. Medical diets shall be provided as prescribed by the Physician or Dentist. Expressed needs shall be documented by the Physician, recorded in the resident's file and transmitted to the person in charge of food preparation. A list shall be maintained by the Facility Administrator and Food Service Supervisor.
2. Meals shall be provided for residents who must meet the requirements of a particular religious faith. Resident representatives of a particular religious group shall meet with the Agency and Facility Administrators, the food service supervisor and a religious leader of that religious faith to discuss such special meals. The meals provided shall be equal in cost and quality to meals provided for other residents.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number 2.9.2	Pages 2
	<p>ADULT COMMUNITY RESIDENTIAL SERVICES</p> <p>Related ACA Standards: 2-2111, 2-2117, 2-2118 and 2-2119</p>	
<p>Chapter: Food Service</p>	<p>Subject: Food Service</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall comply with all applicable local and state regulations relating to health and sanitation in the provision of food service. In agency facilities where food service is provided on the premises, the facility itself shall be in compliance. In agency facilities where food service is provided by contract with one or more restaurants, agency staff shall ensure that the supplier(s) meet(s) all relevant requirements. In agency facilities where residents are responsible for providing their own meals outside the facility the agency and facility shall not assume responsibility for the quality of food service, even when a cash allowance is furnished.

II. **PROCEDURES:**

A. Licensing and Certification

The Agency Administrator shall determine the legal requirements for food service by contacting local, state, and, if necessary, national health officials. Documentation of both the requirements and compliance shall be kept on file or posted. Documents shall include copies of statutes, ordinances, etc., as well as licenses and certificates, including health certificates for food handlers which shall be current and posted. When food service is contracted outside the facility, documentation must be available to demonstrate contractor(s) is (are) complying with all applicable sanitary and health laws, codes and regulations.

B. Inspections

When food service is provided in the facility, administrative staff shall make regular, documented inspections to ascertain whether hygienic conditions are being maintained. Local health officials also shall make quarterly inspections. Inspection results shall be either posted or readily available as documentation. A weekly checkoff list shall be used which includes the following elements:

1. Check for cleanliness and ventilation in both the cooking and dining areas
2. Check food preparation areas and equipment. They shall be sanitary and in good repair
3. Check of refrigerator and water temperatures
4. Check the attire and health of food handlers. All food handlers should be healthy and practice basic hygiene in connection with food handling
5. Check of proper food

### C. Food Service Plan

The Agency Administrator annually shall review and, if necessary, revise or rewrite the food service plan which includes but is not solely limited to the following points:

1. Specific hours for serving meals
2. Process for removing all foods from the dining and cooking areas after meal service
3. Indication of appropriate space and equipment available for storage and refrigeration of food supplies. The following items shall be included:
  - a. Dry food supplies shall be stored in a clean, dry, ventilated room
  - b. Foods which require refrigeration shall be stored at temperatures of 34°F (2-3°C)
4. Provision for rotation of stock and use of food while fresh

### D. Responsibilities

The Food Service Supervisor shall be responsible for the following activities:

1. Supervision of all food service personnel
2. Instruction of food service staff members as well as residents concerning their duties in the kitchen and dining areas
3. Sanitation and maintenance of the food service unit
4. Preparation and maintenance of all records and reports concerning food service operation
5. Purchase and storage of food stuffs

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**


**CHAPTER 10**  
**MEDICAL CARE AND HEALTH SERVICES**  
*Commentary*

All agencies must provide health care services for clients which are comparable to those in the community.

The medical and health care services standards adopted by the ACA in standards 2-2120 through 2-2134 and in other manuals of standards address all aspects of health care delivery. The policy and procedure developed here are based on those standards and require that the agency arrange for all levels of health care which will assure access to and quality in health care services.

Facility managers should make reasonable efforts to provide health care within the program; however, if this is not possible, arrangements should be made with private agencies or by transfer of the resident to a public facility or a correctional facility which is able to provide the required treatment.



 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.10.1	<b>Pages</b> 2
	<b>Related ACA Standards:</b>  2-2120 to 2-2122	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b>  Medical Care and Health Services	<b>Subject:</b>  Medical and Dental Services	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall maintain a written agreement with [County Memorial Clinics] to provide routine medical care for residents. It also shall maintain an agreement with [County Memorial] Hospital to provide emergency medical care. Dental care shall be provided by [Comprehensive Dental Services, Inc.].

II. **PROCEDURES:**

A. Medical Agreements

On an annual basis, the agency shall review and, if necessary, revise or renegotiate its written agreement with the designated health care establishments providing services to residents. If the review reveals that the agreement with the health care establishment is to be terminated, the agency staff shall survey the community's medical facilities for use of its facilities and services. The criteria for selecting health care services for the agency's residents shall include but not be solely limited to

1. Proximity to the facility
2. Quality of service
3. Cost
4. Payment policies

B. Routine Medical and Dental Services

A resident may, at any time, use the services of his/her own private physician or dentist. However, if a resident chooses the medical or dental services under agreement with the agency the following steps shall be taken:

1. The resident shall inform the Unit Supervisor of the situation and obtain the Facility Administrator's approval before making an appointment for service.
2. At least 24 hours before the scheduled appointment the resident shall notify the Unit Supervisor of the time, date and name (or place) with whom the appointment is scheduled.
3. The Unit Supervisor shall maintain a log for entering the information provided above. Such logs are reviewed weekly by the supervisor of the business office.


C. Medical Emergency

In the event of a severe medical emergency, the Unit Supervisor or the duty supervisor shall contact the County Fire and Rescue squad for transport and assistance. In an emergency which is not severe in nature, the resident shall advise the Unit Supervisor of the situation before proceeding to [County Memorial Hospital]. Public transportation or the agency car, depending upon availability and coverage, may be used to transport the resident to the hospital.

D. Payment for Medical Services

While in the program, the resident shall be expected to pay for all medical and dental services when possible. Residents are required to participate in hospitalization insurance plans, when available, at their place of employment. In instances requiring hospitalization of a resident, the Agency or Facility Administrator can guarantee payment. Later reimbursement shall be expected from the resident, his/her insurer or, when applicable, Medicaid.


**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	ACA Number 2.10.2	Pages 1
	Related ACA Standards: 2-2123	
Chapter: Medical Care and Health Services	Subject: Health Care Personnel Licensure	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** The agency's health care personnel shall meet state licensure, certification and registration requirements. Verification of current credentials shall be maintained in the employee's personnel file.
- II. **PROCEDURES:**
  - A. To ensure that approved health care practices are followed, appropriate licensure, certification and registration requirements for health care providers shall be required. Non-physician health care providers shall be subject to professional supervision in the facility equal to that required in the community.
  - B. Copies of new or renewed licenses shall be required as they are issued. The Agency Administrator shall be responsible for seeing that such licenses are received and filed accordingly.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<p style="text-align: center;"><b>ACA Number</b></p> <p style="text-align: center;">2.10.3</p>	<p style="text-align: center;"><b>Pages</b></p> <p style="text-align: center;">2</p>
	<p><b>Related ACA Standards:</b></p> <p>2-2124, 2-2125, 2-2126, 2-2127</p>	
<p><b>Chapter:</b></p> <p style="text-align: center;">Medical Care and Health Services</p>	<p><b>Subject:</b></p> <p style="text-align: center;">Emergency First Aid</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** One staff member on each shift of the facility shall be trained in emergency first aid procedures, including cardiopulmonary resuscitation. The facility's emergency medical back-up plan shall be communicated to all staff and residents. The facility's first aid equipment shall be approved annually by the Chief of the local fire and rescue squad. An active inventory of these first aid supplies shall be maintained.

II. **PROCEDURES:**

A. **Shift Coverage**

The Facility Administrator shall be responsible for scheduling which ensures that one staff member who has received the following training is assigned to each shift in the facility.

1. Awareness of potential emergency situations
2. How to determine when a situation is an emergency
3. Specific notification process
4. Administration of first aid and cardiopulmonary resuscitation.
5. Transportation procedure to appropriate medical provider.

B. **Emergency Medical Back-Up Plan**

If the county fire and rescue squad cannot be reached, the individual requiring emergency treatment shall be taken by the agency van or car to the emergency room of County Memorial Hospital. If an agency car is not immediately available, the duty supervisor shall allow the use of his/her personal automobile for such purposes. The duty supervisor, therefore, shall be responsible for making available his/her personal automobile during tour of duty. (This responsibility may be shared by Unit Supervisors if agreed. A strict schedule with sick leave notification and substitution shall be maintained in this event.)

C. **First Aid Equipment**

1. The facility maintains three first aid kits at the following locations:
  - a. The Facility Administrator's office
  - b. The duty supervisor's station
  - c. The kitchen office.


2. The Chief of the local fire and rescue squad shall inspect these kits and other equipment and their contents on an annual basis.

The condition, including organization and cleanliness, of the equipment shall be checked also. Documentation of such inspections shall be maintained by the Facility Administrator, including the date and results of inspection.

D. First Aid Supply and Equipment Inventory

1. First aid supplies and equipment shall be inventoried on or about the first day of each month and supplies replenished if needed.
2. If the utilization of supplies is unusually high over a short period of time (1-3 weeks) supplies shall be replenished immediately.
3. The administrative assistant shall conduct inventory inspections and initial that he/she has made the inspection.
4. The inventory is to be completed on a First Aid Inventory Schedule form.
5. These forms shall be kept in a separate file marked "First Aid Inventory Schedule."

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.10.4	<b>Pages</b> 3
	<b>Related ACA Standards:</b> 2-2128, 2-2129, 2-2130	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Medical Care and Health Services	<b>Subject:</b> Medical Screening and Examinations	

[See User's Key for Suggested Heading Blocks.]


- I. **POLICY:** The facility shall conduct a medical screening for each newly admitted resident. Each newly admitted resident shall have a medical exam within 14 days of admission to the facility, unless there is documentation that the individual has had an examination within the last six months. A staff member or resident suspected of having a communicable disease or debilitating condition shall be required to submit to a medical examination.
- II. **PROCEDURES:**
- A. The intake supervisor shall conduct the screening for each new inmate admitted into the facility. The screening shall consist of
1. Recording a visual assessment of the resident's condition, noting the following:
    - a. Resident's physical appearance, including skin condition, bruises, physical handicaps
    - b. Obvious signs of medical problems or treatment needs, including fever, bleeding, jaundice
    - c. Observation and recording of behavioral, emotional, and psychological problems or needs including suicidal risk, assaultive behavior, drug/alcohol abuse or intoxication.
  2. A questionnaire inquiring into the inmate's past and current medical condition, focusing on special problems or needs requiring medical attention, shall include but not be solely limited to
    - a. Special diets
    - b. Allergies
    - c. Medications
    - d. Specific illnesses, i.e., diabetes, epilepsy, hepatitis, etc.
  3. The intake supervisor shall circle the resident's response to each question in the appropriate column.
  4. All completed screening forms shall be reviewed by the Unit Supervisor to whom the resident is assigned. Information, problems or needs shall be relayed to the Facility Administrator within 24 hours.

- B. The intake supervisor shall maintain an ongoing log of new admissions to assist in scheduling and identifying residents needing medical examination.

Following the screening of each new resident, an examination appointment shall be made with the county memorial clinic. The resident shall receive written notification of this appointment. The information from the examination reported to the agency shall include

1. Past psychiatric or emotional problems and hospitalizations
  2. Past and current medication treatment
  3. Allergies, especially to any forms of medication
  4. Past and current drug or alcohol abuse and treatment
  5. Previous testing results for communicable diseases, such as venereal disease and tuberculosis.
- C. When a staff member or resident is suspected of a communicable disease, the Facility Administrator shall direct the individual to obtain a medical examination. The results of such examination must be made available to the Administrator.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.10.5	<b>Pages</b> 2
	<b>Related ACA Standards:</b>  2-2131	
<b>Chapter:</b>  Medial Care and Health Services	<b>Subject:</b>  Urine Surveillance	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The basic method utilized to control abuse of drugs in the agency shall be urinalysis test. Testing shall occur under the following conditions:

A. Regular Urinalysis

Tests shall be mandatory for residents who have been determined to need regular monitoring.

B. Screening for Drug Use

This is a one and only one time collection of urine which occurs no later than 21 days following admission.

C. Incidental Testing

Test shall be given when client behavior is unusual or not consistent with other observed behavior and staff suspect drug use.

II. **PROCEDURES:**

A. Regular Urinalysis

A current list of residents on this regular testing program shall be established and maintained in the Facility Administrator's office. This procedure shall be applied only to residents with a documented history of drug abuse. Regular urine surveillance is limited to a maximum of four urine specimens from any one resident during a week (Sunday midnight to Sunday midnight). In most cases, specimens shall be collected at random only once a week. Collecting urine from a client more frequently than weekly shall be done only when called for by public agency contracts or when a resident's urinalysis reveals drug use. In all cases, regular urine surveillance shall continue until the client has obtained negative results for six consecutive weeks. Failure to collect a specimen from a present and willing client counts as a week of negative results. Following the six weeks criteria, collection of urine specimens for analysis must be limited to no more than one every two weeks unless required by contract with public agency and when the urinalysis reveals drug use.

B. Screening for Drug Use

Testing shall occur in conjunction with the medical screening and examination of new admissions. If the screening results indicate drug use, the resident shall be entered into the regular urine surveillance program.



### C. Incidental Testing

Test shall be given as a result of client behavior which is unusual or not consistent with other observed behavior and when staff suspect drug use.

1. The unusual behavior shall be documented by the staff member observing the behavior.
2. Urine collections for analysis shall be limited to a maximum of three samples within two weeks of the unusual behavior.
3. If no sample in the two week period reveals the use of drugs, surveillance shall be discontinued.
4. Future unusual behavior can result in the identical limited surveillance.
5. If the urinalysis resulting from unusual behavior reveals drug use, the resident then shall be entered into the regular urine surveillance program.


### D. Test Procedure

1. Residents shall be allowed three hours maximum to produce a urine sample. If they have not produced a sample within three hours or by 10 p.m., the duty supervisor shall write an incident report and inform the resident he/she must supply a sample as soon as possible. If he or she does not give a sample by shift change (11:45 p.m.), it shall be so noted.
2. The Unit Supervisor personally shall watch the resident supply the sample. The urinalysis bottle shall be filled (at least halfway) by the resident in his/her own bathroom. The supervisor shall ensure the specimen is obtained from the resident. After the bottle is full, the supervisor shall not lose sight of the bottle until he/she obtains and secures it from the resident.
3. After obtaining the filled bottle, the supervisor shall mark it properly (name, date, facility name) and lock it in the small refrigerator designated for urine.
4. The supervisor shall note the taking of the individual urine sample both on the unit log (with his/her initials) and on the clipboard chart of urine samples obtained.
5. Urine samples shall be taken to the laboratory used by the agency each Monday, Wednesday and Friday morning.
6. When a urine specimen test is reported to be positive by the laboratory, a report shall be written and forwarded immediately to the unit supervisor who shall initiate appropriate action.
7. Urine specimens for analysis shall be collected from a resident only by staff members of the same sex.
8. The percentages of random urine specimen's required shall be established by each Facility Administrator to ensure that all residents are monitored in accordance with program need.

### E. Refusal to Give or Tampering with a Urine Sample

Where a resident simply refuses to give a urine sample or is found to have tampered with a sample, it is considered the same as "positive" and disciplinary action shall be taken.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	ACA Number 2.10.6	Pages 2
	<p style="text-align: center;">ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p><b>Chapter:</b> Medical Care and Health Services</p>	<p><b>Subject:</b> Medication Controls</p>	

[See User's Key for Suggested Heading Blocks.]

**I. POLICY:**

- A. Residents shall not be allowed to possess prescription medications. All controlled substances must be prescribed by a physician. Prescribed medicines and over-the-counter drugs shall be secured by staff until administered to the resident.
- B. Prescribed drugs shall be distributed only in strict accordance with the instructions on the prescription. Over-the-counter drugs shall be secured by staff until administered to the resident.
- C. Accurate records of all medication distributed shall be maintained.

**II. PROCEDURES:**


**A. Possession and Use of Medication**

1. All medications shall be turned over to staff upon admission to the program. Medicine which must be carried by the resident when out of the facility shall be turned over to staff on resident's return.
2. All prescribed medications shall be kept in the Facility Administrator's office in a locked file cabinet drawer. Prescribed medications for internal use shall be kept in a file cabinet drawer separate from prescribed medications for external use. Medicine requiring special storage (e.g. refrigeration) shall be stored in the lockable refrigerator in the Facility Administrator's office. Over-the-counter drugs shall be kept in the same manner as prescribed drugs—in a locked file cabinet.
3. All drugs, prescribed and over-the-counter, shall be distributed by the Unit Supervisor on duty. The resident shall take the medication in the presence of the staff person administering it. The only exception shall be when a resident legitimately is to be absent from the facility at times when the drug is prescribed to be taken.
4. At no time shall staff routinely distribute a full day's dosage of medication, prescribed or over-the-counter, to a resident without written approval from the Facility Administrator.
5. All out-dated drugs shall be destroyed.
6. Upon leaving the program, residents shall take all prescribed medication and over-the-counter drugs purchased by them.
7. All prescription drugs shall be distributed in accordance with local regulations and laws.

**B. Medication Records**

1. A log shall be kept to record all medication distributed. The log is maintained in the locked file cabinet containing medications.
2. At 7:30 a.m. daily, the Unit Supervisor shall obtain the bottled medications for the residents in his/her housing area.
3. The Unit Supervisor shall sign the log indicating
  - a. Name of resident to whom the medication belongs
  - b. Time the medication was removed from the file cabinet or refrigerator.
4. Upon replacing the bottled medicine the Unit Supervisor shall indicate
  - a. Time the resident took the medication
  - b. Date medication distributed
  - c. Amount of medication supplied to the resident
  - d. Signature of the unit supervisor.
5. The Facility Administrator shall audit these logs on a monthly basis for accuracy and consistency.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number	Pages
	2.10.7	1
ADULT COMMUNITY RESIDENTIAL SERVICES	Related ACA Standards: 2-2134	
Chapter: Medical Care and Health Services	Subject: Notification of Next of Kin	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** A resident's next of kin shall be notified promptly in the case of serious illness, need for immediate surgery, death or injury of the resident. Any client death is reported immediately to the proper officials.
- II. **PROCEDURES:**
- A. Whenever a resident becomes seriously ill, requires surgery or dies, the next of kin shall be notified promptly by telephone call, a telegram or other rapid means of communication. During admission to the program the resident shall be requested to designate a next of kin to be notified. The Unit Supervisor shall be responsible for ensuring that communication with the resident's designated next of kin is made. Communication, as described above, must be completed prior to the end of the Unit Supervisor's tour of duty.
- B. The head of the agency shall be notified of a resident's death within 24 hours. If circumstances warrant, the Coroner and appropriate law officials shall be notified.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]


## **CHAPTER 11**

### **INTAKE**

#### ***Commentary***

The purpose of an intake process is to ensure that individuals entering an agency meet pre-established entry criteria and can be served properly by the program. Therefore, agency intake must be managed effectively and controlled. Clearly defined written policies and procedures outline, step by step, how coordination with referring agencies is handled, intake interviews conducted and the applicant and referring agency informed of the decision.

Intake procedures must be consistent with those relevant statutes and governmental regulations which broadly define the types of clients that the agency can handle. Procedures for exceptions to the intake criteria, client orientations and the authority for intake screening must be addressed. Agencies are advised to review and list the multiple authorities impinging upon the agency to screen and accept individuals. Specific federal, state or local statutes which control the intake process or set criteria for intake should be noted and those requirements specified within the policy and procedure. The specific statute and number should be cited as well as the authority to transfer an individual to an agency and any other agency or organization authority.

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	ACA Number 2.11.1	Pages 10
	<p style="text-align: center;"><b>ADULT COMMUNITY RESIDENTIAL SERVICES</b></p>	
<p><b>Chapter:</b></p> <p style="text-align: center;">Intake</p>	<p><b>Subject:</b></p> <p style="text-align: center;">Intake Screening</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** All individuals who apply for admission to the system shall be screened by staff and the Agency Administrator. The agency shall not discriminate on the basis of race, creed or national origin. Approval or denial shall be based on the capability of the agency and the record of the applicant.

