

American Correctional Association

ACCREDITATION REPORT



Commission on Accreditation for Corrections

**Corrections Center of Northwest Ohio
Corrections Center of Northwest Ohio
Stryker, Ohio**

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



American Correctional Association

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

November 1, 2023

Corrections Center of Northwest Ohio
Corrections Center of Northwest Ohio
Stryker, OH

Congratulations!

It is a pleasure to officially inform you that the Corrections Center of Northwest Ohio was accredited by the Commission on Accreditation for Corrections via a Virtual Panel Hearing in lieu of the American Correctional Association 153rd Congress of Correction in Philadelphia, PA, August 2023.

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

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

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

Sincerely,

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

Thomas Stickrath, Chairperson
Commission on Accreditation for Corrections



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For Immediate Release

Corrections Center of Northwest Ohio Awarded National Accreditation

Thomas Stickrath, Chairperson of the Commission on Accreditation for Corrections (CAC), and David Haasenritter, Director of Standards and Accreditation, American Correctional Association recently announced the accreditation of the Corrections Center of Northwest Ohio. The award was presented in conjunction American Correctional Association 153rd Congress of Correction in Philadelphia, PA, August 2023.

In presenting the award, Thomas Stickrath, Chairperson of the CAC, and Denise Robinson, President of the American Correctional Association (ACA), complimented the facility on their professional level of operation and their success in completing the accreditation process. The agency is one of over 1,500 correctional organizations currently involved in accreditation across the nation.

The accreditation program is a professional peer review process based on national standards that have evolved since the founding of the Association in 1870. The standards were developed by national leaders from the field of corrections, law, architecture, health care, and other groups who are interested in sound correctional management.

ACA standards address services, programs, health care and security operations essential to effective correctional management. Through accreditation, an agency is able to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Standards set by ACA reflect practical up-to-date policies and procedures and function as a management tool for agencies and facilities throughout the world.

The three-year accreditation award granted to the Corrections Center of Northwest Ohio does not signal the end of their involvement in the accreditation process. During the award period, staff will work to improve any deficiencies identified during the audit and maintain continuous compliance with the standards.



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

Achieving American Correctional Association Accreditation means you have demonstrated your dedication to getting the job done right, and that you are holding your agency to a higher standard.

Thank you for your commitment to the American Correctional Association and the standards and accreditation process.

A handwritten signature in black ink, appearing to read 'D. K. Haasenritter', with a long, sweeping underline.

David Haasenritter
Director, Standards and Accreditation
American Correctional Association

Overview of the American Correctional Association

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

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

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

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

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

Organizational Purposes of the American Correctional Association

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

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

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

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

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

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

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

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

Standard and Accreditation

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

Organizational Structure of the American Correctional Association

Executive Committee

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

Board of Governors

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

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

Delegate Assembly

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

Committees

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

The current committees and councils are:

Committee on Affirmative Action

Committee on Constitution and Bylaws

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

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

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

Affiliates and Chapters

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

The following affiliates and chapters are currently associated with ACA:

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

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

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

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

Major Activities of the American Correctional Association

Legislation

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

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

Professional Development

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

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

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

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

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

Publications

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

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

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

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

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

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

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

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

Conventions

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

Contracts and Grants

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

Performance Based Standards & Expected Practices Accreditation Department

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

Overview of the Commission on Accreditation for Corrections

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

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

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

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

Association Staff

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

Auditors

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

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

Traditional Standards and Expected Practices Development

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

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

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

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

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

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

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

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

Accreditation Process Descriptions

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

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

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

The Visiting Committee Report

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

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

Agency and Audit Narrative

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

Agency Response

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

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

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

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

Auditor's Response

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

Accreditation Hearings

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

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

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

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

Conduct of Hearings

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

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

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

In final deliberations, the Commission panel:

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

At this time, the panel also:

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

Accreditation Decisions

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

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

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

Appeal Process

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

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

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

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

The procedures for reconsideration are as follows:

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

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

Accredited Status

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

Annual Report

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

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

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

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

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

Critical Incident Report

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

Monitoring Visits

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

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

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

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

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

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

Revocation of Accreditation

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

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

Accreditation is revoked for the following reasons:

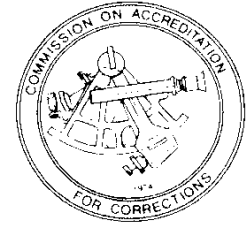
- Failure on the part of the agency to adhere to the provisions on the contract.
- Failure on the part of the agency to maintain continuous compliance with the standards at levels sufficient for accreditation.
- Intentional misrepresentation of facts, lack of good faith, or lack of deliberate speed or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

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

Expiration of Accredited Status

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

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



Visiting Committee Report and Hearing Minutes

CONFIDENTIALITY

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE REACCREDITATION AUDIT

Corrections Commission of Northwest Ohio
Corrections Center of Northwest Ohio
Stryker, OH

May 10-12, 2023

VISITING COMMITTEE MEMBERS

Cheryl Turner, Chairperson
ACA Auditor

Irene Hogan
ACA Auditor

Bonnie O'Brien
ACA Auditor



A. Introduction

The audit of the Corrections Center of Northwest Ohio, Stryker, Ohio was conducted on May 10-12, 2023, by the following team: Cheryl Turner, Chairperson, Irene Hogan, Member and Bonnie O'Brien, Member. The Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition and 2016 Supplement was used.

B. Facility Demographics

Rated Capacity: 668
Actual Population: 562
Average Daily Population for the last 12 months: 548
Average Length of Stay: 35.43 Days
Security/Custody Level: Maximum, Medium, and Minimum
Age Range of Offenders: 18-73
Gender: Male and Female
Full-Time Staff: 164 as of 5/17/23

2- Administrative, 17- Support, 2- Program, 124- Security, 19- contracted staff in food service and medical.

**Part-Time Staff: 2- Programs (Contracted
Security-8
Medical 8- contracted.**

C. Facility Description

The Corrections Center of Northwest Ohio (CCNO) is located at 03151 County Road 24.25 in Stryker, Ohio. It is overseen by a commission comprised of two members from each of five counties (Defiance, Fulton, Williams, Henry, and Lucas), one commissioner and the sheriff from each county. These ten representatives make up the CCNO Board.

<u>Jurisdiction</u>	<u>Number of Beds</u>
Defiance County	60
Fulton County	55
Williams County	58
Henry County	37
Lucas County	210
US Marshals	220

The facility was built in 1990 and has a current rated capacity of 668 to include dormitory, single cell, and double cell housing. There is one main building and a second, stand-alone, two-story housing unit with 146 minimum status beds in two dormitory settings (one unit of seventy-three beds is designated for community workers). The remaining twelve housing units in the main building provide single cells (158 beds), double-celled (32 beds), and dormitory (332 beds) housing. Both males and females are housed at CCNO; juveniles and youthful offender are prohibited by policy and state statute.

Electronic monitoring is provided via GPS to each of the five counties and their local municipalities. In 2019 there were 182 inmates on electronic monitoring. CCNO also operates a centralized transportation system for inmate transport. Inmates are released to their county of arrest.

CCNO employee “ended of Pandemic Party and employee’s appreciation week party was held and the auditors were invited. Lots of fun, throwing darts at balloon of board, the facility provided grilled ham burgers, hot dogs, French fries, cookies, sodas, hot dog buns a, ham burger buns and condiments. The auditors enjoyed congregation with the staff.

Each year CC NO staff vote on which charitable le organizations they would like to donate to throughout the year. A novel approach was taken in 2019 and one local organization was selected to receive the fundraising efforts of the facility each year. Staff chose the Liza Clady Memorial Scholarship as the 2022 charity recipient in hour of a late co-worker Craig Swary who passed at the beginning of the year. There are monthly dress-down days where staff can wear jeans in lieu of their uniform if they donate money, as well as extra days during special events throughout the year. Also, during the annual Christmas Party a charity raffle is held with 100% of the money raised being given to the chosen charity. By the end of 2022, CCNO staff had raised \$4,110 for the Liza Clady Memorial Scholarship!

The facility has a special response team that was established to respond to facility emergencies. The SRT is a team which provides a consistent order of work, organizational structure, and unity of expertise in resolving emergency situations at the CCNO. The SRT is trained in tactical skills and in the use of force. The purpose of the team is to contain and control the immediate crisis area or to regain control of the area by force if so directed. The team can have up to twenty members and membership on SRT is dependent on eligibility requirements and availability. For some officers, participation on this special team is a career goal.