II. **PROCEDURES:**

A. Responsibilities of the Applicant Screener

The Applicant Screener has general responsibility for coordinating the screening, assessment, selection and placement of applicants into the program. Such coordination consists of

1. Locating all potential applicants. Contacts shall be maintained with attorneys, courts, parole and probation services, detention facilities and federal, state and local correctional officials.
2. Representing the agency at any meetings to discuss the issue of intake or to review individual files to select potential applicants for the program
3. Completing a thorough intake interview with each applicant (when physically possible)
4. Evaluating eligibility of applicant according to agency criteria
5. Ensuring that a copy of the admission criteria and the intake procedure is available and distributed to all referring agencies
6. Meeting with the employees of referring agencies who coordinate screening, assessment and transfer process, at least annually, to discuss the screening process and to ensure mutual understanding and agreement
7. Establishing a selection file for all individuals who have applied or referred to the program
8. Completing an objective and standardized assessment scale
9. Presenting all pertinent client data to the Agency Administrator for review and selection approval
10. Ensuring that proper authorization and necessary papers are forwarded from the referring source to the agency

## B. Intake Interview

When physically possible, each applicant shall be interviewed by the Applicant Screener. Information shall be indicated on an intake form (see Attachment 1) which includes

1. General personal information
2. Medical and psychological clearances
3. Case status
4. Legal and criminal data
5. Employment history
6. Education
7. Religion
8. Military
9. Social history
10. Leisure time activities
11. Alcohol and drug use
12. Previous services/treatment
13. Referral source
14. Summary/comments

## C. Eligibility Criteria

The following categories of individuals shall be considered for acceptance into the program

1. Persons who do not have a long or serious history of resorting to violence
2. Persons who do not have a history of aggressive sexual deviant behavior
3. Persons who are not severely retarded or acutely psychotic
4. Persons who have a history of drug or alcohol abuse
5. Persons who are emotionally disturbed
6. Persons 17 years of age and older
7. Persons in any legal status such as probation, parole, pre-release, mandatory release, pre-trial release, diversion, etc.
8. Persons who score under 40 on the "Eligibility Assessment Scale" (see attachment 2),

## D. Maintaining a Selection File

All information gathered in the intake process shall be maintained in a confidential file. Applicant files shall be maintained for at least three years. If the applicant is accepted into the program, the selection file shall be converted into the client's permanent record. Such files shall include the following

1. Completed intake form

2. Police checks, such as F.B.I. records. These records shall be obtained either from the referring agency or, after receiving the applicant's consent, directly from the record holding source.
3. Medical review forms
4. Psychological screening reports
5. All other pertinent information

E. Notifications

The Applicant Screener shall present the selection file to the Agency Administrator for review and final determination for acceptance into the program. The Applicant Screener shall verify that the referring agency is informed of the acceptance decision. If an applicant is not accepted into the program, the Applicant Screener shall advise, in writing, the referring source of the specific reason(s) for disapproval of the applicant, consistent with confidentiality requirements. Upon the written request of a rejected applicant, the Applicant Screener shall provide, in writing, the specific reasons for non-acceptance.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**



AGENCY INTAKE

CONFIDENTIAL

I. GENERAL INFORMATION:

Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Special Medical/Dietary Problems \_\_\_\_\_

Social Security # \_\_\_\_\_ Institutional # \_\_\_\_\_

Driver's Permit # \_\_\_\_\_

In Case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

II. CLEARANCES:

Received:

Medical \_\_\_\_\_ Yes \_\_\_\_\_ No

Psychological \_\_\_\_\_ Yes \_\_\_\_\_ No

III. CASE STATUS:

_____ Diversion	_____ Work release	Other, explain
_____ Pre-release	_____ Pre-trial release	_____
_____ Split-sentence	_____ Probation	_____
_____ Court recommended	_____ Parole	_____

IV. LEGAL AND CRIMINAL DATA:

Court: \_\_\_\_\_ Judge: \_\_\_\_\_ Lawyer: \_\_\_\_\_

Charge	Case #	Sentence	Begins
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Court Ordered Payments: \_\_\_\_\_ Attorney's Fees: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Estimated Expiration/Parole Date: \_\_\_\_\_

Detainers: \_\_\_\_\_

Other Charges: \_\_\_\_\_

<u>Prior Adult Criminal Activity:</u>	<u>Disposition:</u>	<u>Year:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Work Release or Parole Revocations: \_\_\_\_\_

Number of Previous Felonies: \_\_\_\_\_ Misdemeanors: \_\_\_\_\_

Number of Prior Incarcerations (post trial) over 30 days: \_\_\_\_\_

Juvenile Record: \_\_\_\_\_  
\_\_\_\_\_

CRIMINAL RECORDS CHECK

Identification Unit \_\_\_\_\_

NCIC (279-1528) \_\_\_\_\_

Parole and Probation \_\_\_\_\_

Federal Bureau of Investigation \_\_\_\_\_ FBI # \_\_\_\_\_

Would you please explain your present charge(s) and the circumstances that surround them?

What other arrests or convictions have you had?

-----

V. EMPLOYMENT HISTORY

Presently Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Skills: \_\_\_\_\_

Do you presently have a job or do you wish to find another job?

What types of jobs have you done before?

Number of jobs you held in last 2 years? \_\_\_\_\_

Longest stay on a job \_\_\_\_\_

Average pay on the longest job you held \_\_\_\_\_

What kind of work would you enjoy? \_\_\_\_\_

Do you have any medical problems that would affect you in working? \_\_\_\_\_

Have you had any vocational training? \_\_\_\_\_ Yes \_\_\_\_\_ No  
How much? \_\_\_\_\_

-----  
VI. EDUCATION:

Highest Grade Completed: \_\_\_\_\_ H. S. Graduate: \_\_\_\_\_ G.E.D. \_\_\_\_\_

Vocational Ed.: \_\_\_\_\_ College: \_\_\_\_\_

Names of Schools: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Literate \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Suspended \_\_\_\_\_ Expelled

What kinds of grades did you make?

What did you like most about school?

What did you like the least about school?

Overall, what kind of experience was school for you?

What are your future educational plans?

VII. RELIGION:

Religious Involvement: \_\_\_\_\_ Yes \_\_\_\_\_ No Preference: \_\_\_\_\_

Comments \_\_\_\_\_  
-----

VIII. MILITARY:

No \_\_\_\_\_ Yes \_\_\_\_\_ Branch: \_\_\_\_\_ Years: \_\_\_\_\_

Discharge: \_\_\_\_\_ VA Benefits: \_\_\_\_\_  
-----

IX. SOCIAL HISTORY:

Previously Married: \_\_\_\_\_ # Dependents: \_\_\_\_\_

Currently Married: \_\_\_\_\_ # Dependents: \_\_\_\_\_

Support: Voluntary: \_\_\_\_\_ Court Ordered: \_\_\_\_\_ \$ \_\_\_\_\_

Presently Living With: \_\_\_\_\_

Family:

<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Other</u>
-------------	------------	-------------------	--------------

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Adopted: \_\_\_\_\_ Foster Care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your relationship with your spouse?

How would you describe your parents' relationship with each other?

How were you treated by your parents?

How do you get along with them?

How does your family feel about you now?

With whom in the family do you feel the closest?

With whom outside the family do you feel the closest?

Who will be your sponsor for home visitations?

---

X. LEISURE TIME ACTIVITIES:

Spare Time Activities: \_\_\_\_\_

Are there any spare time or leisure time activities that you would like to try? \_\_\_\_\_

---

XI. ALCOHOL AND DRUG USE:

Alcohol: Beer \_\_\_\_\_ Wine \_\_\_\_\_ Liquor \_\_\_\_\_ None \_\_\_\_\_ How Often \_\_\_\_\_

Drugs: Heroin \_\_\_\_\_ Cocaine \_\_\_\_\_ Halluc. \_\_\_\_\_ Ups \_\_\_\_\_ Downs \_\_\_\_\_  
Grass \_\_\_\_\_ How Often \_\_\_\_\_ Addiction: Yes \_\_\_\_\_ No \_\_\_\_\_  
Years \_\_\_\_\_

Has alcohol or drugs ever gotten you into any trouble?

Do you feel that alcohol or drugs have contributed to your being here:

Do you need assistance in dealing with alcohol or drugs?

---

XII. PREVIOUS SERVICES/TREATMENT:

Alcohol Treatment Program \_\_\_\_\_ Drug Treatment Program \_\_\_\_\_  
Vocational Rehabilitation \_\_\_\_\_ Employment \_\_\_\_\_ County Health \_\_\_\_\_  
Psychiatric Care \_\_\_\_\_ Mental Hospital \_\_\_\_\_ Suicide Attempt \_\_\_\_\_  
Escape \_\_\_\_\_

Comments: \_\_\_\_\_

-----

XIII. REFERRAL SOURCE:

_____ Federal Bureau of Prisons	_____ County Probation Office
_____ Federal Probation Office	_____ Division of Youth Services
_____ State Division of Corrections	_____ Juvenile Court
_____ State Probation and Parole	_____ State Hospital
_____ City Jail	_____ Methadone Clinic
_____ City Probation Office	_____ Other Hospital
_____ County Jail	_____ Other
_____ Self-Referral	_____

-----

XIV. INTERVIEWER'S SUMMARY AND COMMENTS:

ELIGIBILITY ASSESSMENT

Applicant's Name \_\_\_\_\_ Screener \_\_\_\_\_

Date of Interview

1. CRIMINAL HISTORY (Quantitative Score)

- Prior number of arrests (0 1 2 3+)
- Prior number of convictions (0 1 2 3+)
- Prior number of incarcerations (0 1 2 3+)
- Total =


2. PERSONAL AND EMPLOYMENT DATA (Excellent 0; Good 1; Fair 2; Poor 3)

- Community ties
- Family ties
- Past work pattern
- Known quality of work
- Skill level

Total =



3. PERSONAL HISTORY (None 0; Occasional 1; Frequently 2)

- Changes residence
- Drugs
- Alcohol
- Suicide threats or attempts
- Mental hospitalization
- Past escape record
- Overt physical aggressiveness
- Emotional dysfunctioning
- Overt defiant behavior
- Lacks maturity
- Lacks responsibility
- Impulsive

Total =


Assessment Scale Score

SCREENER'S COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>Standards Program</b>  <b>Sample Policy and Procedures</b> </p>	<b>ACA Number</b> 2.11.2	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2141 and 2-2142	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Intake	<b>Subject:</b> Intake Orientation of Applicant	

**[See User's Key for Suggested Heading Blocks.]**

I. **POLICY:** When physically possible, applicants shall be oriented to the agency. Staff shall discuss with applicants the goals of the program, rules governing conduct, program regulations and possible disciplinary action. Clients must agree to abide by the agency rules and regulations as a condition of acceptance into the program.

II. **PROCEDURES:**

A. The Applicant Screener shall ensure that each applicant receives a copy of the agency's guide book which specifically states its policies and procedures, program goals, rules governing conduct, program regulations, possible disciplinary action, etc.

B. The applicant shall be given two copies of a program agreement to read. Assistance shall be given to an applicant who cannot read or has difficulty understanding the guide book. Each rule shall be discussed with the applicant. He/she then signs and dates the agreement indicating that he/she has read the guide book and will comply with the rules and regulations of the agency. A staff member also signs the agreement. A copy of the agreement shall be given to the applicant and one retained as a permanent program record.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**



## **CHAPTER 12**


### **PROGRAM**

#### ***Commentary***

The core of any adult community residential services agency is the program it offers. Most agencies believe this program to be a resocialization and reintegration process building solid ties built between the resident and the community. The resident must learn to exist within the community, take advantage of what the community has to offer, avoid problems and, finally, live independently. Program staff facilitate the process, providing support and restraint, as needed, by gradually permitting the resident to accept more and more personal responsibility. The agency must conduct a program that is responsive to residents' individual and collective needs and provide increasing opportunities for residents' independence and responsibility.

Clear written guidelines provide a structure by which to conduct such a program. The highly successful community residential programs are those whose guidelines are shaped, in part, by the staff and residents. Program elements are subject to continual review and revision, not just by governing authorities but also by those who are closest to daily operations. Open lines of communication encourage strong and successful programs.

The residential community program is most effective when it helps direct the focus of correctional effects in a carefully devised combination of controls and assistance. At a minimum, the residential community program seeks to release residents to the community with appropriate employment, cash savings, suitable housing and increased social problem-solving skills.

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.12.1	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2143	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b>  Program	<b>Subject:</b> Equal Opportunity Programming for Female Residents.	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Sex shall not be a disqualifying criterion for treatment or program opportunities available to residents.

II. **PROCEDURES:**

A. Men and women shall be treated equally in all aspects of their residential care. This shall include but not be solely limited to the following activities:


1. Job assignments
2. Job placement
3. Educational/training assignment
4. Recreational activities

B. A person physically unable to perform a job assignment task shall be assigned an alternative task. This decision shall be based on a person's physical ability, not on his/her sex.

C. Program staff shall encourage women to participate in education/training programs and/or to seek employment opportunities which offer upward economic mobility even if these residents are unfamiliar with or reluctant to undertake such opportunity because of past sex discrimination.

D. As part of an in-service training program, staff assigned to a co-correctional facility shall attend training sessions on the changing role of women in American society.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.12.2	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2144, 2-2145, 2-2146, 2-2147 and 2-2148	
<b>Chapter:</b>  Program	<b>Subject:</b>  Personalized Program Plan	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Each resident shall have a written, personalized program plan which sets forth measurable criteria for expected behavior and program accomplishments. Monthly assessment of a resident's progress shall be conducted and necessary adjustments to the program made.

II. **PROCEDURE:**

A. Program Plan

A personalized program plan contract shall be completed within the first two weeks of a resident's stay. Following general explanation and discussion of the plan in initial intake orientation, each resident shall negotiate the elements of his/her plan. The plan may change and expand as the resident becomes more aware of his/her needs and options. It is important, though, that the resident have a sense of direction from the beginning of program participation and staff have an established base from which to provide assistance. The resident's program plan is the key to progress and, hence, must be realistic and specific.

B. Elements of the Program Plan are

1. Center Adjustment; including assignments and personal living area as well as staff and resident relationships
2. Personal Adjustment; including specific treatment needs, e.g., drug abuse, release plans, family adjustments
3. Community Adjustment; including any outside agency contacts, volunteer contacts and religious contacts
4. Employment Adjustment; including involvement in employment, training programs and/or educational opportunities.

C. Objectives

The resident's goals shall determine the elements of a program plan. Specific objectives shall be set to achieve these goals. The objectives, divided into measurable increments, shall delineate the portion of goal attainment expected in the resident's progress. The Resident and Counselor shall sign and date the plan.


D. Program Review

The resident and Counselor shall meet monthly to review the resident's attainment of the established program goals. Scheduling shall consider times convenient to the resident.

E. Program Changes

Changes in a resident's program plan shall be considered as fully as the original plan. Both resident and Counselor shall agree to the new plan by signatures and date indication.


**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.12.3	<b>Pages</b> 1
	<b>Related ACA Standards:</b>  2-2149, 2-2150	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b>  Program	<b>Subject:</b>  Staff Coverage	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** The facility shall be adequately staffed at all times. Coverage concentration shall be those times that the greatest number of residents are present and in need of services.
- II. **PROCEDURES:**
- A. The Facility Administrator shall be responsible for scheduling staff time and attendance.
- B. Staff scheduling shall assure around the clock coverage of the facility seven days a week. At all times at least one staff member shall be accessible and appropriately responsive to resident needs. Normal days off, holidays, vacations and average sick leaves shall be considered and backup coverage made available as needed. Schedule changes shall be approved by the Facility Administrator. The work schedule shall be posted by the Facility Administrator at least two weeks prior to the schedule's commencing.
- C. Staff schedules shall be reviewed by the Agency Administrator to determine if
1. Adequate Staff are available for counseling and other program activities during the hours when most residents are in the facility.
  2. Personnel scheduling in late afternoon and early evening hours (when most residents are in the facility) is compatible with residents' schedules.
  3. All staff are treated equitably as to days off, holidays, annual leaves, etc.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number 2.12.4	Pages 5
	<p>ADULT COMMUNITY RESIDENTIAL SERVICES</p> <p>Related ACA Standards: 2-2151 and 2-2159</p>	
<p>Chapter: Program</p>	<p>Subject: Counseling for Residents</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Counseling and social services shall be available to each resident to assist their reintegration into the community. Such services shall not replace the need for resident's attendance in psychotherapy, alcohol therapy, drug therapy, family counseling, etc. Counseling and social services, instead, assist the resident's meeting his/her personalized program plan, offer any necessary guidance and counseling and provide direction in obtaining those resources needed for successful community living.

II. **PROCEDURES:**

A. Assignment of Primary Counselors

During a resident's first week in the facility, he/she shall be assigned a counselor by the supervising case management counselor. The resident shall be matched to a counselor skilled in working within the resident's specific problem areas.

B. Scheduled weekly sessions

A Counselor shall develop a meeting schedule with his/her resident on a weekly basis, if needed. Flexible additional contacts shall be available.

C. Counselor Responsibilities

The Counselor should

1. Introduce him/her to the resident as soon as possible and attempt to open communications
2. Discuss facts and limitations of confidentiality with the resident
3. Review program and agency operations
4. Determine and reinforce the resident's level of understanding of rules and procedures
5. Discuss the resident's concerns and needs initiating problem identification and problem solving techniques.

6. Review resident's alternatives to effecting
  - a. Work role - means of attaining economic independence as well as work
  - b. Interpersonal relationships
  - c. Leisure activities
  - d. Housing arrangements after release.
7. Discuss with resident his/her personalized program plan by the third week; ensure clear understanding of specific expectations and assist in resolving any areas of concern (type of counseling, finances, specific release plans, etc.); modify the plan with the resident; include, as appropriate, reintegration processes suggested through staff-resident discussions
8. Provide personal counseling requested by the resident; provide emotional support and encouragement
9. Complete weekly counseling reports (see Attachment 1) and evaluate resident's behavior. Reports shall reflect the following
  - a. New issues as they arise
  - b. Actions taken by resident to resolve issues and difficulties experienced
  - c. Completed tasks/goals
10. Coordinate activities with other staff as necessary
11. Assist resident's developing a monthly budget and monitor resident's expenditures on a monthly basis
12. Assist resident's identifying alternative leisure activities in the community
13. Monitor resident's performance relative to his/her personalized program plan; provide appropriate feedback and assistance as necessary; Complete Chronological History quarterly (see attachment 2)
14. Conduct a final counseling session providing feedback to the resident prior to his/her being discharged to the community
15. Assist resident in locating suitable housing if necessary
16. Prepare a termination report
17. Complete counselor check-list at the end of each list of activity (see attachment #3).

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

"CONFIDENTIAL"

WEEKLY COUNSELING REPORT

DATE: \_\_\_\_\_

COUNSELOR: \_\_\_\_\_

RESIDENT'S NAME: \_\_\_\_\_

NUMBER OF CONTACTS: \_\_\_\_\_

Check where problems are indicated

Comments:

- \_\_\_ (1) DAILY PROB. SOLVING SKILLS
- \_\_\_ (2) JOB/TRAINING PERFORMANCE
- \_\_\_ (3) PUNCTUALITY/ACCOUNTABILITY
- \_\_\_ (4) IN-HOUSE RESPONSIBILITY
- \_\_\_ (5) DRUG/ALCOHOL FREE
- \_\_\_ (6) INTERPERSONAL RELATIONS/  
FACILITY
- \_\_\_ (7) INTERPERSONAL RELATIONS/  
PEERS
- \_\_\_ (8) INTERPERSONAL RELATIONS/  
FAMILY/FRIENDS
- \_\_\_ (9) ACCEPTS RESPONSIBILITY FOR  
OWN ACTIONS
- \_\_\_ (10) COUNSELOR INVOLVEMENT
- \_\_\_ (11) USE OF COMMUNITY SERVICES
- \_\_\_ (12) EDUCATIONAL PARTICIPATION
- \_\_\_ (13) RESPONSIBLE USE OF MONEY
- \_\_\_ (14) LIVING CONDITIONS
- \_\_\_ (15) USE OF LEISURE TIME
- \_\_\_ (16) OTHER:

Quarterly Chronological History


Date	Name:



COUNSELOR CHECK LIST

Resident: \_\_\_\_\_ Counselor \_\_\_\_\_

1. Introduce self ASAP \_\_\_\_\_
2. Discuss confidentiality limits \_\_\_\_\_
3. Provide information/guidance on program \_\_\_\_\_
4. Deal with immediate concerns \_\_\_\_\_
5. Review of life plan with resident \_\_\_\_\_
6. Refine issues/goals/strategies \_\_\_\_\_
7. Discuss/finalize plan with resident \_\_\_\_\_
8. Regular counseling sessions discussions: \_\_\_\_\_
  - . Major issues/strategies
  - . Life roles
  - . Problem solving
  - . Goals
  - . Self image
  - . Individual responsibility
9. Weekly Counselor Reports \_\_\_\_\_
10. Team meetings - assist in coordinating actions \_\_\_\_\_
11. Monthly budgets; monitor account \_\_\_\_\_
12. Manage alternative leisure activities \_\_\_\_\_
13. Monitor resident performance/feedback \_\_\_\_\_
14. Assist with locating housing \_\_\_\_\_
15. Conduct final counseling session \_\_\_\_\_
16. Termination \_\_\_\_\_
17. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	ACA Number 2.12.5	Pages 8
	<p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p>Chapter: Program</p>	<p>Related ACA Standards: 2-2152, 2-2153, 2-2155 and 2-2160</p>	
	<p>Subject: Resident Rules and Discipline</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Each resident shall be briefed on, sign and receive a copy of the program rules and regulations. All rules and regulations shall be posted in the facility. Violation of the written rules shall merit necessary disciplinary action. The Agency Administrator may elect to remove a resident from the program as a result.