Team members must complete 40 hours of training every year, sixteen of which must be specialized in relation to emergency response. Commonly, four members of the SRT are sent to participate in a mock prison riot for a hands-on learning experience. There is also the Ohio Tactical Officers Association Conference that is held annually in which a couple of members select courses that are appropriate for their organization's focus.

Classification is an essential element of any correctional facility. A system must be established that specifies the criteria and procedures for determining and changing the classification of inmates. That system determines the level of custody required for each individual inmate, special needs, housing assignment, and participation in programming or work offerings. At CCNO there are three officers assigned to this responsibility.

Every inmate goes through a classification process during their initial intake to the facility. The process evaluates mental/emotional stability, escape history, history of assaultive behavior, mental status, sexual aggressiveness or vulnerability, transgender inmates, age, need to keep separate and past/present institutional behavior problems.

The classification team meets weekly to review housing assignments, programming and work requests, disciplinary sanctions hazards, keep separates, or inmate -specific concerns. In addition to the Classification Specialists, a Corrections Supervisor, representative from medical and mental health, and command staff are present during the meeting for discussion to consider several perspectives to make the best decisions for the safety and security of the facility.

The mission statement is to 'protect the public, employees, and inmates while operating a cost-effective detention center for Defiance, Fulton, Henry, Lucas, and Williams Counties.'

D. Pre-Audit Meeting

The team met on May 9, 2023, in the city of Defiance, Ohio to discuss the information provided by the Association staff and the officials from Corrections Center of Northwest Ohio. The team enjoyed an exceptionally good dinner during the meet and greet time.

The chairperson divided standards into the following groups:

Standards #1A-01 - 3A-02 to Irene Hogan, (Member)

Standards #4A-01 - 4D-28 to Bonnie O'Brien, (Member)
Standards #5A-01 - 7G-01 to Cheryl Turner, (Chairperson)

E. The Audit Process

1. Transportation

The team was escorted to the facility by Jamie Jones, Accreditation, and Inspections Supervisor.

2. Entrance Interview

The audit team proceeded to the conference room by Dennis Sullivan, Executive Director, Craig Eiden, Directory of Security, Juli Steingass, Commander of Operations and Jamie Jones, Accreditation and Inspections Supervisor, at this time the Executive Director was asked, if there were any thing that has happened or going on that the audit team should be aware of, were there anyone from the public, staff and inmates wanting to speak with the auditors, any lawsuits that had an adverse judgment against the facility or its employees, Which Executive Director Sullivan stated "no", he was asked if any notices of non-compliances with local, state or federal regulations, which he stated" no", and do his facility comply with jail standards or other standards that affect your institution to which he replied "yes." The team was then escorted to the training room where the formal entry meeting was held.

The team expressed the appreciation of the Association for the opportunity to be involved with the Corrections Center of Northwest Ohio in the accreditation process. Each auditor gave a brief background to their work experience. Each staff member then introduced themselves and provided a brief background.

The following persons were in attendance:

Dennis Sullivan	Executive Director
Craig Eiden	Director of Security
Jamie Jones	Accreditation, and Inspections Supervisor
Juli Steingass	Commander of Operations
Martin Schmidt	Commander of Programs and Services
Andy Collert	CCNO Investigator
Beth Miller	Intake Commander
Mike Temple	Shift Commander
Tonya Justice	Fiscal Manager
Dunne Gambler	Administrative Secretary
Kim Hines	Payroll Clerk
Kelsey Goebel	Accounts Purchasing Assistant
Olivia Cooper	Electronic Monitoring Specialist
Charles Vonseggern	Maintenance Supervisor

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

3. Facility Tour

The team toured the entire facility from 8:45 a.m. to 11:15 a.m. on Wednesday and from 6:00 a.m. to 7:30 a.m. on Thursday. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

List names and titles of individuals participating in the tour.

Dennis Sullivan	Executive Director
Craig Eiden	Director of Security
Jamie Jones	Accreditation & Inspections Supervisor
Juli Steingass	Commander of Operations
Mike Temple	Shift Commander
Beth Miller	Intake Commander

Facility notices were posted throughout the facility.

4. Conditions of Confinement/Quality of Life



Security:

CCNO is a very well-maintained facility with an abundance of land and surrounded by fields of grass. The main building is constructed in a circular formation with an inner and outer loop. A separate building is located to the right of the main building and houses females, males, inmate workers, work release, and electronic monitoring offices.

The sides and rear of the facility property is secured with a double chain link fenced enhanced with razor wire at both the top and bottom of the exterior fence, and at the top of the interior fence. Security personnel make rounds each shift of the grounds. The perimeter is also monitored by closed-circuit surveillance. Interior cameras provide remote authorization of movement and monitoring of activities. The cameras are monitored in the central Control station. A central intercom system allows for communication between staff and the inmate population.

All buildings are contained within fenced areas with barbed wire barriers. Central Control has the latest technology for monitoring the facility's security. Officers are specially trained to perform this duty and were actively involved in responding to monitors each time the audit team passed by.

Inmate and Officer safety is a central concern for the Department. In the Summer of 2020 CCNO installed and began using the Guardian RFID System. The system, radio frequency based, offers many benefits for a correctional agency, the technology has been purchased and all Officers are trained in its use.

With these handheld devices, the Officer monitors all activities of the inmates in their care. Officer rounds are recorded with a swipe of the device. Inmates wear bracelets with chips that record each time they leave a unit, pick up a meal tray and during the major counts. All information is then electronically recorded into a log that is reviewed daily by the Administration. These devices provide accountability to both staff and the population and provide more time for direct supervision. Inmate count was observed, and all inmates responded to their doors for their wrist bands to be scanned. Direct Supervision is the main philosophy of this institution. Respect from Officers to Inmates and vice versa was observed on all shifts.

Inmate movement tracking allows for any staff to efficiently locate an inmate. Electronic logging provides streamlined options for the various logging requirements and nearly eliminates paper logs. Officers are free from constant writing in the logs and can offer more supervision in the units. Additionally, the system offers higher officer accountability for security round compliance with notifications when rounds are close to being due, or are late, and daily compliance reports allow for issues to be addressed immediately. CCNO staff adapted to modern technology quickly. Just a month after the RFID system was deployed, CCNO unseated a long-standing top-spot holder for round compliance.

A viewing observation booth has recently been added between two minimum

security units. Officers in each unit spend time in the viewing area monitoring their unit. RFID systems remind them of the schedule needed to log in their rounds. The observation booth has found much success and a new grant will provide the institution with funds to create another booth connecting two other units.

CCNO does have a dry cell unit that provides no in-cell water or toilets to inmates. Inmates in this area have free access to exit their cells to use toilet facilities. The new grant mentioned earlier is scheduled to be used to add water to these cells and bring them up to the standards of the rest of the institution.

Staffing has been of concern over the last few years due to retirement of Officers and the loss during the Covid outbreak. CCNO is currently back to its ideal staffing with the addition of seven new employees recently hired. CCNO conducts their own Officer training academy. All Officers receive 80 hours of pre-service training prior to working in the jail and an additional 148 hours within the first year of employment at the academy.

The Intake Area was observed to be run smoothly. Money machines are located in the area for inmates to deposit. Any funds an inmate may bring in, goes directly to their account. Classification is housed in area and inmates are questioned by qualified staff for their safe placement throughout the facility. Medical personnel are also on duty to assess medical and mental health concerns.

SOTER Body scanners are used on all able body detainees coming into the facility which has been shown to decrease the admission of contraband. Inmate tablets have been added to the toolbox for use. Covid brought many challenges to correctional facilities and tablets provided many of the answers. Inmate guidebooks, video visits, books, movies, inmate complaints and commissary items can all be accessed through these devices. Each inmate is given a tablet for their use.

Inmate uniforms are color coded: Male and Female Red Jumpsuit-Maximum security, yellow jumpsuit- medium security, Males, Blue Jumpsuit-Minimum security, Tan jumpsuit Inmate workers, Females: Blue two piece- Minimum security and Green two piece-Inmate workers.

Environmental Conditions:

The temperatures in the facility were within normal comfort ranges. Temperatures are all thermostatic controlled. Noise levels throughout the facility were acceptable. Inmates are provided with appropriate clothing for cooler temperatures. Water temperatures were well within the appropriate ranges. All fixtures tested were in good working order. All housing areas had good ventilation with no noticeable collections of dust in the vent openings.