II. **PROCEDURE:**

A. **Rules**

A copy of the program rules and regulations shall be provided to residents during intake and explained. Residents shall sign and date a statement indicating receipt of rules and regulations. A staff member shall witness the signature.

B. **Posting**

Program rules and regulations to which residents are expected to adhere also shall be posted on the facility bulletin board. This provides residents and staff easy reference to the rules at any time.

C. **Disciplinary Actions**

Disciplinary actions shall include the following:

1. An Information Incident Report shall be filed for relatively minor rule infractions. The incident shall be labeled a minor rule infraction when the staff member believes no action beyond counseling is necessary based on circumstances involved or when the staff member suspects a rule infraction has occurred but has insufficient evidence to designate a major violation. This informational report shall alert other staff of minor or potential problems (See attachment 1).
2. A Major Violation Report shall be written when a staff member determines that a violation of a rule has occurred. (See attachment 2). The staff member shall
  - a. Specify the rule violation accurately
  - b. Detail concrete, specific facts of the incident answering basic questions such as when, where, what and how
  - c. Obtain statement from witnesses as soon after the incident as possible
  - d. Prepare a Major Violation Report Notification Form (see attachment 3) in duplicate. This form shall indicate

1. Date the adjustment report was written
2. Rule violations involved
3. Notification to the resident that he/she may
  - a. Be required to appear before a disciplinary panel within seven days
  - b. State events from his/her perspective at that time
  - c. Invite witnesses or a representative (staff or resident) to speak on his/her behalf at that time.
- e. Sign the form as does the resident. Should the resident refuse, a copy of the form shall be given to the resident with such refusal indicated.
- f. Submit the Major Violation Report for review by the Facility Administrator. The Facility Administrator shall determine action to be taken which may include
  1. Convening a disciplinary panel
  2. Directing further investigation of the matter
  3. Indicating no further action beyond counseling is required and so filing the report
  4. Requesting the report be written properly or thoroughly

#### D. Violation Reports

Violations which require mandatory completion of a Major Violation Report and a disciplinary panel adjustment hearing are as follows:

1. Dirty urine or obvious intoxication
2. Unauthorized absence from the facility or any approved activity
3. Threat of violence or serious verbal abuse of another person
4. Separation from one's job without prior staff approval
5. Refusal to comply with specific and reasonable instructions from a staff member

#### E. Hearing

The disciplinary hearing process is as follows:

1. The Chairperson shall convene the hearing
2. The Chairperson shall review the notification form to ensure that the appropriate notification is documented or was attempted in cases where the resident refused to sign
3. The Chairperson shall read the Major Violation Report aloud to the resident
4. The Chairperson shall ask for resident verifications or rebuttal and provide ample opportunity for further discussion of fact surrounding the incident
5. Any identified and present resident's representative shall be provided opportunity for comment
6. Panel members and the resident shall hear and question all witnesses. (Witnesses unable to attend may be questioned via speaker telephone)
7. Any evidence or documents pertinent to the case shall be examined and reviewed by all parties
8. Any important or available facts missing shall be obtained

9. The resident shall be asked for further comments and if he/she accepts responsibility for the rule violation
10. Residents indicating responsibility for the rule violation shall complete a problem resolution plan (see attachment 4) (how he/she will avoid such action in the future) with the disciplinary panel. Residents not accepting responsibility for such action shall be asked to leave the room.
11. In the resident's absence, disciplinary panel members shall determine action to be taken. When the resident returns to the room, he/she shall be informed of the panel's decision (see Attachment 5) and provided a written copy of this decision. The resident shall receive instructions as to the appeal process.
12. The Chairperson shall conclude the hearing and complete the evaluation, conclusion and recommendation sections of the report. All members shall sign and date the report.

F. Non-Permissible Activities

Activities which may result in removal by the Agency Administrator from the program shall include but not be solely limited to the following cases:

1. Physical violence to any person
2. Unauthorized absence beyond a 24 hour period
3. Possession of alcohol, drugs, narcotic works or a weapon at the facility
4. Commission of a crime while in the program

G. Other

Other forms of disciplinary action are

1. Additional Counseling in the area of concern
2. Restitution
3. Limited visiting
4. Reduction or loss of home visitation passes
5. Restriction to unit or restriction to room
6. Agreement for specialized program/treatment

H. Counselor's Review

The resident's counselor shall review the situation focusing on the future and how the resident can resolve the problem and avoid future occurrences of a similar nature. Any problems the resident has which could lead to misinterpretation or misunderstanding of program rules, regulations or disciplinary actions shall be corrected immediately.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

INFORMATIONAL INCIDENT REPORT

NAME

UNIT

DATE

CONTACT OCCURRED AT

TIME

A.M.

P.M.

DETAILS

STAFF SIGNATURE

DATE

ACTION TAKEN

\_\_\_ Counseled by the above

\_\_\_ No further action recommended

\_\_\_ Counseled by Unit Supervisor

UNIT SUPERVISOR'S SIGNATURE

DATE

COMMENTS

STAFF SIGNATURE

DATE



MAJOR VIOLATION REPORT NOTIFICATION

Resident \_\_\_\_\_

Date \_\_\_\_\_

On \_\_\_\_\_ a major violation report was written by \_\_\_\_\_  
\_\_\_\_\_ which indicates you have violated program rules by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

. You may be required to meet with a disciplinary panel within seven (7) days (when possible, by the end of the third day) to review this reported infraction.

. You will have ample opportunity to say, in your own words, what happened and provide information on your behalf, at that time.

. If you desire to have someone present relevant information (witness) or speak in your behalf (staff or resident representative) at such hearing, please indicate here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Resident verbally informed  
of rule violation \_\_\_\_\_  
(initial)

\_\_\_\_\_  
Resident refused to sign  
(initial)

\_\_\_\_\_  
Resident received a copy  
(initial)

\_\_\_\_\_  
Resident refused to accept  
a copy \_\_\_\_\_ (initial)

Remarks: \_\_\_\_\_

\_\_\_\_\_

PROBLEM RESOLUTION PLAN

I, \_\_\_\_\_, agree to carry out the plan written below, which was decided with the staff as part of the disciplinary hearing held on \_\_\_\_\_. I understand that my Counselor will monitor my achievement of this plan.

1. I will: \_\_\_\_\_

To be done by \_\_\_\_\_

2. I will: \_\_\_\_\_

To be done by \_\_\_\_\_

3. I will: \_\_\_\_\_

To be done by \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date



DISCIPLINARY PANEL ACTION NOTIFICATION

\_\_\_\_\_  
\_\_\_\_\_  
To Resident \_\_\_\_\_ Hearing Date \_\_\_\_\_

As a result of the disciplinary panel hearing held \_\_\_\_\_,  
the panel found you responsible for violating the program rule(s)

\_\_\_\_\_  
\_\_\_\_\_

and the panel's decision in this matter is that you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

You may appeal this decision to the Agency Administrator who  
has final authority in all disciplinary actions. A written appeal  
must be submitted within 48 hours specifically stating your  
objections and reason(s) for appealing the panel's decision.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Staff Signature


\_\_\_\_ Resident verbally informed for decision and action \_\_\_\_\_ (initials)

\_\_\_\_ Resident received a copy \_\_\_\_\_ (initials)

\_\_\_\_ Resident refused to sign \_\_\_\_\_ (initials)

\_\_\_\_ Resident refused to accept copy \_\_\_\_\_ (initials)

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.12.6	<b>Pages</b> 2
	<b>Related ACA Standards:</b>  2-2154	
<b>Chapter:</b>  Program	<b>Subject:</b>  Resident Grievance and Appeal Process	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Residents shall have the opportunity to initiate grievance procedures on any condition or action within the program without being subject to any adverse action.

II. **PROCEDURE:**

A. **Grievance Procedure**

The grievance procedure shall be summarized concisely and posted on the residents' bulletin board

B. **Adverse Action**

Any resident reporting a grievance shall not be subject to any adverse action by any staff member as a result of filing the grievance

C. **Pertinence**

Grievances may pertain to any policy, procedure, condition in the facility or staff conduct


D. **Grievance Process**

The grievance process shall have three levels as specified below

1. *First level* - A resident submits a complaint, verbally or in writing, to his/her counselor. The Counselor shall attempt resolution of the problem. If the problem cannot be resolved, the resident shall submit a formal written grievance to the Counselor. The resident shall receive any assistance necessary in filling out the grievance form. (See attachment 1). The grievance will be transmitted to the Supervising Counselor.
2. *Second level* - Within two working days the Supervising Counselor shall review the grievance, conduct an investigation of the matter and set up an appointment with the resident filing the grievance. This meeting shall be held within five days after the Supervisor has received the grievance. A representative for the resident filing grievance and another staff member shall attend a grievance review meeting. Resolution shall be attempted at this meeting. Situations resolved shall be noted in writing and signed by the resident. The Supervisor, resident representative and the other staff member shall forward written comments on unresolved situations to the Agency Administrator within two working days after the meeting.

3. Third level - The Agency Administrator shall receive the grievance and all comments. Within two days, the Agency Administrator shall review the grievance and set up an appointment to meet with the resident within the next five days. At the request of the resident, the staff representative and the Supervising Counselor may be invited to attend this meeting. A possible, mutually agreeable solution shall be sought. If a resolution can be reached, it shall be documented in writing and signed by the resident and the Agency Administrator. If an agreement cannot be reached, the decision of the Agency Administrator is final. A written decision shall be presented to the resident within two working days after the meeting.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  Standards Program  Sample Policy and Procedures    ADULT COMMUNITY RESIDENTIAL SERVICES </p>	<b>ACA Number</b> 2.12.7	<b>Pages</b> 3
	<b>Related ACA Standards:</b> 2-2156, 2-2157, 2-2158	
<b>Chapter:</b> Program	<b>Subject:</b> Resident Finances	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Residents shall be assisted with immediate and legitimate financial needs when they enter the facility. They shall be assisted also in managing their income. Employed residents shall reimburse the agency for room and board.

II. **PROCEDURES:**

A. **Loans**

At a new resident's request, the agency shall provide direct financial assistance in the form of a cash loan. This request may be made during the first three weeks of admission to the program. A cash advance agreement form shall be signed by the resident (See attachment 1). All loans shall be approved by the Business Officer and Facility Administrator. The loan limit is \$100.00. Only under unusual circumstances, and as approved by the Facility Administrator, can a loan be made in excess of this amount for residents not employed after three weeks. Additional requests may be considered. Loans may be used for the purchase of the following:

1. Personal toiletry and hygiene articles
2. Items needed for work such as uniforms, shoes, clothing, etc.
3. Transportation to and from work
4. Meals bought outside of the facility due to employment

B. **Monthly Budgets**

Each resident shall be responsible for developing a monthly budget (see attachment 2). The Counselor shall assist the resident's planning and developing his/her monthly budget. Periodically, the Counselor shall check the resident's account records to see if he/she is adhering to budget and financial goals. The Counselor shall provide feedback and guidance to the resident as necessary. All budgets shall provide for but not be solely limited to the following expenditures:

1. Room and board
2. Employment related expenses
3. Family support
4. Clothing
5. Savings

- 6. Outstanding debts
- 7. Restitution, if any

C. Resident Reimbursement to the Agency

- 1. Schedule Reimbursement required by employed residents is indicated in the chart below

Gross Weekly Income	Weekly Reimbursement
20.00 - 39.99	3.50
40.00 - 59.99	7.00
60.00 - 79.99	10.50
80.00 - 89.99	14.00
90.00 - 99.99	17.50
100.00 - 110.24	21.00
110.25 - 119.99	24.50
120.00 - 129.99	28.00
130.00 - 139.99	31.50
140.00 - 149.99	35.00
150.00 - Up	38.50

- 2. Room and board reimbursement shall be paid at least one week in advance. A calendar week (Sunday through Saturday) shall constitute one week. Reimbursement owed begins accruing the first day a resident begins to earn income. The Counselor may allow the resident up to four weeks from the first day the resident begins to earn income to render reimbursement due and one week's advance payment. Extension of the four week limitation is possible only with the approval of the Facility Administrator.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

CASH LOAN AGREEMENT

I, \_\_\_\_\_, have received on \_\_\_\_\_  
the sum of \_\_\_\_\_ dollars for the expressed purpose  
of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this is a loan and I agree to repay the full sum.  
I authorize the agency to deduct \_\_\_\_\_ dollars from my  
account when my financial records reflect a positive balance to repay  
this advance. Should I be released from the agency prior to repayment,  
for any reason, I further agree to repay the full sum within thirty  
(30) days.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Resident's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date


AUTHORIZATION

We have reviewed and approve this advance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Administrator

\_\_\_\_\_  
Business Officer

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b></p> <p style="text-align: center;">Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.12.8	<b>Pages</b> 1
	<b>Related ACA Standards:</b>  2-2161 and 2-2165	
<b>Chapter:</b>  Program	<b>Subject:</b>  Leisure Time Activities and Religious Services	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** An area shall be maintained within each facility for recreation and leisure time activities. Residents shall be able to attend the religious service of choice.

II. **PROCEDURE:**

A. **Recreation Area**

Each facility shall set aside an area containing at least a

1. Pool table
2. Television
3. Ping Pong table
4. Parlor game, card table and an assortment of parlor games

B. **Outside Activities**


The YWCA, the YMCA and the County Recreational Center offer leisure activity programs and classes. Any resident that wishes to attend any of these agencies' activities shall obtain the counselor's approval. The agency shall allow a resident to forego one week's reimbursement to cover the cost of enrolling in any of these programs.

C. **Religious Services**

Religious services are conducted at the facility for the Protestant, Catholic, Jewish and Muslim faiths. These services are provided for residents who are unable to attend services outside of the facility. If a resident is able to attend religious services outside of the facility, he/she is so encouraged. The schedule for religious services is indicated as follows:

1. Protestants - 10:00 a.m. Sundays in the Recreation Room
2. Catholics - 11:30 a.m. Sunday Mass in the Recreation Room
3. Jews - 11:00 a.m. Saturday in the Recreation Room
4. Muslims - 2:00 p.m. Friday in the Recreation Room

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p> <p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	<b>ACA Number</b> 2.12.9	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2162 and 2-2167	
<b>Chapter:</b> Program	<b>Subject:</b> Community Resources	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Each facility shall maintain an inventory of active community resources. All staff shall participate in the development of community resources which will be beneficial to residents.

II. **PROCEDURE:**

A. **Types of Resources**

An inventory of community resources shall be maintained in a leaf binder. Public and private organizations and agencies to be listed shall include but not be limited to the following:

1. Other criminal justice agencies
2. Employment services
3. Educational institutions
4. Vocational training organizations
5. Mental and physical health agencies
6. Substance abuse organizations
7. Recreational organizations
8. Religious groups
9. Social welfare agencies
10. Civic associations

B. **Updates**

The inventory of community resources shall be updated quarterly. Assessment of the quality of the community resource shall be conducted at this time. Staff and residents shall report use of resources on an evaluation check off sheet. Evaluations shall be submitted to the Facility Administrator.




### C. Resource Development

Facility staff shall strive to develop resources needed by the agency and its residents. The Supervising Counselor shall be responsible for resource development and shall submit a semi-annual report to the Facility Administrator on the program's effectiveness. The report shall cover but not be solely limited to

1. Activities with other agencies to extend eligibility to residents
2. Public relations and educational services to the community
3. Organizational activities with developing grass-root and self-help agencies
4. Community service activities

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	ACA Number 2.12.10	Pages 2
	<p style="text-align: center;">ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p><b>Chapter:</b></p> <p style="text-align: center;">Program</p>	<p><b>Subject:</b></p> <p style="text-align: center;">Education and Vocational Program Enrollment</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Residents needing educational and vocational programs shall be encouraged to enroll in such programs.

II. **PROCEDURES:**

A. **Educational Programming**

A resident shall be encouraged to participate in an appropriate educational program. Program determination shall be accomplished by considering the resident's highest grade completed, general academic level of functioning and I.Q. The counselor shall guide the resident as to which education program best meets that need. The following programs may be selected by the resident and counselor

1. Basic education programs
2. Remedial education programs
3. High school equivalency programs
4. College programs

B. **Applications**

Basic Education Program and Remedial education programs are conducted at the local county high schools. Residents may obtain applications for attendance from a counselor or the school. Applications must be submitted by August 31 for the Fall Session and January 31 for the Spring Session.

C. **High School Equivalency Programs**

High School Equivalency Programs also are offered by the local county high schools. Residents may obtain applications for attendance to the tutorial preparation program from a counselor or the school. The tutorial programs are offered every three months. Applications for January enrollment must be submitted by December 1; April enrollment by March 1; July enrollment by June 1; and October enrollment by September 1. Applications for taking the high school equivalency exam are due on the same schedule as tutorial program applicants. Residents may apply to take the equivalency exam without registering for the tutorial program.

D. Admissions Requirements


Residents are to follow the normal admissions requirement for college enrollment.

E. Vocational Training

Vocational training shall be recommended to all residents who would benefit from such training and who demonstrate sufficient motivation to enter and complete the training program. Possible benefit considerations are the resident's past work record, existing vocational skills and aptitude. The Counselor shall guide a resident's vocational program selection. Local programs available to residents of this facility are

1. CETA - MEP
2. Office of Vocational Rehabilitation
3. Opportunity Industrial Center

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.12.11	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2164	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Program	<b>Subject:</b> Assisting Residents Obtain Suitable Employment	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Agency resources and staff shall assist residents' finding suitable jobs

II. **PROCEDURES:**

A. **Vocational Testing**

After a pre-employment interview with the resident, the job coordinator shall determine whether further vocational data is required. Any further tests shall be explained and results discussed with the resident. An appropriate employment plan then shall be formulated.

B. **The Job Clinic**

A job clinic for unemployed residents shall be conducted weekly by a job coordinator. The job clinic shall be designed to prepare the resident for actual job interviews. The clinic program shall consist of the following:

1. Completing an employment application successfully
2. Grooming and dressing appropriately for the job interview
3. Handling various interview questions and becoming familiar with interview techniques
4. Role playing a job interview which shall be videotaped. The job coordinator shall assume the role of an interviewer. The coordinator shall critique each resident's interview including comments on how the interview can be improved

C. **Job Placement**

The job coordinator shall utilize the following resources for job placement


1. *Classified Ads* - The job coordinator shall review newspapers daily for possible jobs. Residents also shall be encouraged to review the papers for job opportunities
2. *CETA Job Orders* - The job coordinator shall be familiar with job orders listed in the CETA Program and shall refer to them regularly
3. *Civil Service* - Qualified residents shall be encouraged to seek civil service jobs
4. *Employment Services* - Both state and private employment services shall be contacted by the coordinator and/or the resident

5. *In-house Job Bank* - The job coordinator shall maintain a directory of employers who have employed residents in the past

D. Employment Evaluation

All jobs offered to residents shall be evaluated by the job coordinator. The coordinator may visit the place of employment prior to the resident's starting. All employment offers shall be subject to approval by the resident's job coordinator and the Counselor.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b></p> <p style="text-align: center;"><b>Standards Program Sample Policy and Procedures</b></p> <p><b>ADULT COMMUNITY RESIDENTIAL SERVICES</b></p>	<b>ACA Number</b> 2.12.12	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2166	
<b>Chapter:</b>  Program	<b>Subject:</b>  Visitor Movement	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Each facility shall monitor and control the movement of visitors within the facility

II. **PROCEDURES:**

A. **Reporting Procedure**

Visitors entering the facility shall inform program staff of their presence immediately. Visitors shall state the nature of their visit including the name(s) of the resident(s) whom they are visiting.


B. **Reception**

Visitors shall enter their name and person to be visited in the visitors' log. Visitors shall not be allowed off the first floor. They are to be shown directly to the designated visitors' area.

C. **Notification**

Facility staff shall contact the resident(s) and inform them that they have visitor(s) by name. Residents may not receive visitors if programmatically it is counter-indicated.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	ACA Number 2.12.13	Pages 6
	<p>ADULT COMMUNITY RESIDENTIAL SERVICES</p>	
<p><b>Chapter:</b>  Program</p>	<p><b>Subject:</b>  Furlough Program</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** As part of the reintegration process, residents shall have opportunity to maintain family and community involvement. Furlough programs providing the resident with an opportunity to strengthen family and community ties shall be available.

II. **PROCEDURES:**

A. **Presentation**

Basic rules and procedures covering furloughs shall be accessible to residents. The rules shall be discussed fully during orientation and by the Counselor on a one-to-one basis.

B. **Sponsors**

Before a resident is approved for furlough, he/she shall identify the person with whom furlough time is to be spent. All sponsors must complete a furlough questionnaire and agree to the conditions listed in the sponsor agreement (see attachments 1 and 2).

C. **Types of Available Furloughs**

1. *Day furlough* - 16 hours from 7:00 a.m. to 11:00 p.m.
2. *Overnight furlough* - 24 hours from 6:00 p.m. to 6:00 p.m. the next day
3. *Weekend furlough* - 48 hours from 6:00 p.m. Friday to 6:00 p.m. Sunday
4. *Holiday furlough* - may be requested for up to seven days during the following holidays:
  - a. Easter
  - b. Fourth of July
  - c. Thanksgiving
  - d. Christmas
  - e. New Year's Day

#### D. Furlough Submission and Approval

1. Residents shall submit an application in triplicate (see Attachment 3) to their counselors by 9:00 a.m. Monday morning. Applications shall be reviewed by counselors for completeness.
2. The Counselor shall review the application and record a recommendation for approval or disapproval. Activities questioned by the Counselor shall be discussed with the resident. The application then shall be forwarded to the Counseling Supervisor responsible for approving furloughs.
3. The Counseling Supervisor shall approve or disapprove furloughs based upon the following criteria:
  - a. Staff recommendations
  - b. Previous successfully completed furloughs
  - c. Acceptability of sponsor
  - d. Length of residency at the facility
  - e. Conduct and adjustment at the facility
4. The Supervising Counselor shall forward all applications for furlough to the Facility Administrator for signature.
5. When the application has been approved, one copy shall be mailed to the sponsor for notification, one copy given to the resident at time of departure and the original kept as the agency's record.

#### E. Employment Conflicts

If a resident requests a furlough on a day he/she is scheduled to work at their place of employment, the resident shall be expected to report to work. Residents shall be encouraged to schedule their furloughs on their days off.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**



Attachment 1

Sponsor Questionnaire

1. Resident's Name \_\_\_\_\_
2. Sponsor's Name \_\_\_\_\_ Relationship \_\_\_\_\_
3. Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Telephone \_\_\_\_\_
5. Sponsor's Date of Birth \_\_\_\_\_
6. Occupation of the Sponsor \_\_\_\_\_
7. Length of time Sponsor has known resident \_\_\_\_\_
8. Please name persons living in your household \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you plan to have the resident live with you at his/her time of release ? \_\_\_\_ yes \_\_\_\_ no. If you answered no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please comment on your knowledge of the resident's strengths and weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date



Attachment 3

Application for Home Visitation

Name: \_\_\_\_\_ Type of Furlough Requested: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

BE SPECIFIC

1st day evening activities: \_\_\_\_\_

Where, With Whom: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd day morning activities: \_\_\_\_\_

Where, With Whom: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd day afternoon activities: \_\_\_\_\_

Where, With Whom: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd day evening activities: \_\_\_\_\_

Where, With Whom: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3rd day morning activities: \_\_\_\_\_

Where, With Whom: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3rd day afternoon activities: \_\_\_\_\_

Where, With Whom: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3rd day evening activities: \_\_\_\_\_

Where, With Whom: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(For any other activities, additional days activities or comments use a separate piece of paper and attach.)

Attachment 3  
page 2

I request to leave the Facility at \_\_\_\_\_ o'clock on \_\_\_\_\_  
and will return no later than \_\_\_\_\_ o'clock on \_\_\_\_\_.

I will be at my sponsor's residence except when participating in activities  
specified above.

\_\_\_\_\_  
Resident's Signature                      Submitted to \_\_\_\_\_ Date \_\_\_\_\_


## **CHAPTER 13 SUPERVISION**

### ***Commentary***

The correctional adult community residential facilities facet of the criminal justice system provides client treatment in environments that assure protection to the surrounding community. Ultimately, the agency is responsible for providing reintegration services to facility residents with the supervision necessary to ensure responsible resident behavior. It is expected by the community that a residential correctional facility will function in such a way as to be crime free, drug free and well-supervised. Community reaction to crimes committed by facility residents, abscondings, persistent drug or alcohol abuse or overt acting out behavior can close agency doors.

Historically, laws passed to control adult community residential facilities tended to be restrictive in nature, reflecting the community's desire for protection. Often these laws were the result of legislators' reactions to agencies which have provided little supervision or control of residents. Imposed agency restrictions have affected eligibility criteria, furlough activities, length of stay, resident use of motor vehicles and financial access. The agency, therefore, must establish and enforce policies and procedures that ensure a reasonable level of supervision for program participants as well as reassure the community of the agency's ability to control resident behavior.

Supervision as addressed in policies and procedures included here involve the supervision and control of residents in the community, internal control of contraband within the facility (particularly weapons, drugs and alcohol) and protection of the resident and his/her belongings.

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  Standards Program  Sample Policy and Procedures    ADULT COMMUNITY RESIDENTIAL SERVICES </p>	<b>ACA Number</b> 2.13.1	<b>Pages</b> 1
	<b>Related ACA Standards:</b>  2-2170	
<b>Chapter:</b>  Supervision	<b>Subject:</b>  Resident Control of Other Residents	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** No resident shall be given authority or control over other residents in the facility.

II. **PROCEDURES:**

A. **Assumption of Duties**

No resident shall be requested to assume any staff person's assignment for any purpose.


B. **Special Privileges**

No resident shall be allowed special privileges or favors by staff for information pertaining to the activities of other residents.

C. **Committees**

All resident councils/committees shall be elected by the resident body to represent the residents of the facility not arbitrarily assigned by agency staff.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.13.2	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2171	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b>  Supervision	<b>Subject:</b>  Contraband Control	

[See User's Key for Suggested Heading Blocks.]

**I. POLICY:**

**A. Facility Searches**

Facility searches shall be conducted to control contraband or locate lost or stolen property. Searches shall be conducted as frequently as required when contraband or lost property is suspected to be present.

**B. Specific Searches**

Searches of a specific resident's room shall be conducted when staff suspect the presence of contraband in the resident's room. Searches of a specific resident shall be conducted when the resident is suspected of possessing contraband on his/her person.

**II. PROCEDURE:**

**A. Staff Responsibilities**

1. Staff shall be alert for the presence of contraband in the facility.
2. Respond to any behavior of residents which indicates the presence of contraband in the facility.
3. Investigate and report any situation which indicates the presence of contraband in the facility.

**B. Facility Searches**

1. A search of the facility shall begin only after the duty officer receives authorization from the Facility Administrator.
2. The Duty Officer shall explain the reason for the search as directly relates to the above stated facility policy.
3. The Duty Officer shall ensure that authorized searches are conducted by designated staff members under close supervision.
4. A search shall be scheduled to minimize disruption of regular facility operations.
5. The Duty Officer shall document findings of the search and forward the report to the Facility Administrator.

C. Resident Room Search

1. The search of a resident's room may be conducted with or without the resident's being present.
2. The search of a resident's room shall be thorough and orderly. Care shall be taken to avoid damage or destruction of property. The room shall be left in the condition found prior to the search. Items are to be returned as nearly as possible to the positions in which they were found.
3. The employee conducting the search shall report any damage of resident's property to the Duty Officer immediately.
4. Any contraband found shall be removed from the room and placed in a sealed container with each item carefully listed and signed by the employee. The articles confiscated shall be forwarded to the Facility Administrator.
5. The Duty Officer shall record the search in the appropriate log. The information to be included in the log is as follows:
  - a. Name of the resident whose room was searched
  - b. Date and time of the search
  - c. Names of personnel conducting the search
  - d. List of contraband found
  - e. Name of Duty Officer authorizing search
  - f. List of any resident's property damaged.


D. Body Searches The employee conducting this type of search shall be thorough, yet not offend the dignity of the resident being searched. An employee shall conduct a body search only as authorized by his/her supervisor. If there is an urgent and immediate need to conduct this type of search, the employee shall examine the resident's person and then submit a complete written report detailing the search to the appropriate supervisor as soon as possible. Included in the report shall be justification for conducting the search without first obtaining authorization.

The agency authorizes two types of searches of a resident's person.

1. A metal detector search shall be made on residents returning to the facility who are suspected of having contraband on their person.
2. A "Pat Frisk" may be made on residents returning from outside the facility who are believed to be in possession of contraband.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**



 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b></p> <p style="text-align: center;">Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.13.3	<b>Pages</b> 3
	<b>Related ACA Standards:</b>  2-2172	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b>  Supervision	<b>Subject:</b>  Preventing, Detecting and Pursuing Absconders	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall take measures to prevent residents' absconding from the program. Residents in extended unauthorized absence status shall be reported to the appropriate authority, and, if necessary, law enforcement agencies.

II. **PROCEDURES:**

A. Technique for the Prevention of Absconding

At least six times daily, staff shall account for all residents. Verifications shall occur in the morning, during the evening, and four random times during the midnight shift.

The morning check verifies each resident's return from pass activity. The evening check verifies resident's return from daily, constructive activity in the community. The checks occurring on the midnight shift verify the resident's continued presence in the facility and that no resident is absent without leave. All verifications shall be listed in the program log noting the time of verification and the results.

B. Detection of Absconders

If any verification indicates a resident's absence, the staff person on duty shall make out an absence report (see attached) and begin immediately to try to locate the individual by calling known relatives, friends, employer, etc. Relatives and friends shall be questioned as to whereabouts of the individual. If the individual is contacted within 24 hours, he/she shall be told to return to the facility immediately. An agreed on deadline by which the individual shall return to the facility shall be set not to exceed two hours. If the individual does not return or contact the staff by the agreed on time, he/she shall be declared an absconder. When information indicates that the individual has no intention of returning to the facility, staff shall declare the individual an absconder immediately.

C. Reporting Absconders

If, after making the initial contact, the individual has not returned to the facility within 24 hours, but has maintained contact he/she shall be declared an absconder. The referring agency shall be notified as follows:

1. Probationers/Parolees. The liaison officer of the referring agency shall be notified of the resident's absconder status. If the resident has not returned within three days from the time first reported absent, the resident shall be terminated as an absconder. If the referring agency wishes to hold the bed open longer, the agency shall pay the per diem for additional days.
2. Incarcerated status. Residents in incarcerated status shall be reported to the referring agency within three hours after an unauthorized absence. Prior to being listed as an absconder, the resident shall be allowed the 24 hour time period to return to the facility if such is permitted by the referring agency.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

Attachment 1

ABSENCE REPORT


	DATE _____
Facility Name _____	Supervising Authority _____
Address _____	Date Resident Entered Program _____
Phone _____	
Resident's Name _____	Number _____
Sentence _____	Offense _____
Staff First Reporting Absconce _____	Time Absconded _____
Supervised Authority Notified (Name of Person) _____	
Date Notified _____	Time Notified _____
If apprehended, Date _____	Time _____

Circumstances Surrounding Absence:

Evaluation (Staff Analysis)

Determination to terminate or Retain Resident \_\_\_\_\_

Date Report Submitted \_\_\_\_\_ Signature \_\_\_\_\_

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  Standards Program  Sample Policy and Procedures </p>	<b>ACA Number</b> 2.13.4	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2173, 2-2174, 2-2175 and 2-2176	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Supervision	<b>Subject:</b> Physical Conditions to Which Residents May Be Subjected	

[See User's Key for Suggested Heading Blocks.]

- I. **POLICY:** The use of physical force to control residents shall be restricted to instances of justifiable self-protection, protection of others, prevention of property damage and prevention of escape. In those instances, the force used shall be only to the extent necessary to control the situation. All uses of force shall be reported in writing, dated and signed and reviewed by higher authority.

The use of Corporal Punishment is prohibited absolutely.

II. **PROCEDURES:**

A. **Use of Physical Force**


1. Supervision and control of residents by the use of force is inappropriate. Force shall be used by a staff member only when no other option exists. Staff shall use their interpersonal skills to calm an irate resident. The staff member believing a resident is about to inflict serious physical harm shall summon other staff to assist in control of the situation. If other staff is unavailable, the staff members shall summon the police rather than resorting to direct physical force.
2. Physical force shall be used only in the following instances and, only when no other option is available:
  - a. To protect self
  - b. To protect other staff, residents, or persons visiting the facility
  - c. To prevent escape
  - d. To prevent property damage.
3. When absolutely required, the use of force shall be only to the extent necessary to subdue the resident and bring the situation under control. At no time are mechanical restraints to be used to subdue residents. Unnecessary or excessive use of physical force shall be grounds for immediate termination or other appropriate disciplinary action.
4. Any staff member using physical force shall report this to his/her supervisor immediately and prepare a full report to be submitted to the supervisor within 24 hours.
5. All staff members who witnessed the use of force shall submit a report to the supervisor also.
6. The report shall be filed in the resident's case record.

7. All reports shall be forwarded to the Facility and the Agency Administrator for review.

**B. Personal or Mental Abuse and Corporal Punishment**

These physical conditions are strictly prohibited as indicated in the above policy. Staff persons or residents having knowledge of policy violations shall report to the Facility or Agency Administrator immediately. This policy shall be enforced strictly by Unit Supervisors. The Facility Administrator periodically shall monitor for any violations of this policy and include a summary statement in his/her monthly report to the Agency Administrator.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number	Pages
	2.13.5	1
ADULT COMMUNITY RESIDENTIAL SERVICES	Related ACA Standards: 2-2177	
Chapter: Supervision	Subject: Monitoring Resident Movement	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The security of the facility shall be maintained at all times. Staff, therefore, shall monitor resident movement into and out of the facility.

II. **PROCEDURES:**


A. **Exit/Entry**

One door shall be used for exit from and entry into the facility. The staff member on duty shall be situated in a position to monitor all exits and entrances.

B. **Securing Area**

Any staff member on duty who must leave the entrance/exit monitoring area shall lock the door prior to leaving. At 12:00 midnight the door shall be locked until 6:30 a.m.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number 2.13.6	Pages 1
	<p>ADULT COMMUNITY RESIDENTIAL SERVICES</p> <p>Related ACA Standards: 2-7178</p>	
<p>Chapter: Supervision</p>	<p>Subject: Accounting System for Resident's</p>	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** This agency shall provide adequate supervision of its residents by maintaining a system of accounting for their whereabouts. The agency staff shall be responsible for monitoring residents' whereabouts.

II. **PROCEDURES:**


A. **System for Accounting for Residents' Whereabouts**

1. Process. When a resident leaves the facility, he/she shall sign out and inform the Unit Supervisor approved for the specific releases.
2. Facility Sign-out Sheet. The resident shall insert his/her name, destination, time allotted for release and the date on the sign-out sheet. A resident returning to the facility shall sign in indicating the time returned on the sheet.
3. Community Program Release. Residents outside the facility for reasons other than going to work shall carry a copy of a community program release. This form shall state:
  - a. Resident's name
  - b. Program of participation
  - c. Program address and telephone number
  - d. Specific program activity
  - e. Program sponsor
  - f. Method of transportation to the activity
  - g. Time of departure and return
  - h. Staff responsible for checking the resident out and in
  - i. Staff authorization
  - j. Resident's signature indicating agreement to release restrictions.

A standing release may be used if the resident will be out at the same time each week (such as going to a drug counseling program). When the resident is out of the facility, the community program form is placed in a community program release box.

B. **Verification of Resident's Participation in Release Activities.** When a resident in incarcerated status is out of the facility for employment or to attend a community activity, staff periodically shall monitor that resident to ensure he/she is participating in the stated activity. Such activities as group counseling, community adult education programs, participation in volunteer services with other agencies, etc. shall be checked randomly at least once each month.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p>AMERICAN CORRECTIONAL ASSOCIATION Standards Program Sample Policy and Procedures</p>	ACA Number 2.13.7	Pages 1
	Related ACA Standards: 2-2179	
ADULT COMMUNITY RESIDENTIAL SERVICES		
Chapter: Supervision	Subject: Transporting Residents Returning to Custody	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** The agency shall not be responsible for transporting residents who are returning to custody to the referring or transferring authority. The agency shall coordinate transportation for persons returning to custody with the police, the Sheriff, the Federal Marshal or the corrections department.

II. **PROCEDURES:**

A. Coordinator

Since the coordination of transportation does not require full time staff assistance, a supervisory staff member shall be assigned as coordinator on a one-week rotating basis. The coordinator shall be responsible for all activities necessary to transport a resident when warranted.

B. Procedure

The coordinator shall contact the referring or transferring agency and arrange a time and date for transfer. All materials shall be ready and available at the time the resident is to be transported.

C. Materials

Whenever a resident is to be transported, the coordinator shall ensure the receiving agency receives the following materials:

1. A copy of the resident's case file in accordance with confidentiality requirements
2. Appropriate transfer papers
3. A statement of the reason for transfer


[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]



## **CHAPTER 14 CITIZEN AND VOLUNTEER INVOLVEMENT**

### ***Commentary***

A properly managed volunteer program can provide a number of direct services to residents as well as serve as a link between the facility and the community. The structure within which volunteers will work also should be well defined. Written policies and procedures explaining major functions and operation methods for volunteer services as well as clearly stated volunteer goals and purposes ensure an effective program for volunteer and agency alike.

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.14.1	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2180 and 2-2181	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Citizen and Volunteer Involvement	<b>Subject:</b> Volunteer Recruitment	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Each facility of the agency shall have a volunteer program. Volunteers shall be recruited from all cultural and socio-economic segments of the community.

II. **PROCEDURES:**

A. **Program Function**

Each facility shall establish a volunteer program. The major function of the program shall be to foster better community relations and provide assistance to residents in securing jobs, schooling, recreation and guidance.


B. **Advertising**

All advertisements and publicity promulgated by the facility in an effort to recruit volunteers shall indicate, in its wording, the agency's desire to attract a cross section of the community.

C. **Recruitment**

The Supervisor of Volunteer Services shall coordinate efforts to recruit volunteers with the agency's affirmative action officer. The agency shall use recruiting methods for volunteers similar to those used for recruiting new employees.

[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.14.2	<b>Pages</b> 5
	<b>Related ACA Standards:</b> 2-2182, 2-2183, 2-2184 and 2-2187	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Citizen and Volunteer Involvement	<b>Subject:</b> Operation of the Volunteer Service Program	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Each agency facility shall have the authority to select volunteers and to define their term of service, tasks, responsibilities and authority. Volunteers shall have the opportunity to present any grievances concerning these criteria to the Supervisor of Volunteer Services. All volunteers shall complete the prescribed registration and orientation process and make written agreement to abide by agency policies prior to assignment. Any volunteer activity which threatens the order or safety of the facility shall be discontinued. The Facility Administrator may curtail, postpone or discontinue the services of any volunteer for due cause.

II. **PROCEDURE:**

A. **Selection of Volunteers**

1. Individuals wishing to provide volunteer services to a facility first shall be screened by the Supervisor of Volunteer Services. This screening shall include an assessment of the volunteer's motivation, skills and appropriateness.
2. The Supervisor of Volunteer Services who finds a potential volunteer inappropriate shall employ a sensitive and candid approach to explain rejection. If possible, the volunteer shall be referred to other, more appropriate agencies.
3. On recommendation of the Supervisor of Volunteer Services the Facility Administrator shall interview the potential volunteer. If the Facility Administrator concurs, the volunteer shall be processed and assigned a task by the Supervisor of Volunteer Services following completion of appropriate training and orientation.

B. **Term of Service**

1. All volunteers shall be informed, in writing, of their specific term of service. All terms of service shall be limited.
2. Unless otherwise designated by the Supervisor of Volunteer Services, the standard term of service shall be one year.
3. At the completion of term of service, a volunteer may petition the Supervisor of Volunteer Services to extend the term. The Supervisor, after consultation with the Facility Administrator, shall inform the volunteer, in writing, of the decision. Extensions of service shall be limited.

### C. Volunteer Services Allowed

1. Volunteers shall perform any of the following services:
  - a. Supervision
  - b. Job placement assistance
  - c. Recreational activities
  - d. Teaching seminars
  - e. Educational activities
  - f. Transportation assistance
  - g. Food preparation assistance
  - h. Staff training.
2. Properly credentialed or licensed volunteers shall perform any of the following services:
  - a. Medical health services
  - b. Mental health services
  - c. Individual counseling
  - d. Group counseling
  - e. Vocational evaluation, counseling and training
  - g. Educational/training, counseling and placement.
3. The Supervisor of Volunteer Services shall make written recommendation for any of volunteers in services other than those listed above. The Facility Administrator shall approve such utilization prior to implementation.

### D. Tasks, Responsibilities and Authority of Volunteers

1. A written job description (similar in scope to the agency's employee job descriptions) shall be delivered by the Supervisor of Volunteer Services to each volunteer. This job description shall include a designated chain of command through which the volunteer shall work, specific tasks to be performed by the volunteer, days and hours of the week when these tasks shall be performed and a written reporting mechanism to be completed by the volunteer. This report shall be used by the Supervisor of Volunteer Services to assess progress and accomplishments. The job description shall be read by the volunteer, signed, dated and placed in his/her file. A copy shall be given to the volunteer.
2. Unless otherwise designated in writing by the Supervisor of Volunteer Services, the authority of a paid staff member shall always supersede that of a volunteer.
3. Unless otherwise designated in writing by the Supervisor of Volunteer Services, volunteers shall have no disciplinary or supervisory authority in the facility.