All housing units were equipped with an appropriate ratio of sinks, toilets, urinals, and showers that were in good condition without evidence of mold or mildew.

While public telephones are available, the inmates also have tablets available for use. Neither smoking nor tobacco products are allowed in the facility by the inmates. Staff have a designated outside smoking area. The facility is properly maintained and appeared in good repair. Preventative maintenance plans are in place with contracted vendors.

The annual facility inspection and air quality & lighting evaluation was conducted on October 12, 2022, by Brad Price, Director of Environmental Public Health, of the Williams County Health Department

Sanitation:

The team found the facility to be clean, neat, and orderly throughout. Access to cleaning supplies and hygiene items is appropriate for the custody level of the inmate population.

The facility staff conducts weekly and monthly sanitation inspections.

Chemicals are controlled and spot checking of inventories revealed no discrepancies. Chemicals for the washer and dishwasher are automatically dispensed and are stored in locked rooms not accessible by inmates.

A Preventative Maintenance plan is in place, which identifies equipment that is checked weekly, monthly, quarterly, and semi-annually. This includes ventilation, plumbing, lighting, fire, and safety systems.

There is a contract with Buckeye Exterminating, Inc. for the control of vermin and pests' inspection was conducted on April 26, 2023. There was no evidence of any vermin or pests seen by the auditors. There are contracts for the disposal of liquid, solid and hazardous materials, with providers being Archbold Refuse Service, Ace Diversified Services, LLC, and Stericycle. The potable water is provided by the Village of Archbold and is certified at least annually.

The audit team were impressed with the sanitation level of CCNO.

Fire Safety:

The control and use of flammables, toxics and caustic materials is satisfactory. The facility maintains as few flammable/toxic/caustic materials as possible, and they are secured in proper storage locations with restricted access.

The Chief of Stryker Fire Department reviews the evacuation plan and certifies it annually. The Ohio Fire Marshall conducts the annual comprehensive fire inspections and certification of the facility's plan. The evacuation routes are clear and properly posted. There are smoke detectors and heat censored sprinkler heads throughout. Fire drills are conducted regularly. Housing unit staff voiced

appropriate action to take during a fire drill or actual event. The annual comprehensive fire inspection was conducted on September 7, 2022, by the Ohio Fire Marshal.

Food Service:

The food service is contracted with Aramark. There is one supervisor and 4-employees who work in the kitchen and the Aramark Commissary. There are four employees' vacancies. eight food service and commissary employees and sixteen male inmates working the morning shift and 8-10 female inmates work the evening shift. The Audit team observed shifts in progress. Meals follow a 4-week cyclic menu that is approved by a certified registered dietician nutritionist.

The kitchen was visited during meal prep and clean up times, so it was busy. It was apparent that all areas of the food service department are kept in proper state of cleanliness with no grease build up or dirt residue to be noticed. The menu follows a certified, cyclic menu that meets daily caloric requirements. Meals are prepared and delivered to the housing units wither the inmates are afforded ample time to eat. Therapeutic and religious diets are accommodated once approved. Meal costs are offset by commissary purchases and are currently \$.84 per meal. During the audit, there were eighteen special diets (13 medical, five religious).

The average calories per meal/day is 2,800. Meals are also prepared for the nearby juvenile center- approximately 24,090 meals per year are prepared.

During the tour the team found several boxes of foods in freezer with open product (hamburger patties, cookie dough drops, pizza) which the food service director said would be disposed of. Food items needed to be moved away from the walls of the freezer. Recommended that a thermometer be placed in dry storage and that this area be monitored to ensure the temperature is not allowed to rise above 80*. (Maintenance controls temperature).

The kitchen was clean and orderly; proper accountability of kitchen implements. Thermal meal trays were clean and air dried. Meals delivered to the housing units. No dining room. No inmates verbalized is discontent with the meals.

All kitchen workers were observed wearing proper health code protection and following established health code rules, all inmates working in the kitchen, laundry/ recreation/ etc. are cleared through medical.

The team sampled a meal, scalloped potatoes (bland, blah!), diced carrots (canned), seasoned ground beef (good flavor), bread/butter (standard), two cookies (yum).