### E. Registration of Volunteers

1. The registration of volunteers shall be the responsibility of the Supervisor of Volunteer Services.
2. The registration process shall include the following:
  - a. Completion of an agency employee application form
  - b. Submission of a resume (when available)

- c. Reading and signing the job description developed by the Supervisor of Volunteer Services
- d. Opening a personnel file in which shall be placed all registration documents
- e. Submission of all credentials and licenses (when appropriate)
- f. Signature on the facility confidentiality agreement (see attachment 1)
- g. Signature on all other appropriate volunteer/staff agreements.

#### F. Orientation of Volunteers

- 1. The Supervisor of Volunteer Services shall ensure the orientation of all volunteers.
- 2. Each facility shall have the authority to develop its own orientation procedure. The orientation procedure shall include at minimum
  - a. A brief history of the agency and its composition
  - b. A brief history of the facility and its means of support
  - c. A description of the facility's program including program philosophy
  - d. A thorough reading of all facility policies, procedures and rules with opportunity for clarification
  - e. A tour of the facility
  - f. An introduction to all staff and clients
  - g. Attendance at a staff meeting
  - h. A description by the supervising counselor of the needs, attitudes and life styles of the resident population
  - i. A careful review of the volunteer's job description.

#### G. Training of Volunteers

- 1. At any time prior to assignment or during a volunteer's term of service, the Supervisor of Volunteer Services shall assign a volunteer to an appropriate training program.
- 2. The training may be in-house or by referral and shall be specific to the volunteer's area of service.
- 3. The completion of training shall be documented in writing and placed in the volunteer's file.
- 4. Training may include, but not be solely limited to, the following:
  - a. Course assignments at an educational institution
  - b. Attendance at seminars designed to enhance specific skills
  - c. Tutoring by a staff member.

#### H. Policy Agreement

- 1. Following the completion of volunteer orientation, the Supervisor of Volunteer Services will secure a signed agreement to abide by facility policies from each volunteer (see attachment 2). The agreement shall be dated and placed in the volunteer's file.

2. The Supervisor of Volunteer Services shall review with each volunteer the range of sanctions available to the staff if facility policies are violated by the volunteer. These sanctions shall include, but not be solely limited to the following:
  - a. Reassignment
  - b. Suspension
  - c. Dismissal.

#### I. Allegations

All allegations that the services of a volunteer are threatening the order or safety of a facility shall be made to the Supervisor of Volunteer Services. The Supervisor of Volunteer Services shall conduct an investigation of the charges and shall discuss the charges with the volunteer in question. If the Supervisor concludes the allegations to be accurate, he/she shall discuss the situation with the Facility Administrator and make recommendations concerning appropriate action. The Facility Administrator shall make a final decision concerning any action to be taken. These actions may include suspension, curtailment of services, reassignment or dismissal. All disciplinary action shall be documented in writing and copied to the volunteer. The original shall be signed by the Facility Administrator and placed in the personnel file. Due cause for disciplinary action may include but not be solely limited to the following:

1. Threats to the order of the facility
2. Failure to comply with agency policies
3. Actions which threaten the well-being or safety of the staff, residents or other volunteers
4. Failure to comply with assigned tasks
5. Failure to follow the directions of an immediate supervisor
6. Failure to be a positive role model for clients of the facility
7. Incompatibility with agency philosophy and goals.

#### J. Grievance Procedure

1. Volunteers may appeal the assignment of any tasks which they feel to be outside their job description or any other grievances to the Supervisor of Volunteer Services.
2. The Supervisor of Volunteer Services shall render a decision within 24 hours.
3. A volunteer may appeal the decision of the Supervisor of Volunteer Services directly to the Facility Administrator within five days.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

FACILITY  
CONFIDENTIALITY AGREEMENT

There are some important legal restrictions on the release of resident information and records. These restrictions are for the protection of the resident. Legislation contained in the codes states that all information and records obtained in the course of providing services to either voluntary or involuntary clients shall be strictly confidential.

The specific circumstances under which information and records may be released are spelled out in facility policy statements. Penalties for violation of confidentiality regulations are a \$500.00 fine or three times the amount of actual damages sustained by the client. A breach of confidentiality is a serious infraction of agency policy and may result in termination of your services.

Pledge of Confidentiality: I certify by my signature that I will not give information about residents to unauthorized persons and understand that doing so would be a serious violation of agency policy.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

POLICY AGREEMENT  
FOR VOLUNTEERS

I certify by my signature that I have read the facility policy manual and have sought and received clarification concerning any and all policies which I did not fully understand.


As a volunteer worker at this facility, I understand that I am expected to adhere to all policies contained in the policy manual without exception and hereby agree to do so.

I further understand that failure to comply with facility policy will result in the imposition of sanctions which may result in my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Assignment

 <p style="text-align: center;"><b>AMERICAN CORRECTIONAL ASSOCIATION</b> Standards Program Sample Policy and Procedures</p>	<b>ACA Number</b> 2.14.3	<b>Pages</b> 3
	<b>Related ACA Standards:</b> 2-2185 and 2-2186	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Citizen and Volunteer Involvement	<b>Subject:</b> Supervisor of Volunteer Services	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Each facility shall designate a member of the staff who shall serve as Supervisor of Volunteer Services. This person shall be responsible for maintaining records and reports of volunteer services.

II. **PROCEDURE:**

A. **Designate**

Each Facility Administrator shall designate one paid staff member as Supervisor of Volunteer Services. The designated staff member shall assume this duty in addition to other duties contained in his/her regular job description.

The written job description (see attachment 1) shall be reviewed with the designated staff member by the Facility Administrator, signed by both, dated and placed in the staff member's personnel file. A copy of the job description shall be given to the staff person.

B. **Job Description**

Each Facility Administrator shall modify the attached job description when appropriate. Changes in the job description shall be submitted to the Agency Administrator for review. At a minimum, the modified description shall contain the following:

1. A list of duties and responsibilities
2. A clear statement of the Supervisor of Volunteer's authority
3. A method of reviewing performance
4. Term of service

C. **Records**

The Supervisor of Volunteer Services shall maintain complete personnel files on all facility volunteers. He/she shall require all volunteer staff to document their hours and the types of service provided and shall maintain a file of these records. Documentation of disciplinary problems or policy violations by volunteers also shall be kept in their personnel files.

The Supervisor of Volunteer Services shall submit an annual report to the Facility Director at the end of each fiscal year. The report shall reference the types and units of service by volunteers, significant problems or incidents, areas of need for additional services, status of recruitment of volunteers and any recommendations for change.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**



JOB DESCRIPTION

SUPERVISOR OF VOLUNTEER SERVICES

DEFINITION

1. The Supervisor of Volunteer Services is responsible to the Facility Administrator.
2. The Supervisor of Volunteer Services is responsible for the leadership and coordination of all volunteer activities within the facility. He/she shall use volunteer resources in an appropriate manner by well defined delegation of responsibilities and specific assignments.
3. The Supervisor of Volunteer Services shall serve for a period of one year.

REQUIREMENTS

1. Must be a paid staff member
2. Must be able to organize and effectively delegate responsibility
3. Must be able to understand problems and improve communications.

RESPONSIBILITIES

1. Personnel Management
  - a. Recruit and participate in screening of volunteer staff
  - b. Participate in recommending changes in assignment and termination of volunteer staff
  - c. Make recommendations to the Facility Administrator concerning disciplinary actions.
2. Records and Evaluation
  - a. Ensure that a personnel file is established on all volunteers and is kept current
  - b. Make verbal reports as required to the Facility Administrator concerning the status of the volunteer program
  - c. Make written evaluations of all volunteers every six months using standard staff evaluation forms. A copy of the evaluation is to be placed in the volunteer's personnel file.

- d. Maintain records and reports including statistical reports pertinent to services rendered by volunteers
- e. Prepare a written evaluation of the volunteer program annually to be submitted to the Facility Administrator
- f. Ensure proper recognition of and expressions of appreciation to volunteers.

3. Clinical

- a. Provide counseling support to volunteers as needed
- b. Enter significant information related to a volunteer's performance in his/her personnel file.

4. Authority

The Supervisor of Volunteer Services has authority to make work assignments and to assess training, when appropriate. His/her authority is limited to recommendation to the Facility Administrator for acceptance or dismissal of a volunteer.

I have read the above job description for the position of Supervisor of Volunteer Services. I understand the responsibilities outlined and agree to perform them to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date


\_\_\_\_\_  
Facility Administrator  
Signature

\_\_\_\_\_  
Date

## **CHAPTER 15 OUTCLIENT SERVICES**

### ***Commentary***

Community corrections outclient services provide a less restrictive alternative to residential services as well as a means of monitoring and reinforcing the progress made by a residential program participant. Less costly outclient services also allow an agency to serve a greater number of persons. Within the framework defined by government, community, client needs and program resources, outclient programs are a valuable addition to correctional services. Program staff are regulated by statutes, court decrees and other governmental regulations in their use of outclient status for residents, particularly those of incarcerated status. An inappropriate transfer can harm the community, client and program. For these reasons, written policy and procedures as comply with these regulations are necessary.

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  Standards Program  Sample Policy and Procedures    ADULT COMMUNITY RESIDENTIAL SERVICES </p>	<b>ACA Number</b> 2.15.1	<b>Pages</b> 1
	<b>Related ACA Standards:</b> 2-2188 and 2-2189	
<b>Chapter:</b>  Outclient Services	<b>Subject:</b>  Outclient Admission	

**[See User's Key for Suggested Heading Blocks.]**

I. **POLICY:** Nondiscriminatory outclient intake policies and procedures shall be distributed to referring agencies. Information shall be gathered on each client, adequate to initiate an individualized program plan. Legal authorization shall exist for any resident in an incarcerated status who is transferred to outclient services.

II. **PROCEDURES:**

A. **Eligibility**


The conditions for acceptance of a client to outclient status are the same as indicated in policy number 2.11.1. Additional eligibility criteria for intake shall be the following:

1. Persons who have a handicap
2. Persons of either sex
3. Persons who have been residents of any residential facility and have received the appropriate legal authorization to be placed in an outclient program.

B. **Selection File**

When an applicant for outclient service has been a resident of the agency's facilities, a new selection file does not have to be prepared. (See policy 2.11.1.D.)

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

 <p style="text-align: center;"> <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>Standards Program</b>  <b>Sample Policy and Procedures</b> </p>	<b>ACA Number</b> 2.15.2	<b>Pages</b> 2
	<b>Related ACA Standards:</b> 2-2190 and 2-2191	
<b>ADULT COMMUNITY RESIDENTIAL SERVICES</b>		
<b>Chapter:</b> Outclient Services	<b>Subject:</b> Operation of Outclient Services	

[See User's Key for Suggested Heading Blocks.]

I. **POLICY:** Outclient service operations are between the hours of 9:00 a.m. to 9:00 p.m. The supervising counselor shall be the administrator for these services.

II. **PROCEDURES:**

A. **Services**

The outclient service shall offer the same services provided to residents. Such services shall include the following:

1. Noon and evening food service plan
2. Medical and dental services as established for residents
3. Personalized program development assistance
4. Counseling and social service assistance
5. Supervision
6. Grievance and appeal procedure
7. Financial planning and assistance
8. Leisure time activities
9. Educational and vocational programming
10. Employment placement assistance.

B. **Counselor**

The supervising counselor shall assign each outclient to a counselor. Counselor responsibilities to outclients shall be the same as outlined in policy number 2.12.4.

C. **Reporting Requirements**

All outclients shall report to the facility by 9:00 a.m., unless otherwise indicated in writing by the Counselor, to participate in the planned program.

D. Monitoring

The client's participation in the outclient program shall be monitored through scheduled appointments. Any time a client misses an appointment, this absence shall be reported to the transferring or supervising authority. Repeated absences shall be cause for termination from the program.

E. Problems

All problems and concerns regarding outclient services shall be directed to the supervising counselor for resolution.

**[Note: User's Key provides a detailed explanation of the subdivisions found in this document and possible implementation strategies.]**

## GLOSSARY

### Administrative Segregation

A form of separation from the general population administered by the classification committee when the continued presence of the inmate in the general population would pose a serious threat to life, property, self, staff or other inmates, or to the security or orderly running of the institution. Inmates pending investigation for trial on a criminal act or pending transfer can also be included. (See Protective Custody and Segregation)

### Adult Community Residential Service

A community based program providing a group residence (such as a halfway house, work release center, pre-release center) for probationers, parolees, residents in incarcerated status and referrals through the courts or other agencies. Persons also may receive these services from the agency on a non-residential basis. (See Out-Client)

### Agency

The total organization which is under the governing authority and which has direct responsibility for the delivery of adult community residential services, including the implementation of policy as set by the governing authority. A single community facility, which is not a part of a formal consolidation of community facilities, is considered to be an agency.

### American Society of Heating, Refrigeration and Air Conditioning Engineers

An association comprised of persons in the fields of heating, refrigeration and air conditioning.

### Classification

A process for determining the needs and requirements of those for whom confinement has been ordered and for assigning them to housing units and programs according to their needs and existing resources.

### Community Resources

Human service agencies, service clubs, citizen interest groups, self-help groups and individual citizen volunteers who have the potential to assist residents with a variety of social, financial and supportive services.

### Contraband

Items possessed by residents of the facility which are prohibited by the program policy and regulations.

### Counseling

Planned use of interpersonal relationships to promote social adjustment. Counseling programs provide opportunities to express feelings verbally with the goal of resolving problems of individual residents. There are at least three types of counseling that may be provided: individual, in a one-to-one relationship; small group counseling; and large group counseling in a living unit.

### Disciplinary Detention

A form of separation from the general population in which inmates committing serious violations of conduct regulations are confined by the disciplinary committee for short periods of time to individual cells removed from the general population. Placement in detention may occur only after an impartial hearing has established that there was a serious violation of conduct regulations and that there is no adequate alternative disposition to regulate the inmate's behavior. (See Protective Custody and Segregation)

### Educational Release

The designated time when inmates leave the program or institution to attend school in the community, returning to custody after school hours.

### Fiscal Position Control

Process by which control is maintained to ensure that persons on the payroll are legally employed, that positions are authorized in the budget and that funds are available.

### Furlough

A period of time during which a resident is allowed to leave the facility and go into the community unsupervised.

### Health Authority

The physician, health administrator or agency responsible for the provision of health care

### Health Care

The sum of all action taken, preventative and therapeutic, to provide for the physical and mental well-being of a population. Health care includes medical and dental services, mental health services, nursing, personal hygiene, dietary services and environmental conditions.

### Health Care Personnel

Individuals whose primary duties are to provide health services to inmates in keeping with their respective levels of health care training or experience. (See Qualified Health Personnel)

### Health-Trained personnel (Medically Trained Personnel)

Correctional officers or other correctional personnel such as social workers, who may be trained and appropriately supervised to carry out certain specific duties with regard to the administration of health care.

### Hearing

A proceeding in which arguments, witnesses or evidence are heard by a judicial officer and administrative officer or body.

### Holidays

All days legally designated as nonworkdays by statute or by the chief governing authority of a jurisdiction.

### Indigent

A person with no funds or source of income.

### Informed Consent

The agreement by the patient to a treatment, examination or procedure after the patient receives the material facts regarding the nature, consequences, risks and alternatives concerning the proposed treatment, examination and procedure.



## Life Safety Code

A manual published by the National Fire Protection Association specifying minimum standards for fire safety necessary in public interest, one chapter of which is devoted to correctional facilities.

## Management Information Systems

The concepts, personnel and supporting technology for the collection, organization and delivery of information for administrative use. There are two such types of information: (1) standard information, consisting of the data required for operational control, such as the daily count, positive and negative release rates, escape or runaway rates, referral sources and payroll data in a personnel office; and (2) demand information, which can be generated when a report is required, such as the number of residents in educational and training programs and duration of incarceration.

## Medical Restraints

Either chemical restraints such as sedatives or physical restraints such as straight jackets applied only for medical or psychiatric purposes.

## Mentally Retarded

An individual functioning at a subaverage general intellectual level and deficient in adaptive behavior or the degree to which the individual meets the standards of personal independence and social responsibility expected of individuals of this age and cultural group.

## Parent Agency

The administrative department or division to whom the institution reports; it is the policy-setting body. This can be a correctional agency, part of a cabinet agency or the Governor's office.

## Permanent Status

A personnel status which provides due process protection prior to dismissal.

## Policy

A course or line of action adopted and pursued by an agency which guides and determines present and future decisions and actions. Policies indicate the general course or direction of an organization, within which the activities of the personnel and units must operate. They are statements of guiding principles which should be followed in directing activities toward the attainment of objectives. Their attainment may lead to compliance with standards as well as compliance with the overall goals of the agency/system.

## Procedure

The detailed and sequential actions that must be executed to ensure that a policy is fully implemented. It is the method of performing an operation, or a manner of proceeding on a course of action. It differs from a policy in that it directs action in a particular situation to perform a specific task within the guidelines of policy.

## Program

The plan or system through which a correctional agency works to meet its goals; often this program requires a distinct physical setting, such as a correctional institution.

### Protective Custody

A form of separation from the general population for inmates requesting or requiring protection from other inmates. The inmate's status is reviewed periodically by the classification committee. (See Administrative Segregation and Disciplinary Detention)

### Qualified Health Personnel

Physicians, dentists and other professional and technical workers who by state law engage in activities that support, complement or supplement the functions of physicians and/or dentists and who are licensed, registered or certified as appropriate to their qualifications to practice. (See Health Care Personnel)

### Rated Bed Capacity

Rated bed capacity is the number of inmates who may be properly housed and cared for in the facility as determined by a survey which excludes areas not adapted to housing, such as basements, attics, corridors and day rooms; housing facilities which, because of obsolescence or other reason, constitute a major fire or health hazard; facilities not available for regular inmate occupancy, such as hospital, isolation and reception units; and temporary housing, such as a temporary dormitory. In determining institutional bed capacities, adequacy of the total facilities of the institution for program activities, such as dining, toilet, recreation, education and religion are taken into consideration.

### Responsible Physician

The physician at an institution with final responsibility for the medical judgments and other decisions related to medical judgments; this physician may also be the health authority for the institution.

### Security

The degree of restriction of inmate movement within a correctional facility, usually divided into maximum, medium and minimum levels.

### Self-Insurer

When the parent agency or governmental jurisdiction acts as the insurer. For public agencies as the self-insurance program is usually authorized by the legislature. A "memorandum of insurance" or similar document is required which acts as a policy, setting the limits of liability for various categories of risk, including deductible limits. Approval of the policy by a cabinet level official also is required.

### Serious Incident

A situation in which injury serious enough to warrant medical attention occurs involving an inmate, employee or visitor on the grounds of the institution. Also a situation containing an imminent threat to the security of the institution and/or to the safety of inmates, employees or visitors on the grounds of the institution.

### Severe Mental Disturbance

The individual is a danger to him/herself, others or is incapable of attending to basic physiological needs.

### Special Needs Inmates

Inmates whose mental and/or physical condition require special handling and treatment by staff. Special inmates include, but are not limited to, the drug addict, drug abuser, alcoholic, alcohol abuser, emotionally disturbed, mentally retarded, suspected mentally ill, physically handicapped, chronically ill and those disabled or infirm.

### Temporary Release

An organized, planned and evaluated activity designed to achieve specific learning objectives. Training may occur on site, at an academy or training center, at an institution of higher learning, through contract service, at professional meetings or through closely supervised on-the-job training. Meetings of professional associations are considered training when there is clear evidence of the above elements.

### Treatment Plan

A series of written statements which specify the particular course of therapy and the roles of medical and nonmedical personnel in carrying out the current course of therapy. It is individualized and based on assessment of the individual patient's needs and includes a statement of the short- and long-term goals and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides inmates with access to a range of supportive and rehabilitative services, e.g., individual or group counseling and/or self-help groups that the physician deems appropriate.

### Volunteer

Citizens from the community who donate their time and effort to enhance the activities of the program. They are selected on the basis of their skills or personal qualities to provide services in recreation, counseling, education, religious activities, etc.

### Work Release

A formal arrangement, sanctioned by law, whereby an inmate is permitted to leave confinement to maintain approved and regular employment in the community, returning to custody during nonworking hours.

# A GUIDE TO THE DEVELOPMENT OF A POLICY AND PROCEDURES MANUAL

## I. THE NATURE AND FUNCTIONS OF A POLICY AND PROCEDURES MANUAL

### A. What Is A Policy and Procedures Manual?

The policy and procedures manual is an organized compilation of the principles guiding an agency's operations, as well as prescribed processes to be followed to achieve agency goals. It is the blueprint for translating philosophy into action.

### B. The Functions of the Policy and Procedures Manual

A thoughtful, comprehensive and well-written policies and procedures manual serves the following important functions:

1. It is a management tool which promotes professionalism, efficiency and consistency by serving as a
  - a. Source for the development of staff training programs
  - b. Vehicle for introducing new ideas and better practices
  - c. Basis for the measurement of staff performance.
2. It is a public document which enables the taxpaying public to know for what the agency stands and how it operates.
3. It is a safeguard against illegal, unprofessional, inefficient or ineffectual practices and against charges to this effect.

### C. The Policy and Procedures Manual In Relation To Organizational Philosophy

Ideally, the development of policies and procedures should grow out of overall agency philosophy. Therefore, before the first draft—or revision of existing manuals, policies and operating procedures—the agency leadership should set aside time for taking stock and delineating organizational philosophy. At a minimum, this activity should include defining the following items:

1. The purpose of the agency
2. Its responsibilities to the people it serves, as well as to the funding source(s), the community and other agencies and organizations with which it has a legal or professional relationship
3. The short-term, intermediate and long-range goals toward which the agency should strive.

## II. STRUCTURING THE POLICIES AND PROCEDURES DEVELOPMENT PROCESS

Thoughtful structuring of the overall task, selection of appropriate staff, clearcut division of responsibilities and firm guidelines are crucial to the successful completion of a policies and procedures manual. This holds true whether the task is large in scope or relatively limited.

To create a workable structural framework for the overall effort, the following steps must be taken prior to the actual development of policies and procedures:

## A. Define Goals

The person in final authority of the agency, department, division, institution or program to be covered by the policies and procedures should initiate the overall task by careful definition of goals to be achieved. The following should be taken into consideration in defining the goals:

1. The relationship of goals to the statutory purpose or mission of the agency and to overall agency and/or program philosophy
2. The general scope of the proposed manual
3. Whether the developmental effort represents a new effort or an upgrading, extension or revision of a previous manual(s)
5. The time-frame for the work to be done.

## B. Create Staff Support and Climate for Change

By sharing the established goals with the entire staff and soliciting their input and support, the person in final authority creates a good climate for change. In-house media (newsletter, intercom, closed-circuit TV, etc.) and staff meetings may be used for that purpose.

## C. Assess Resource Needs

The development of a policy and procedures manual requires resources in terms of staff, funds and technical expertise. In some cases, all the resources needed exist in-house; in others, outside resources are needed to carry out the task at hand. The assessment, at a minimum, should include

1. Staff
  - a. Number of in-house staff and staff hours
  - b. Additional staff
  - c. Reassignment of staff.
2. Funds
  - a. Overall cost of task
  - b. Existing financial resources
  - c. Additional funding required
  - d. Potential sources for additional funds.
3. Technical Assistance
  - a. Types of technical assistance needed (consultants, resource materials, etc.)
  - b. Sources of TA (local, state, federal level agencies, programs).

## D. Structure A Policies and Procedures Task Force

1. The Need For a Task Force

To involve in an organized manner a large number of staff in the policies and procedures development, a task force should be selected.

## 2. Responsibility of Task Force

The task force, under the direction of a task force chairperson (or coordinator), is responsible for the following activities:

- a. Identification of specific scope of the manual (including policy and procedure topic areas)
- b. Collection and analysis of available, relevant resource documents
- c. Use of consultants, if needed
- d. Division of tasks among units
- e. Maintenance of schedules
- f. Development of initial, subsequent, and final drafts
- g. Validation of procedures
- h. Final formatting of manual.

## 3. Constitution of Task Force

- a. Task force members should be representative of the functional units to be covered by the manual.
- b. They should be selected on the basis of their expertise as well as interest in the task.
- c. The number should be limited to a workable size; five to ten members should suffice in most situations.

## 4. The Task Force Chairperson (Coordinator)

This person is the key to a unified and successful end product. At a minimum, his/her responsibilities include the following:

- a. To facilitate communication, resource and information sharing between individual task force members and units as well as between the task force and the administration
- b. To set and enforce meeting and work schedules as well as deadlines for various deliveries
- c. To provide individual task force members and their units with needed technical assistance and other resources
- d. To ensure that the final draft of the manual is homogeneous in content and format: complete, clear and validated and forwarded for approval by the proper authorities.

## 5. Development of Subtask Force. (If Needed)

If the development of a policy and procedures manual is very large in scope (covering, for example, a large department, division or institution), it might be necessary to develop smaller task forces to handle the work for separate sections or units. These would be structured as above described. The chairpersons of the subtask forces would, in that case, constitute the main task force.

## C. Define the Scope of the Policy and Procedure Manual

To guide the work and the division of labor, the task force establishes the exact scope of the manual by preparing a preliminary outline delineating main chapters, and—within chapters—main policy and procedure areas to be developed.

#### D. Establish Preliminary Timetable

The task force chairperson should draw up a timetable, specifying regular task force meetings (at least monthly) as well as deadlines for first and final drafts from all constituent units.

#### E. Assign Specific Responsibilities to Task Force Members and Other Participating Staff

To provide a system of responsibility and order, specific work assignments (including deadlines) should be prepared in writing and distributed to individual members of the working team.

#### F. Prepare Working Guidelines

To assist members in completing their assigned tasks as well as to ensure uniformity in style and format, guidelines should be prepared and distributed. These should, at a minimum, include the following:

1. Outline of manual
2. Organization of task force and chain of responsibility
3. Directions for developing policies and procedures
4. Format to be used
5. Means of testing and validating procedures
6. Available resources.

#### G. Training Participating Staff

An in-house workshop for participating staff prior to drafting policies and procedures is recommended. It should include, but not be limited to, topics such as these

1. Definitions of "policy" and "procedure"
2. Exercises in writing policies and procedures
3. Methods of validation
4. Use of resources and resource staff.

### III. DEVELOPING WRITTEN POLICIES AND PROCEDURES

The next step in the process is to decide which topic areas are to be covered, beginning with broad subject areas within these specific topics. Since the development of a new or upgraded manual provides an opportunity for taking stock it is important that the manual not be limited to only a sanctioning of existing practices.

#### A. Identify Specific Topic Areas Utilizing a Spectrum of Sources

In identifying topic areas, sources which may be utilized are

1. Existing written policies and procedures
2. Administrative rules and regulations and memorandums

3. Recommendations of employees, unions and inmates (when appropriate)
4. Existing, but unrecorded, practices
5. Problems encountered
6. Federal/State/Local legislation
7. Local codes for fire, building safety, sanitation and health
8. Standards issued by
  - a. American Correctional Association
  - b. American Bar Association
  - c. American Medical Association
  - d. The Office of the U.S. Attorney General
  - e. States
  - f. Commission of Uniform State Laws Model Correctional Services Aid.
9. "Model" policies and procedures manuals from the A.C.A., other states, agencies or institutions.

#### B. Finalize List of Topics and Assign Responsibility

1. The task force should finalize the list of policy and procedure topics to be included in the manual, checking for omissions and screening those deemed trivial or irrelevant.
2. The task force should organize topics into broader areas and assign the drafting to the appropriate unit, subtask force or individual staff member.
3. The task force should make clear to all participating members that the list of topics may be revised as the work progresses and solicit recommendations in that regard.

#### C. Develop Topic Outline for Policies and Procedures

1. For each topic selected a chapter may be developed. The chapter then should be divided into main subject areas.
2. Each division should then be analyzed to determine total coverage. Further subdivisions may be necessary to cover specific areas within a main subject area.
3. Specific subdivisions usually are contained in a single policy and procedure document. This, however, is not a hard and fast rule. Subdivisions should be placed in as many policies and procedures as are needed to cover the issue thoroughly.

#### D. Distinguish Between "Policy" and "Procedure"

1. Policy: A policy differs in nature from a procedure. Policies are statements of guiding principles or the general course of action adopted by an agency, guiding and determining present and future decisions and actions. They tend to be general, but directive and goal-oriented.



2. Procedure: A procedure is the detailed, step-by-step description of the sequence of activities necessary to implement the policy and achieve the stated goals.
3. Simply stated, policies tell "why"; procedures indicate "how".

#### E. Construct the Policy Statement

1. The policy statement should indicate what action is to be taken in the precise policy topic area. (Exactly how the action is to be performed should appear in the procedures.)
2. It should include the rationale for the policy.
3. To be clear as well as concise, these stylistic guidelines should be followed.
  - a. Policy statements should be written in complete sentences.
  - b. They should be direct and simple. Several short sentences are preferable to long, complex sentences.
  - c. Simple present tense, or future tense, is preferred.

Example: The administration of antinarcotic tests provides a means of detecting controlled substance use. Tests may serve as a habit deterrent and aid in altering the user's behavior. Antinarcotic tests also may aid in early detection of use and allow for intervention before readdiction occurs. They may be administered therefore in conformance with the rules and regulations of policy number 0.0.0. of the State Department of Corrections Parole Procedures Manual.

In the example, it should be noted that a three-fold rationale for testing is given, followed by a reference to a specific source of authority for testing and parameters of action. By using a cross reference, overuse of detail and words is avoided. Exactly how the testing is to be accomplished is left to the procedures.

#### F. Construct Procedures

Like the policy statement, procedures should describe specifications, concisely, clearly and be written with simple, direct sentences in present or future tense.

1. As procedures usually involve a series of actions to be performed by certain responsible persons and under certain circumstances, the following consideration should be taken:
  - a. Ensure steps involved in completing the action are listed in the order in which they occur
  - b. Indicate the individual (by title) or operational unit responsible for the action(s) described by the procedure
  - c. Indicate time(s) and location(s) relevant to the operating procedure
  - d. If relevant, list precise form(s) to be completed
  - e. Indicate form of communication involved (telephone, written notice, etc.) in completing the procedure
  - f. Identify when and to what extent discretion is allowed
  - g. Include provisions for handling major problems or emergencies which may occur during the carrying out of the procedure(s).

2. Example: Under the general policy covering the use of antinarcotic testing (given in the example above) a specific policy statement is given, introducing procedures to be followed.

Policy: The antinarcotic testing procedure used by the Parole and Community Services Division will be urinalysis. It should be supplemented with a physical examination for signs of puncture wounds.

Procedure: (1) Urine samples shall be taken under direct observation. If this is not possible, steps shall be taken to reduce the possibility of test manipulation. This may include checking the restroom for other individuals and/or contraband prior to the parolee's entrance, prohibiting the parolee from taking anything other than the specimen container into the restroom and noting the general temperature and color of the sample immediately after securing it.

- a. Labeling of the specimen container shall be complete and the information written legibly.
- b. The person securing the sample shall be responsible for handling and routing the sample.
- c. The parole agent shall record the date, time and place that the sample was obtained on the Record of Interview Sheet (CDC 1507).

#### G. Validate Written Policies and Procedures by Testing

To ensure that written policies and procedures are clear, accurate and feasible, they should be tested and further revised as needed. Testing should determine content validity as well as verbal accuracy.

##### 1. Test for Verbal Accuracy

Individual, written policies as well as procedures should be checked for verbal accuracy and precision. Persons with good writing and editing skills who did not write the draft policies and procedures should be solicited for assistance. The following test questions may be used.

- a. Is the policy/procedure written in complete sentence form?
- b. Are sentences too long or complex? If so, could they be divided into several, short direct statements?
- c. Is the meaning unmistakably clear?
- d. Could the statement be further simplified/clarified by the elimination of unnecessary words or details?

##### 2. Test for Content Validity

In terms of policies, the following test questions may be applied

- a. Is this policy in conformance with overall agency philosophy?
- b. Is this policy in conformance with the general policy guiding a special operational unit?
- c. Is this policy consistent with other policies, or are there contradictions?
- d. Is this policy repetitious, superfluous, too trivial?
- e. Is this policy in conformance with relevant laws, codes, standards?

In terms of procedures, in addition to raising the above test questions, further checks should be made by acting out various steps involved and raising questions such as the following:

- a. Is all the information needed to carry out the procedure given?
- b. Are the steps given in logical sequence?
- c. Could the procedure be simplified, made more efficient?

#### H. Arrange Policies and Procedures in Logical and Useful Sequence

Each unit, subtask force or person in charge of a certain subject area (corresponding to a chapter of the manual in preparation or a major subdivision of a chapter), will arrange the written, tested and validated policies and procedures in the order in which they should be published. This is the time to check for gaps, inconsistencies, contradictions and duplications and to iron out remaining problems. Policies and procedures written by several persons must be reviewed to ensure that there is consistency and uniformity both in format and style.

### IV. PREPARING AND DISTRIBUTING THE MANUAL

As previously indicated, it is the responsibility of the task force—under the direction of the task force coordinator—to consolidate all constituent policies and procedures and to assure that they are issued in a clear, useful and attractive manual format.

#### A. Determine Final Format

Since the manual will be used by all staff as a source of quick and frequent reference and will be changed periodically in parts, the following format may be most practical:

##### 1. Manual Format

- a. Manual pages are put in three-ring binders.
- b. Manual chapters (and other main parts such as an appendix) are separated by cardboard dividers, with tabs (preferably color-coded) identifying the chapter by number and title.
- c. Each manual is numbered so that central office can record the persons or unit to whom a copy has been issued.

##### 2. Document Format

There are many variations in the format which may be used to present the policy statement and procedures. Certain elements and facts should be included in any format selected so as to provide the reader with adequate information. (See the User's Key section for format information and implementation strategies).

- a. A classification/policy number which identifies and separates each policy and procedure
- b. A date to indicate when the policy was issued
- c. An indication of whether the policy/procedure supersedes another policy/procedure document, memorandum or directive
- d. A chapter title which covers a particular area such as "Budget and Financial" or "Personnel"
- e. A subject title which describes or identifies the specific subsection of the chapter such as "Budget Request and Justification" or "Personnel Records"

- f. A signature which indicates that the policy/procedure has the approval of an issuing authority
- g. A citation which references the official document, law, regulation or opinion (including the specific article, chapter, section, etc.) that serves as the foundation of the policy. The appropriate authority for the policy could be a state law, regulation or guideline, a court decision or attorney general's opinion, or an executive order
- h. A briefly stated purpose or goal of the policy
- i. An indication of the division, department or personnel to whom the policy is directed
- j. A list of definitions which provide explanations for key terms and phrases which have a specific meaning in the policy/procedure or which could be misinterpreted
- k. An implementation schedule or statement which indicates when the policy will be put into effect and the frequency of review and updating.

**B. Determine Organization and Content of Manual**

- 1. The task force also determines the sequencing of the policies and procedures chapters, making sure that as far as possible these correspond to functional units within the agency. Chapters may be preceded by a table of contents for easy reference.
- 2. Policies and procedures may include additional materials of general, administrative interest such as organizational charts, personnel rules and regulations, copies of relevant forms to be shared with all staff, etc. These optional addenda should be selected carefully so that manual does not become a catch-all of miscellaneous and only marginally valuable materials.
- 3. When manual chapters and other materials have been put in proper sequence, a table of contents should be written for the entire volume and a title page designed.
- 4. The manuals may include a "Revision Record" form by which the responsible person keeps track of changes made in accordance with administrative instructions. The following format may be used:

	Revision No.	Date Inserted	Initials
1.	_____	_____	_____
2.	_____	_____	_____

**C. Final Review of Content**

When the manual has been assembled final review of a few copies should be made.

- 1. Validation and testing procedures should be conducted.
- 2. Review by experts from within the agency as well as outside is advised. This is consultant time well utilized.
- 3. It is productive to share the draft with other agencies for commentary.
- 4. Legal assistance ensuring that the policies and procedures are in conformity with the law is indispensable to this process.

**D. Further Testing and Validation as Needed**

Based on reviewers' feedback, further testing may be desirable. Great care taken at this stage can reduce necessary changes after issuance of the manual to agency staff.

#### E. Final Editing

To ensure that the finalized manual is clear, readable and consistent in style and format, the services of a professional editor are recommended.

#### F. Submission for Final Authorizations

When task force members are satisfied with the final draft, the policies and procedures manual is submitted to the appropriate authorities for approval.

#### G. Distribution of Manual

For the policy and procedures manual to serve its purpose, it must be made easily accessible to all agency staff and other relevant parties. A small agency may find it feasible to issue a copy to each staff member. In most cases, however, the cost involved prohibits facility wide issuance. The following distribution should be made, at a minimum:

1. Each functional unit should receive a copy issued to the unit manager who assures staff accessibility.
2. Each agency or organization with a direct working relationship with the issuing agency should receive a copy.
3. Several copies centrally located should be on hand for public use.

A log should be kept in the central office indicating the number, recipient and location of each manual.

#### H. Training of Staff

A comprehensive training program should be developed to ensure that all staff become familiar with those agency policies and procedures directing them in their assigned responsibilities. It should be designed to provide

1. Initial as well as on-going training
2. General as well as specific training
3. Classroom as well as hands-on experience
4. Required levels of achievement (as established by tests).

### V. MONITORING, ENFORCING AND MAINTAINING THE MANUAL

A system of monitoring the staff's compliance with policies and procedures should be developed to ensure the policies and procedures will have their intended effect. Sanctions for non-compliance should be built into the personnel policies of the agency.

The policy and procedures manual must be treated as a living organism, responsive to change, growth and refinement. To ensure that it continues to reflect current agency philosophy and goals, viable operational procedures and up-to-date legal considerations, the manual must be reviewed and revised as needed—both periodically and on an ad hoc basis.

#### A. Establish Procedures for Periodic Review of Entire Manual

It is recommended that the manual be reviewed annually in its entirety. The following should be considered:

1. Policies and procedures which have proved to be unclear, inconsistent or untenable should be rewritten.
2. Policies and procedures which have become outdated should be removed.
3. Policies and procedures should be added, as needed, to reflect new or expanded agency operations and practices.

B. Establish Procedures for Changes in the Policies and Manual on an "As Needed" Basis

In a healthy agency, operations are in a continuous stage of growth and change. Provisions should be made for changing relevant sections in the manual as soon as a policy and/or procedure has been modified, removed or added.

C. Establish Procedures for Staff Recommendations for Revisions

An involved and knowledgeable staff is one of the best sources for input into the on-going policies and procedures development. Steps should be taken to ensure that staff recommendations will reach and be acted on by the proper authority, through regular channels.

D. Establish Standard Procedure for Changes in Manual

A standard procedure should be developed for all manual changes. Revised policies and procedures should be issued in the same format used in the manual and be distributed to all manual holders with instructions as to

1. Page(s) to be removed
2. Location for new page(s) inserts
3. Effective date of change in policy and/or procedure.

E. Establish Procedures for the Notification of all Staff of Changes in the Policies and Procedures Manual

It is essential that all staff be notified immediately when changes in policies and procedures occur. Since often a unit, rather than each staff member, has been issued a manual, bulletins should be distributed to inform all staff as pages in the manual are revised, removed or added.

**SAMPLE BY-LAWS FOR A PRIVATE AGENCY**  
**COMMUNITY CORRECTIONS ASSOCIATION, INC.**

**ARTICLE I**

**NAME**

The name of the Corporation shall be sometimes referred to in these By-laws as the Corporation.

**ARTICLE II**

**PURPOSES**

The purposes for which the Corporation is formed are those set forth in its Articles of Incorporation, as from time to time amended. Namely, to operate as a corporation, not for profit; to provide a corporate structure which can receive and administer funds, both governmental and private; to provide continuity of planning for future community programs in the correctional field; to provide a channel of communication and cross referral between agencies concerned with the criminal population; to assist other agencies in securing funds for work in this area; to advise, support and assist on-going and new correctional programs; to provide information to the community at large which would facilitate a climate of openness and understanding for endeavors in the areas of corrections and rehabilitation; to implement and administer correction and rehabilitation programs; to use all assets of this Corporation only for charitable and educational purposes as herein defined; to hold such regular and special meetings as may be required; and to do any and all things necessary or incidental to accomplish these stated purposes, including buying, selling, operating, pledging, renting, leasing, owning and otherwise dealing in real and personal property.

**ARTICLE III**

**MEMBERSHIP AND DUES**

1. The Corporation shall have three types of memberships. The designation of such classes and the qualifications of the members of such classes shall be as follows:
  - a. *Group Memberships:* Any group of individuals operating an agency or program which directly affects the criminal population or any group of concerned citizens interested in pursuing such an endeavor, which has requested a membership in the Corporation and wishes to participate in the Corporation's purposes and affairs, shall be a member of the Corporation upon payment of the membership fee and annual dues as determined by the Board of Directors.
  - b. *Individual Memberships:* Any individual who subscribes to the purposes and basic policies of the Corporation, and who has requested a membership in Corporation, shall be a member of the Corporation upon payment of the membership fee and annual dues as determined by the Board of Directors.
  - c. *Honorary Memberships:* The Board of Directors, at a duly organized meeting, may elect honorary members by a unanimous vote of the members present. Honorary members shall be exempt from payment of any fees and dues whatsoever, and shall be entitled to all the privileges of Group or individual members, except the right to vote or hold office.