The most recent Kitchen Inspection was completed on January 5, 2023, by the Williams County Health Department

Medical Care:

The medical health care services are provided by contract vendor, Southern Health Partners, Inc. through the following staffing pattern: one part-time medical director; one full-time medical team administrator (nurse administrator); three full-time registered nurses; nine licensed practical nurses; two full-time nurse practitioners; three full-time clericals; and one full-time medical records clerk/EMT. When needed, PRN staff fills staff vacancies. All medical certifications were verified as being current.

The medical unit provides ample space for offices, examination/treatment rooms, medication security, and inmate showers.

The incoming inmates receive an initial screening that covers medical, dental, and mental health concerns. Appraisals are completed within 10-14 days and are then reviewed and signed by a nurse practitioner. During the initial orientation, the inmates are advised of how to access sick call, and of the cost associated with visits and services.

Health education is provided to the inmates *in masse* using orientation materials, both verbal and written, through posted signage in the medical area and throughout the housing units and program areas, and orally during sick call specific to individual health matters.

There is no infirmary at CCNO. There are six individual cells, two of which are equipped with showers, which provide observation (both for medical needs and for mental health watches) and medical housing. These cells are within sight and sound of staff.

Inmates may have access to medical services through submission of a triage request slip, via the GTL tablets. These are reviewed each morning and a nurse will go to the requester and get their vitals to rule out any emergent or urgent needs. Routine requests are scheduled to be seen the following day.

Referrals to the nurse practitioner or doctor are seen within 24 hours on the weekdays, or on Mondays following a weekend referral. The co-pays for medical services are established by the CCNO, who is also the collector of said fees. The co-pay fees currently are set at: medication - \$3.00 per prescription; supports - \$5.00; phone calls - \$3.00; nurse triage/sick call - \$7.00; doctor visit - \$7.00; dentist - \$5.00; outside specialist - \$15.00; hospital emergency - \$20.00; and miscellaneous - \$10.00. Fees are waived for any nurse-initiated visit or follow-up.

The examination and treatment rooms are equipped as expected with appropriate supplies and equipment and provide sufficient confidentiality for the patient. There is a well-stocked crash cart that can be easily transported to any incident area as needed.

Garcia Labs provides lab services. The samples are drawn by facility nurses, who are also able to spin them in the centrifuge when needed and refrigerate until the 3:00 p.m. daily pick up by the lab courier service. Results are available via a web portal or are received by fax. The facility medical department receives a phone call when results indicate critical values.

The x-ray services are sub-contracted with Trident Care (formerly known as MobileX USA), a mobile x-ray provider. There is no standard schedule, so the provider is notified when an x-ray is needed, and they arrive during that business day. Emergent x-ray needs would be sent to the local emergency room. The results are available via a web portal, fax, or phone call.

There is a well-established communicable disease and infection control program, which includes a written plan and a log for positive results of TB, MRSA, chicken pox, STDs, and Covid. There were Covid-related deaths of inmates or staff at CCNO. The TB surveillance program is monitored for testing of all new inmates and annual testing for staff. The TB serum is purchased in multi-use vials that are dated when opened and discarded after 30 days. There is no negative pressure room, so any inmate whose condition requires isolation is referred to a community hospital.

Stericycle is a bio-hazard waste vendor. The waste is secured in bio-hazard bags that are stored in an appropriate bio-hazard room until collected once a month.

Chronic care clinics provide management and monitoring of the following conditions: cardiac, stable HIV, pregnancy, high blood pressure, seizures, diabetes, TB, asthma, high cholesterol, and mental health. There are no in-house specialty clinics; telehealth services are available but not used routinely.

Medical care for females follows recommended guidelines. Management of the pregnancy is followed in chronic care, but actual obstetrical care is provided in the community. Infants are not housed here, but the mothers are allowed to pump their breast milk and freeze it for pick up by the infant care provider or designated family member.

Community providers for medical care include the Community Hospital of Williams County, Defiance County Regional Medical Center, Henry County Hospital, and Fulton County Hospital. Inmates are transferred as needed with proper medical information that is in a sealed envelope for confidentiality.

The facility has five AEDs, two of which are the responsibility of the medical agency – one in medical and one on the crash cart. These are checked daily for operability. The other three AEDs are the responsibility of CCNO and are in the intake area, “E,” and “M.” These are also checked as recommended for proper operability. All inmates and/or staff with any need of first aid are referred to the medical unit; there are first aid kits and an AMBU bag in each of the supply cabinets

in all units. There are two eye wash stations, one is in maintenance, and one is in the vehicle shop. Both were checked during the audit tour and were found to be in working order.