2. *Resignation:* Any member may withdraw from the Corporation, after fulfilling all obligations to it, by giving written notice of such intention to the Secretary, which notice shall be presented to the Board of Directors by the Secretary at their first meeting after its receipt.
3. *Suspension or Expulsion:* A member may be suspended for a period or expelled for cause, such as violation of any of the By-laws of the Corporation, or for conduct prejudicial to the best interests of the Corporation, including default in the payment of annual dues. Suspension or expulsion shall be by a two-thirds vote of the Board of Directors, provided that a statement of charges shall have been mailed by registered mail to the member being charged at his/her last recorded address at least fifteen days before final action is taken thereon. This statement shall be accompanied by a notice of the time and place at which the Board of Directors is to take action. The member so charged shall be given an opportunity to present a defense at the time and place mentioned in such notice.
4. *Reinstatement:* Upon written request signed by a former member and filed with the Secretary, the Board of Directors by a two-thirds vote may reinstate such former members to membership upon such terms as the Board of Directors may deem appropriate.
5. *Transfer of Membership:* Membership in this Corporation is not transferable or assignable.
6. *Membership Fee:* The Membership fee for each type of member shall be determined by the Board of Directors, except that honorary members shall not be required to pay a membership fee. The Board of Directors, upon a showing of economic hardship, may waive the membership fee for any member.
7. *Dues:* The amount and time of payment of annual dues for each type of member shall be determined by the Board of Directors, except that honorary members shall not be required to pay dues. The Board of Directors, upon a showing of economic hardship, may waive dues for any member.

## **ARTICLE IV**

### **OFFICERS**

1. The officers of the Corporation shall consist of a Chairman, a Vice Chairman, a Secretary, a Treasurer and a Corresponding Secretary, all of whom together shall be known as the Executive Committee.
2. Officers shall be elected by ballot annually in the month of December. However, if there is but one nominee for any office, it shall be in order to move that the Secretary cast the elective ballot of the Corporation for the nominee.
3. Officers shall assume their official duties on January 1 of each year and shall serve for a term of one year.
4. A person shall not be eligible to serve more than two consecutive terms in the same office.
5. *Vacancy.* A vacancy occurring in any office shall be filled for the unexpired term by a person elected by majority vote of the remaining members of the Executive Committee, notice of such election having been given. In case a vacancy occurs in the office of Chairman, the Vice Chairman shall serve notice of the election.



## ARTICLE V

### DUTIES OF OFFICERS

The various officers shall have the powers and duties which customarily appertain to, or are incident to, their respective offices, including those hereinafter provided for, and, in addition, such powers and duties as the Board of Directors may from time to time designate and confer.

1. *Chairman:* The Chairman shall preside at all meetings of the Corporation and of the Board of Directors at which he/she may be present, and shall coordinate the work of the officers and committees of the Corporation in order that the purposes may be promoted.
2. *Vice-Chairman:* The Vice-Chairman shall perform the duties of the Chairman in the absence or disability of that officer to act, and shall perform other duties as assigned by the Chairman.
3. *Secretary:* The Secretary shall record the minutes of all meetings of the Corporation and of the Board of Directors, and shall perform such other duties as may be delegated.
4. *Treasurer:* The Treasurer shall have custody of all of the funds and securities of the Corporation; shall keep a full and accurate account of receipts and expenditures; and shall make disbursements in accordance with the approved budget as authorized by the Corporation, the Board of Directors or a special committee. The Treasurer shall present a financial statement at every meeting of the Corporation and at other times when requested by the Board of Directors, and shall make a full report at the annual meeting in December. The Treasurer shall be responsible for the maintenance of such books of account and records as conform to the requirements of the Bylaws.

The Treasurer's accounts shall be examined annually by an auditing committee of not less than three members, who, satisfied that the Treasurer's annual report is correct, shall sign a statement of that fact at the end of the report. The auditing committee shall be appointed by the Board of Directors at least two weeks before the annual meeting in December.

In addition, the Treasurer shall perform such other duties as may be delegated.

5. *Corresponding Secretary:* The Corresponding Secretary shall send all notices of meetings and ballots concerning specific issues to members of the Corporation as the Board of Directors may designate.

## ARTICLE VI

### BOARD OF DIRECTORS

1. *Members:* The Board of Directors shall consist of the Officers of the Corporation and two other members of the Corporation, who shall be elected by ballot annually in the month of December. All members of the Board of Directors shall be elected for one (1) year terms commencing January 1.
2. *Duties:* The duties of the Board of Directors shall be:
  - a. to transact necessary business in the intervals between meetings of the Corporation and such other business as may be referred to it by the Corporation
  - b. to create standing committees
  - c. to approve the plans of work of the standing committees

- d. to present a report at the regular meetings of the Corporation
  - e. to appoint an auditing committee to audit the Treasurer's accounts at least two weeks before the meeting at which the Treasurer is to make his annual report; to prepare and submit to the Corporation for approval a budget for the fiscal year.
3. *Vacancy:* Any vacancy in the Board of Directors, other than a seat held by an officer of the Corporation, may be filled for the unexpired term by a majority vote of the Board of Directors present and voting at any regular meeting of the Board.
  4. *Regular Meetings:* Regular meetings of the Board of Directors shall be held at least six (6) times annually, at such times and places as the Board of Directors shall, from time to time, determine and designate. A majority of the Board of Directors shall constitute a quorum. The act of a majority of the Directors present at any meeting at which a quorum is present shall be the act of the whole Board except as provided by law or by these By-laws.
  5. *Special Meetings:* Special meetings of the Board of Directors may be called by the Chairman or by a majority of the members of the Board. If special meetings are called, the Board of Directors must be advised by reasonable notice prior to the special meeting.
  6. *Interim Business:* The Board of Directors is authorized to distribute ballots to the voting membership to decide on any item of business during the time between membership meetings.
  7. *Removal:* All officers and members of the Board of Directors shall be subject to removal by a majority vote of the Board of Directors at any time for cause.

## **ARTICLE VII**

### **NOMINATING COMMITTEE**

1. There shall be a nominating committee composed of three members, all of whom shall be selected by the Chairman and approved by the Board of Directors at least seven (7) days prior to the regular meeting of the Corporation in October.
2. The nominating committee shall nominate one eligible person for each office to be filled and one eligible person for the two seats on the Board of Directors to be filled which are not held by officers. The nominating committee shall report its nominees at the regular meeting in November, at which time additional nominations may be made from the floor.
3. Only those persons who have signified their consent to serve, if elected, shall be nominated for or elected to such office or seat.

## **ARTICLE VIII**

### **MEETINGS**

1. Regular meetings of the Corporation shall be held monthly on a preannounced schedule, unless otherwise provided by the Corporation or by the Board of Directors. Ten days' notice shall be given of change of date.

2. Special meetings may be called by the Board of Directors, reasonable notice having been given.
3. The annual meeting shall be held in December.
4. The voting members present at any meeting of the Corporation shall constitute a quorum for the transaction of business.

## ARTICLE IX

### STANDING AND SPECIAL COMMITTEES

1. The Board of Directors may create such standing committees as it may deem necessary to promote the purposes and carry on the work of the Corporation. The term of the chairman of each such committee shall be one (1) year and until the election and qualification of his/her successor.
2. The chairman of each standing committee shall present a plan of work to the Board of Directors for approval. No committee work shall be undertaken without the consent of the Board of Directors.
3. The power to form special committees and appoint their members rests with the Corporation.
4. The chairman shall be a member *ex officio* of all committees except the nominating committee.

## ARTICLE X

### MISCELLANEOUS

1. *Execution of Instruments:* All checks, draft and other instruments for the payment of money and all instruments of transfer of securities shall be signed in the name and on behalf of the Corporation by the Treasurer or by such other officers, agents or employees of the Corporation as may from time to time be designated by the Board of Directors. All instruments of conveyance of real property and all contracts and agreements shall be signed by such officers or agents as the Board of Directors shall direct and, in any event, they may be signed by any two (2) of the following officers, namely the Chairman, Vice-Chairman, Secretary or Treasurer.
2. *Fiscal Year:* The fiscal year of the Corporation shall be July 1 to June 30.
3. *Waiver of Notice:* Any notice which is required to be given by law or these by-laws to any Director or member of the Corporation may be waived in writing or by telegram by the person or facility to whom such notice is required to be given.
4. *Investments:* The property, assets, and funds of the Corporation may be invested in shares of stock, whether common or preferred, bonds, notes, mortgage, or other securities or other personal property or real estate as the Board of Directors may from time to time authorize or approve without restriction or limitation by reason of any statute, rule or law.

## ARTICLE XI

### AMENDMENT

1. *General:* Except as provided below, these by-laws may be adopted, amended, repealed or added to by the affirmative vote of a majority of the voting members at any regular or special meeting of the members, if notice of the proposed adoption amendment, repeal or addition is contained in the notice of the meeting or these by-laws may be adopted, amended, repealed or added to by two-thirds vote of a majority of the whole Board of Directors at any regular or special meeting of the Board, if notice of the proposed adoption, amendment, repeal or addition is contained in the notice of the meeting.
2. *Restriction:* Notwithstanding the foregoing, the voting members of the Board of Directors shall have no power to alter, amend, repeal or add to these by-laws in such manner as to permit any Director, member, officer, agent or employee ever to receive or be entitled to receive any compensation or pecuniary benefit from the operations except reasonable compensation for authorized services actually rendered to the Corporation in effecting one or more of its purposes, or to receive any part of the property or assets of the Corporation during its continuance or upon its dissolution or termination of its corporate existence except through bona fide purchase at fair value determined by a neutral third party.

Passed and Accepted

SIGNED \_\_\_\_\_  
CHAIRMAN

# Code of Ethics for Staff

## Staff Members Shall Not:

1. Exchange personal gifts or favors or engage in any business barter with clients, their family or friends.
2. Accept any form of bribe or unlawful inducement.
3. Perform duties under the influence of intoxicants or consume intoxicants while on duty.
4. Violate or disobey established rules, regulations or lawful orders from a supervisor.
5. Discriminate against any client on the basis of race, religion, creed, gender, national origin or other individual characteristic.
6. Employ corporal punishment or unnecessary physical force.
7. Subject clients to any form of physical or mental abuse.
8. Demean or intentionally humiliate clients.
9. Bring any type of weapon(s) or item(s) declared as contraband into the facility without proper authorization.
10. Engage in critical discussion of staff members or clients in the presence of other clients.
11. Divulge confidential information without proper authorization.
12. Withhold information which, in so doing, threatens the security of the facility, its staff, clients, visitors, or the community.
13. Endanger the wellbeing of self or others through intent or neglect.
14. Inquire about, disclose or discuss details of client's crime(s) other than as may be absolutely necessary in performing official duties.
15. Engage in any kind of social contact with clients except as a part of a staff member's approved Job Duties and as authorized by supervisory staff.

## PERSONNEL POLICIES

### I. INTRODUCTION

These policies and procedures have been developed by the Board of Directors as a guideline for personnel to perform their duties for the agency, and to provide a sound administrative base for dealing with personnel matters. Policies outlined are binding on all personnel.

Although the Board has attempted to be as specific as possible, there may be instances not directly referred to in this manual. In such cases, discretion must be exercised by the appropriate supervisory staff and the Executive Director in resolving the situation, with appeal to the Board available as the final mode of resolution in disputes.

### II. ORGANIZATION CHART

A current organization chart, outlining positions and supervisory and administrative channels, is contained in an addendum to this manual. This organizational chart is subject to revision and update, pending approval by the Board of Directors.

### III. RESPONSIBILITIES

#### A. Board Of Directors

The Board of Directors is responsible for establishing basic policy within which the agency operates. In personnel matters, it has the authority to approve plans for re-organization, set salary levels for job positions, approve the hiring of the Executive Director and contractual and consultant staff, approve the granting of regular employee status to all staff who complete the probationary period as recommended by the Executive Director (sec. V.C.), and render final agency decisions in employee grievances which come to its attention.

## B. Personnel Committee

The Personnel Committee is comprised of five members of the Board of Directors. The Personnel Committee members are selected from among nominees submitted by members of the Board of Directors, and their appointment is subject to the approval of the full Board. The Personnel Committee selects its own chairperson from among the five members. A quorum level must be established, i.e., three members of the five member committee must be present to conduct official business.

The Personnel Committee reviews personnel matters and makes recommendations to the Board of Directors for final approval. Included in its functions are the authority to review applications and interview job applicants for mid-management positions, recommend to the Executive Director the hiring or promoting of staff for such positions, hear grievances of employees which come to its attention, review salary schedules, consider revisions of the organization chart, review and make recommendations regarding changes in job descriptions, and review and update personnel policies and procedures.

## C. Executive Director

The Board of Directors hires and, if necessary, terminates the Executive Director. The Executive Director is responsible for operation of all agency programs and staff supervision, subject to policies set by the Board of Directors.

# IV. STAFF DEVELOPMENT

## A. Orientation

All new employees will be given written copies of current personnel policies and their respective job descriptions. Orientation sessions will be conducted regarding personnel policies and procedures (i.e., grievance procedures, employee benefits, etc.) and the employee's specific job duties.

## B. Continued Education

The agency requires a minimum of 40 hours per year of continued professional development of staff. To this end, attendance at conferences, seminars, institutes, workshops, courses related to work, etc., is encouraged, whenever attendance is feasible. A minimum of professional training and educational requirements and in-service training programs will be conducted by the agency. Attendance at outside conferences, workshops and courses also may count toward the educational requirement, if such attendances are job-related. A determination of the relevancy of such outside training to an employee's job is made by the Executive Director.

Attendance at all educational and training programs should be done outside the employee's normal working hours. Reimbursement for educational and training programs conducted outside the agency may be provided upon recommendation of the Executive Director with the approval of the Board of Directors. Such reimbursement is not automatically assured and will depend on such factors as the availability of funds, the relevance of the training to the employee's job functions, the monies requested and any other special conditions that might be established by the Board of Directors.

# V. RECRUITMENT AND SELECTION

## A. Application Procedures

1. Whenever a vacancy occurs within the organization, it will be posted in a prominent place in all facilities operated by the agency and will be announced at regular staff meetings. Prior to advertising it externally, application will be received from staff and a decision reached as to promotion or reclassification.
2. Notice of any position to be filled will be given in at least one newspaper having general circulation throughout the local area. When necessary and feasible, notice also will be given in other publications.
3. Written job descriptions will be made on a form provided for such purpose.

## B. Selection Procedures

For all personnel positions, the Executive Director shall recruit qualified applicants, and following formal written applications, shall review applications, contact appropriate references and conduct the necessary interviews. A recommendation based on the merits of the applicants for mid-management positions shall be made to the Executive Director by the Personnel Committee, which may also review applications and interview candidates for these positions (Sec. III. A.).

The Executive Director shall make the initial decision regarding the hiring of all other staff, recommend to the Board of Directors the hiring of contractual and consultant staff and inform the Board of Directors of the names, positions and salaries of persons hired.

The Executive Director shall make recommendations to the full Board for granting regular employee status to staff who successfully complete the probationary period (Sec. V. C.).

## C. Probationary Period

All new staff members shall serve a six month probationary period of employment. Any employee who is reclassified or promoted also shall serve a six month probationary period in the new position.

During this period, the staff member's job performance will be evaluated by the immediate supervisor at the conclusion of the first and third months. Two weeks prior to the end of the probationary period, a recommendation to grant a staff member regular employee status based on his/her job performance evaluation may be made by the Executive Director to the Board of Directors. Terminations during the probationary period are not subject to the appeal process outlined in Section XIX. C.

## D. Criminal Record

Past convictions for serious crimes shall be considered on an individual applicant basis, each case according to its merit. If investigation reveals that the prior conviction does not disqualify an applicant, that applicant will be considered a legitimate candidate for the requested position. Full disclosure of any prior criminal record at the time of application is required.

## E. Persons Not Eligible For Employment With The Agency

No person shall be employed by the agency while he/she or a member of his/her immediate family serves on the Board of Directors or as a member of any committee of the agency, or while a member of his/her immediate family concurrently is employed by the agency, except under special circumstances and with prior approval of the Board. For purpose of clarity, "immediate family" includes the following:

Husband	Wife
Son	Son-in-law
Daughter	Daughter-in-law
Mother	Mother-in-law
Father	Father-in-law
Brother	Brother-in-law
Sister	Sister-in-law

## VI. PROMOTION

It is the policy of the agency to encourage internal staff promotions, provided that staff seeking upgrading meet the education, experience and other stated requirement levels for the position and have a favorable performance record in assigned job roles. (Sec. V. A. 1.).

## VII. JOB QUALIFICATIONS AND JOB DESCRIPTIONS

### A. Types Of Employees

Full time regular employees are those who are paid on the basis of an annual salary and ratified by the Board of Directors following successful completion of the probationary period.

Full time temporary employees are appointed for full time work for a limited service period.

- a. Part time employees are those who are not paid on the basis of an annual salary and who work less than 1,040 hours per year. Individuals providing services to the agency on a consultant or contractual basis are considered to be either full time temporary or part time employees and are subject to these personnel policies, unless other arrangements are made contractually with them, as approved by the Board of Directors.
- b. Qualifications for employment for all job positions, minimum qualifications for education, experience and other pertinent factors shall be established, subject to approval by the Board of Directors. No individual shall be hired who does not meet the qualifications for that position, unless the Board of Directors specifically elects to waive certain requirements as recommended by the Executive Director or Personnel Committee.
- c. There shall be written job descriptions for all staff positions presented to employees at the time of hiring to insure proper understanding of general duties and areas of responsibility by staff members. Job descriptions may be changed from time to time to meet the needs of the agency and its clients, then subject to review by the Personnel Committee and approval by the Board of Directors.

### **VIII. AFFIRMATIVE ACTION**

A. The Association adheres to an affirmative action principle in its hiring and promotion policies and nondiscrimination on the basis of age, sex, race, religion, ethnic origin and physical handicaps.

B. The Board of Directors believes that an attempt should be made, if at all possible, to insure representation on staff of minority group members in proportions equal to that of clientele served by the agency. To this end, every attempt shall be made to recruit qualified minority members for available job openings in the full range of positions existing at the agency.

C. The Board of Directors has an affirmative action plan which is subject to review on an annual basis to assure compliance with A. and B. above.

### **IX. GRIEVANCE AND APPEAL PROCEDURES**

A. Any employee who believes that he/she has a grievance against the agency, administrative or supervisory staff or co-workers may initiate a formal grievance. Employees are encouraged to attempt to resolve grievances orally and informally with the person(s) involved, if at all possible, prior to initiating a formal grievance.

B. Any grievance shall be initiated through the grievance procedure within thirty days of the event on which the grievance is based.

1. The grievance shall be written and submitted by the employee to his/her immediate supervisor. The supervisor shall meet with the grievant within two working days and give written response within five days of the meeting.
2. An employee, dissatisfied with the disposition of the grievance, may appeal in writing to the Executive Director within five days after receipt of the written response as outlined in Number 1 above. The Director shall meet with the employee within ten days after receipt of the grievance and shall give a written response to the grievance within ten days after such meeting. The Executive Director shall conduct whatever investigation is necessary to uncover the facts of the case, and may require that staff be present at the meeting with the employee.
3. If the grievance is not settled and the employee is not satisfied with the decision rendered by the Executive Director, he may, within five days, appeal the grievance in writing to the Chairman of the Personnel Committee for disposition. The Personnel Committee will have the prerogatives given the Executive Director as outlined in number 2 above. The Committee shall meet with the employee and other appropriate parties deemed necessary by the Committee. This meeting shall be held within thirty days after receipt of the appeal. All members of the Board of Directors may attend and participate, but only members of the Personnel Committee may vote. The Personnel Committee shall formulate conclusions and make a recommendation to the full Board of Directors. A



decision must be forwarded by the Board to the employee no later than five days after the full Board meeting.

C. All written information obtained during the course of a grievance is to become a part of the employee's permanent record. At each step of the grievance procedure, all previously accumulated written information shall be forwarded to the next step.

## **X. EMPLOYEE EVALUATION**

A. The written job descriptions and specifications, in conjunction with written agency policy and procedures, will serve as a guide for staff members' evaluations. All evaluations shall be in writing, on a form provided for that purpose.

B. The person directly supervising a staff member shall evaluate the staff member at the end of the first and third months and two weeks prior to the end of the six month probationary period. First and third month evaluations must be completed by the immediate supervisor no later than five days after the end of each period. Subsequent evaluations will be conducted by the member's immediate supervisor on bi-annual basis (4/30 and 10/30 of each year), and must be completed no later than thirty days after the end of the above designated bi-annual periods.

The evaluation shall be discussed with the staff member and signed both by the supervisor and the staff member. The staff member shall have a right to make written comment on the contents of the evaluation.

Should the evaluation indicate unsatisfactory performance, the staff member may be given a specified period of time in which to achieve a satisfactory level of work performance.

## **XI. PERSONNEL RECORDS**

A. Personnel records are maintained for each staff member by the Executive Director. These records are confidential and are kept in custody of the Executive Director. An employee must be provided a copy of any information being entered into his/her personnel record, with the exception of letters of recommendation for employment that are written in confidence. A staff member may review his/her own file. Should information be challenged by the employee, a formal request to have such information removed can be made to be reviewed by the Executive Director.

B. Time, attendance, payroll and tax records and fringe benefit information shall be maintained under separate files that are part of the fiscal records and secured for audit purposes.

## **XII. BENEFITS**

### **A. Health Insurance**

Health insurance protection is available to all full time regular and full time temporary staff members meeting the enrollment requirements. The coverage provided and the cost, if any, to the employee is determined by the Board of Directors based on the insurance plan that is adopted.

### **B. Retirement**

During tenure, eligible employees may participate in the retirement plan adopted by the Board of Directors. Employees qualifying for retirement benefits will be advised of the plan in effect after meeting minimum requirements for participation. The Board of Directors may, at any time, opt to modify the conditions of the retirement plan, depending on such factors as available revenues, expense, and number of participating employees.

## **XIII. HOLIDAYS**

Full time regular and full time temporary staff members are entitled to the following paid holidays:

New Years Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

Staff members are entitled to two personal days per year, chosen at the employee's own discretion and subject to approval of the immediate supervisor and the Executive Director.

If an authorized holiday falls on Saturday or Sunday, an alternate work day will be scheduled as a holiday at a time designated by the employee's immediate supervisor.

Full time temporary or part time staff members required to work on holidays will be paid in accordance with regular hourly rates of pay.

#### **XIV. LEAVE WITH PAY**

Except for specific exclusions outlined in these policies, only full time regular and full time temporary staff members are entitled to leave with pay.

##### **A. Vacation**

Full time regular and full time temporary staff members begin accruing vacation from the time of employment. No vacation may be taken until after the 12th month of service. Vacation is accrued according to the following schedule:

1. From the 12th month through the 60th month, a total of 10 work days per year
2. From the 60th through the 120th month, a total of 15 work days per year
3. For 120 months or more, a total of 20 work days per year

Vacation guidelines are as follows:

1. All vacations, regardless of one's schedule, must be approved at least thirty days in advance by the staff member's immediate supervisor. Exceptions will not be made normally; however, exceptions may be made with written approval of the Executive Director. Vacations must be taken at times commensurate with general vacation schedules and work loads. Fractional portions of accrued vacation time may be taken upon approval of the staff member's immediate supervisor.
2. Vacation time not used within 18 months of accrual is lost by the employee. Except when an employee is terminated or resigns, no compensatory salary may be awarded for unused vacation time or in lieu of vacation time.
3. Upon resignation or dismissal, the staff member will be recompensed for vacation approved by the effective date of such action. The staff member will continue on the payroll until accrued vacation is depleted.

##### **B. Sick Leave**

1. Full time staff members begin accruing sick leave after three full months of employment. Absence, due to illness, prior to this period will be without pay.
2. Sick leave is accrued at the rate of one day per month and may be accumulated to a maximum of sixty days.
3. All staff members, when absent due to illness, are required to call their immediate supervisor daily unless excused. For full time staff members, failure to call may result in an unexcused absence for which pay will not be granted. For part time staff members, failure to call may result in other disciplinary action.  
The agency reserves the right to have the employee undergo an examination, at the agency's expense, by a physician chosen by the agency.
4. Any staff member absent for two or more days due to illness must, upon request, present promptly a statement from his/her physician. For extended medical leave, the staff member may be required to undergo an independent examination, at the agency's expense, by a physician selected by the agency.
5. Any staff member absent from work for three consecutive days without notification or authorization is subject to loss of pay for that period and to other disciplinary action, including termination.
6. Staff members will not be paid for accrued sick leave at the time of resignation or termination, except for employees who resign after 10 years of service. Such employees will be paid for 25% of accrued sick leave.

### C. Compensatory Leave

No full time regular or full time temporary employee of the agency shall be paid for overtime work, except in emergencies (Sec. XVI). Then such employees shall be granted compensatory time with the ration of one hour leave for each hour of overtime required. Overtime must be approved in advance and in writing by the employee's supervisor. Compensatory leave must be requested, approved and taken within three months of the date overtime work was required.

### D. Military Leave

1. All staff who are members of the National Guard or any reserve component of the armed forces of the United States are given leave of absence, with pay, when ordered to temporary duty, provided they remit to the agency any remuneration received by them for such military service. Such paid leave is not to exceed 10 work days per year.
2. In cases in which a full time employee is drafted into the military or called to active duty for an extended service, the individual cannot be paid for loss time with the agency beyond 10 days as outlined in D. 1. His/her job will be maintained in accordance with existing law.

### E. Special Leave

Full time regular and full time temporary staff members will be granted a leave of absence with pay of up to three days in the event of the death of a member of his/her immediate family.

Leave of absence with pay of up to three days may be granted by the Executive Director in the event of illness of a member of the employee's immediate family. "Immediate family" means husband, wife, son, daughter, mother, father, brother, sister, son-in-law, sister-in-law, grandparents. This leave may be extended, under special circumstances, with approval of the Executive Director.

### F. Conference Leave

Staff members may be granted leave of absence with pay to attend conferences, institutes, meetings, in-service training, etc., with the approval of the Executive Director. Selection of staff members for attendance will be determined by the Executive Director on the basis of the following criteria: relevance to work, participation in past conference programs, individual's interest in attending, time intervals since last attendance, current work pressures and money available for that purpose.

The Executive Director should advise the Board of Directors of conferences attended by staff, financial expenditures required and staff members authorized to attend.

## XV. LEAVE WITHOUT PAY

### A. Part Time Staff

Any leave authorized for and taken by part time staff members is leave without pay except for exclusions outlined in section XIV. Such staff members must have authorization from the appropriate supervisor before taking leave.

### B. Full Time Regular and Full Time Temporary Staff

Full time regular and full time temporary staff members may take leave without pay only with the approval of the immediate supervisor and Executive Director. Such instances, however, should be rare. Each request shall be considered on its merits and in accordance with the needs of the agency and its clients. However, such leaves will not exceed six months, except under special circumstances and with prior approval of the Board of Directors.

## XVI. HOURS OF WORK

Regular office hours are from 8:30 a.m. to 5:00 p.m., Monday through Friday.

At all times, 24 hours per day, 365 days per year, a staff member is required to be on duty and one on call. This is due to the nature of the services the agency provides. Acceptance of

employment with the agency is an acceptance of the responsibility to work other than "regular" hours. Hours of work for each staff member will be scheduled according to the needs of the agency and its clients. Full time regular and full time temporary staff members required by their supervisor to work more than the normal complement of hours will be granted compensatory time in accordance with policies previously outlined. (Sec. XIV. C.).

Emergency situations may arise that require the staff member's presence beyond the normal tour of duty. In such instances, it is expected that a conscientious staff member will invest whatever additional time is necessary, until his/her presence is no longer required. Because such emergency situations are unpredictable, compensatory time pre-planning for full time regular or full time temporary staff cannot be accomplished. Acceptance of employment entails a responsibility to invest such additional, non-compensated time.

Part time staff members will be paid according to the number of hours worked within a given pay period.

Staff assigned to monitor/manage floor activities in residential units will be scheduled for an eight hour day, with one-half hour paid lunch which must be taken on premises.

All other staff will be scheduled for an 8½ hour day and will be allowed one hour for lunch, which may be taken off premises.

All staff will be allowed to take breaks in accordance with existing law. "Floor staff" must schedule breaks around activities occurring within the residential unit they are monitoring.

## **XVII. COMPENSATION**

Full time regular and full time temporary employees are paid on the basis of an annual salary. Part time employees are paid on the basis of an hourly rate.

Annual salaries and hourly rates shall be set at the time a staff member is hired. Annual "cost of living" increments will be awarded to employees on the anniversary date of their hiring, provided that the Board of Directors approves such salary increments for the fiscal year. The Board will review salary schedules each year, make any revisions it deems necessary and approve a cost of living increase if funds are available.

## **XVIII. TRAVEL**

### **A. Local Travel**

All staff members required to use their personal automobiles for agency business will be reimbursed for such use at the existing rate approved by the Board of Directors. Those staff members so reimbursed must submit an itemized monthly statement of miles driven on agency business, recorded on a standard agency form. All requests for reimbursement must be approved by the staff member's immediate supervisor and by the Executive Director.

### **B. Intra- and Inter-State Travel**

All out of town trips must have the prior approval of the Executive Director. Expenses incurred while out of town on agency business must be reported on the standard agency travel form and will be reimbursed in accordance with the agency travel policy in effect, as approved by the Board of Directors.

### **C. Minimum Insurance Coverage**

Staff members required to use their personal automobiles for agency business must, at all times, maintain at least the minimum coverage of auto insurance required under the state law and in accordance with the agency policy on insurance coverage as adopted by the Board of Directors. Staff are required to submit evidence of such coverage upon employment and at other times that may be designated by the Executive Director.

## **XIX. DISCIPLINARY ACTION**

Disciplinary action may be taken toward an employee by his/her immediate supervisor or by the Executive Director because of unsatisfactory performance or misconduct. Disciplinary action shall include oral or written reprimand, suspension or termination.

### A. Reprimand

A reprimand is an oral or written statement delivered to the employee regarding instances of unsatisfactory performance or misconduct. The statement outlines specific areas of dissatisfaction with the employee and steps that should be taken by the employee to rectify the deficiencies.

A written reprimand is a more formal and hence a more serious disciplinary procedure. It is to be placed in the employee's file after the employee has reviewed and commented on it. Any written responses to the reprimand also should be placed in the file.

An employee in disagreement with the nature and content of a written reprimand may initiate a formal grievance.

### B. Suspension

Suspension is temporary separation from duty without pay.

Only the Executive Director has the authority to suspend an employee. If the Executive Director should find it necessary to suspend a staff member, no notification period is required. An appropriate explanation, including length of suspension, will be given orally and in writing to the employee. The Executive Director shall set the length of the suspension, which may range from 1 to 7 days. A staff member not returning to his/her position after this suspension period is subject to termination.

Any staff member dissatisfied with the length of the suspension time or the reasons given for it may initiate a formal grievance, as outlined in sec. XIV. B. If a suspension action is rescinded, the employee will receive any pay lost during the suspension period.

### C. Termination

Termination is separation from employment with the agency.

Only the Executive Director has the authority to terminate a staff member. If the Executive Director finds it necessary to terminate an employee, written notification must be given to the employee outlining the cause and date of termination effective on the 10th working day from receipt of such action.

An employee wishing to appeal termination must initiate a formal grievance. Steps outlined in sec. IX. B. 1. and 2. must be followed except that all time frames revert to two days, e.g., an appeal must be filed by the employee no later than two days after notification, all other steps described must be completed within a two day limit.

If, following appeal, the Executive Director upholds the termination action, the staff member affected can request address to the Board of Directors provided a written request is filed with the Board president within three working days of notification. The hearing must be held within fourteen working days of the date the request was filed.

A fair hearing shall be conducted by the Board of Directors and an open vote called by Board members present. Any action must have approval by a majority of those voting. All parties shall have the opportunity to present any relevant information.

Should the staff member leave his position during the notification period, he will forfeit remaining notice, salary and rights of appeal as outlined here.

The Board may affirm the termination of an employee if it finds, upon consideration of all evidence, that the termination is justified. In the absence of such a finding, the Board may reverse, vacate or modify the action taken, or make such other ruling as is supported by the evidence. The decision of the Board shall be final and conclusive.

## XX. RESIGNATION

All staff members are required to give notice of resignation in letter form, at least two weeks prior to the effective date of resignation.

Failure to meet the required time period of notification will be so designated in the employee's file stating that the employee failed to comply with the required resignation procedure.

## **XXI. AGENCY PROCEDURES**

There shall be written agency procedures to insure proper understanding, uniformity and efficiency by staff members in such areas as intake, delivery of services, fiscal procedures, reports, etc. Written copies of all agency procedures will be available to the employee at the time of hiring and explained to whatever extent necessary during the orientation period. Revisions in agency procedures will be explained to employees and written copies of revised procedures made available to them.

END CODE OF ETHICS FOR STAFF.

ARTICLE

**CROSS REFERENCE TABLE**  
**Second Edition Standards and Policies**

STANDARD	WEIGHT	POLICY	STANDARD	WEIGHT	POLICY
<b>Chapter 1</b>			2-2036	Essential	2.3.4
<b>Administration</b>			2-2037	Essential	2.3.4
2-2001	Essential		2-2038	Essential	2.3.2
2-2002	Essential	2.1.1	2-2039	Essential	2.3.5
2-2003	Essential	2.1.2.A, 2.1.2.B	2-2040	Essential	2.3.6
2-2004	Essential	2.1.3	2-2041	Important	2.3.6
2-2005	Essential	2.1.4	2-2042	Essential	2.3.7
2-2006	Essential	2.1.5	2-2043	Essential	2.3.5
2-2007	Essential	2.1.6	2-2044	Essential	2.3.5
2-2008	Essential	2.1.7.A, 2.1.7.B	2-2045	Essential	2.3.3
2-2009	Essential	2.1.8	2-2046	Important	2.3.3
2-2010	Essential	2.1.8	2-2047	Essential	2.3.3
2-2011	Essential	2.1.8	2-2048	Essential	2.3.3
2-2012	Essential	2.1.9	2-2049	Essential	2.3.8
2-2013	Essential	2.1.10	2-2050	Essential	2.3.8
2-2014	Important	2.1.9	2-2051	Essential	2.3.5
2-2015	Essential	2.1.11	2-2052	Essential	2.3.8
2-2016	Essential	2.1.12	2-2053	Essential	2.3.9
2-2017	Essential	2.1.13	2-2054	Essential	2.3.9
2-2018	Essential	2.1.13	2-2055	Essential	2.3.9
2-2019	Essential	2.1.13	<b>Chapter 4</b>		
2-2020	Essential	2.1.13	<b>Research and Evaluation</b>		
<b>Chapter 2</b>			2-2056	Important	2.4.1
<b>Fiscal Management</b>			2-2057	Important	2.4.2
2-2021	Essential	2.2.1	2-2058	Essential	2.4.3
2-2022	Important	2.2.1	2-2059	Essential	2.4.4
2-2023	Important	2.2.1	2-2060	Essential	2.4.5
2-2024	Essential	2.2.1	2-2061	Essential	2.4.6
2-2025	Essential	2.2.2	2-2062	Essential	2.4.7
2-2026	Essential	2.2.3	2-2063	Essential	2.4.8
2-2027	Essential	2.3.3	<b>Chapter 5</b>		
2-2028	Essential	2.2.2	<b>Communication and Coordination</b>		
2-2029	Essential	2.2.4	2-2064	Important	2.5.1
2-2030	Essential	2.2.2	2-2065	Essential	2.5.2
2-2031	Essential	2.2.4	2-2066	Important	2.5.3
<b>Chapter 3</b>			<b>Chapter 6</b>		
<b>Personnel</b>			<b>Records</b>		
2-2032	Essential	2.3.1	2-2067	Essential	2.6.1
2-2033	Essential	2.3.2	2-2068	Essential	2.6.1
2-2034	Essential	2.3.3	2-2069	Essential	2.6.1
2-2035	Essential	2.3.2			

STANDARD	WEIGHT	POLICY	STANDARD	WEIGHT	POLICY
2-2070	Essential	2.6.1	2-2112	Essential	2.9.1
2-2071	Essential	2.6.1	2-2113	Essential	2.9.1
2-2072	Essential	2.6.2	2-2114	Essential	2.9.1
2-2073	Essential	2.6.2	2-2115	Mandatory	2.9.1
2-2074	Essential	2.6.2	2-2116	Important	
2-2075	Essential	2.6.2	2-2117	Mandatory	2.9.2
2-2076	Essential	2.6.2	2-2118	Essential	2.9.2
2-2077	Essential	2.6.1	2-2119	Essential	2.9.2

### Chapter 7

#### Facility

2-2078	Essential	2.7.1
2-2079	Essential	2.7.1
2-2080	Essential	2.7.2
2-2081	Essential	2.7.3
2-2082	Important	2.7.4
2-2083	Important	2.7.4
2-2084	Important	2.7.4
2-2085	Essential	2.7.4
2-2086	Essential	2.7.5
2-2087	Essential	2.7.5
2-2088	Important	2.7.6
2-2089	Essential	2.7.5
2-2090	Essential	2.7.7
2-2091	Essential	2.7.7
2-2092	Essential	2.7.8
2-2093	Essential	2.7.8
2-2094	Essential	2.7.8
2-2095	Essential	2.7.8
2-2096	Mandatory	2.7.9
2-2097	Mandatory	2.7.9
2-2098	Essential	2.7.9
2-2099	Essential	2.7.9
2-2100	Essential	2.7.10
2-2101	Important	2.7.11

### Chapter 8

#### Safety and Emergency Procedures

2-2102	Mandatory	2.8.1
2-2103	Mandatory	2.8.1
2-2104	Mandatory	2.8.1
2-2105	Mandatory	2.8.1
2-2106	Mandatory	2.8.1
2-2107	Mandatory	2.8.1
2-2108	Essential	2.8.1
2-2109	Essential	2.8.2

### Chapter 9

#### Food Service

2-2110	Mandatory	2.9.1
2-2111	Mandatory	2.9.1, 2.9.2

### Chapter 10

#### Medical Care and Health Services

2-2120	Essential	2.10.1
2-2121	Mandatory	2.10.1
2-2122	Important	2.10.1
2-2123	Essential	2.10.2
2-2124	Essential	2.10.3
2-2125	Essential	2.10.3
2-2126	Essential	2.10.3
2-2127	Essential	2.10.3
2-2128	Essential	2.10.4
2-2129	Mandatory	2.10.4
2-2130	Essential	2.10.4
2-2131	Essential	2.10.5
2-2132	Essential	2.10.6
2-2133	Essential	2.10.6
2-2134	Essential	2.10.7

### Chapter 11

#### Intake

2-2135	Essential	2.11.1
2-2136	Essential	2.11.1
2-2137	Essential	2.11.1
2-2138	Essential	2.11.1
2-2139	Important	2.11.1
2-2140	Essential	2.11.1
2-2141	Essential	2.11.2
2-2142	Essential	2.11.2

### Chapter 12

#### Program

2-2143	Essential	2.12.1
2-2144	Essential	2.12.2
2-2145	Essential	2.12.2
2-2146	Essential	2.12.2
2-2147	Essential	2.12.2
2-2148	Essential	2.12.2
2-2149	Essential	2.12.3
2-2150	Essential	2.12.3
2-2151	Essential	2.12.4
2-2152	Essential	2.12.5
2-2153	Essential	2.12.5



STANDARD	WEIGHT	POLICY
2-2154	Essential	2.12.6
2-2155	Essential	2.12.5
2-2156	Important	2.12.7
2-2157	Important	2.12.7
2-2158	Essential	2.12.7
2-2159	Essential	2.12.4
2-2160	Essential	2.12.5
2-2161	Essential	2.12.8
2-2162	Important	2.12.9
2-2163	Important	2.12.10
2-2164	Essential	2.12.11
2-2165	Essential	2.12.8
2-2166	Essential	2.12.12
2-2167	Important	2.12.9
2-2168	Essential	2.12.13
2-2169	Essential	2.12.13

### Chapter 13

#### Supervision

2-2170	Essential	2.13.1
2-2171	Essential	2.13.2
2-2172	Essential	2.13.3
2-2173	Mandatory	2.13.4
2-2174	Essential	2.13.4
2-2175	Essential	2.13.4
2-2176	Essential	2.13.4
2-2177	Essential	2.13.5
2-2178	Essential	2.13.6
2-2179	Essential	2.13.7

### Chapter 14

#### Citizen and Volunteer Involvement

2-2180	Important	2.14.1
2-2181	Essential	2.14.1
2-2182	Essential	2.14.2
2-2183	Essential	2.14.2
2-2184	Essential	2.14.2
2-2185	Essential	2.14.3
2-2186	Important	2.14.3
2-2187	Essential	2.14.2

### Chapter 15

#### Out-Client Services

2-2188	Essential	2.15.1
2-2189	Essential	2.15.1
2-2190	Essential	2.15.2
2-2191	Essential	2.15.2

# RESPONSE FORM

To Help The American Correctional Association Evaluate The Usefulness Of The Guidelines For The Development Of Policies And Procedures, Users Are Asked To Answer The Following Questions:

1. What is your overall reaction to these *Guidelines*?

Excellent     Above Average     Average  
 Poor     Useless

2. Do the *Guidelines* represent the best available knowledge and experience?

No better single document available  
 Excellent, but some changes required (please comment, send addition material for subsequent edition, etc.)  
 Satisfactory but major changes required (please comment)

3. To what extent are the *Guidelines* useful in terms of:

(Check all that apply)	Highly Useful	Some Use	No Use
Developing policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing new or important information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In what ways could the *Guidelines* be improved? For example, more detail, less detail, inconsistencies, omissions, etc. (please specify on a separate page)

5. Is further assistance needed in interpreting the *Guidelines* material?

Yes     No    (Please specify)

6. How did the *Guidelines* come to your attention?

\_\_\_\_\_

THANK YOU

Name \_\_\_\_\_  
Agency \_\_\_\_\_  
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Please mail this form and related material to: **Correctional Standards Program**  
**4321 Hartwick Road**  
**College Park, MD 20740**