Medications are delivered to the housing units for dispensing twice a day (7 a.m. and 7 p.m.). The pharmacy was found to be compliant with the posting of the pharmacy license, and the secure storage of narcotics and medications. Meds and sharps were checked with no concerns noted as all inventories were correct. Unused medications are returned to the pharmacy for destruction. Southern Health Partners, Inc., has an established formulary but when STAT items are necessary emergency medication orders can be filled at any of several local pharmacies.

There is an agreement between the facility director and the medical director as to what over-the-counter health care items will be available via the commissary for the inmates to purchase. The list of available items includes vitamins, Ibuprofen, Bayer aspirin, non-aspirin, triple anti-biotic cream, lip balm, hydrocortisone 1% cream, cough drops, and antifungal cream.

Alcohol and drug withdrawal can be managed within the medical setting as there are medical staff available 24/7. There are adequate procedures in place for providing continuity of care upon transfer or release of all inmates.

Administratively there are peer reviews conducted, multi-disciplinary team meetings to discuss infection control issues and trends, and quality improvement concerns. A policy allows for the use of medical restraints, when necessary, but there has not been an occurrence of such during this audit cycle.

There is no established medication assisted therapy program, but if an inmate is booked who is taking medication as part of a therapy program, the medication is continued.

The mission statement for the Southern Health Partners, Inc. is: "To grow, through our experience, relationships, and reputation, and continue as the leader in providing quality inmate health care to county jails."

Dental services are now sub-contracted through Kare Mobile who replaced Dentrust Dental International, Inc. There is a single-chair dental office in the medical unit that the Kare Mobile dentist uses twice a month. Up to fifteen patients are seen per visit. Services are limited to x-rays, fillings, and extractions. Complex extractions are referred to community providers. The dentist and his technician sterilize the used dental instruments before the end of their day. Inventory of the dental instruments is conducted at the beginning of and at the end of each visit day.

There is one psychiatrist and one PhD psychologist from Correctional Behavioral Health available via telehealth to manage the treatment of the population with psychotropics. A psychiatric mental health nurse practitioner is on site Mondays

through Fridays to provide individual evaluations and daily visits to the population. The current mental health caseload is reported as being 46% of their population.

2022 data: 4054 sick calls
 2796 doctor visits
 160 in-house x-rays
 288 dental visits
 585 verbal threats resulting in suicide watches, no serious attempts.

January 23, 2020, the Ohio Department of Health issued a Director's Journal Entry making Covid-19 a Class A reportable disease in Ohio.

The Governor of Ohio: SARS causes declared a State of Emergency. Covid-19, 2 viruses, which is a new strain of coronavirus.

Recreation:

A recreation officer supervises activities for the various population groups. There are outdoor rec areas as well as a large indoor gym that has a full-sized basketball court. There are structured team events that the inmates may participate in. More leisurely activities are available on the housing units, to include reading, television, reading materials and some level games such as Checkers, Chess, Cornhole toss, Handball, Ping Pong, Dominoes, Pickle ball, walk area, volleyball, tag football and exercise. Inmates are afforded five hours of recreation each week.

377 hours of recreation was provided for the inmates and one tournament.

Religious Programming:

During the audit cycle of 4/1/2020 through 3/31/21 there were no active volunteers due to Covid-19 and restrictions from the Governor of Ohio.

In a typical year, CCNO boasts a robust volunteer program, with an average of 122 active volunteers per month. Mostly, volunteers provide religious services for the inmate including bib studies: however, they will sometimes offer life skills classes. A part-time chaplain is contracted through REACH Up to help organize the religious services offered to the inmates. Reach Up, INC/Chaplaincy Services is a non-profit agency that coordinates religious and chaplaincy services for inmates at CCNO. It is a local ministry under the guidance of local people and involves approximately two hundred volunteers. Volunteers provided 343 hours of service to inmates in July and 177 inmates attended the services. Volunteers donated sixty-one bibles, 136 Study Books, reading glasses and two donations of clothing.

Activities include religious counseling, prayer groups, religious education, and bereavement counseling. Religious services are offered for Catholic, Muslim, and Jehovah Witness, Baptist, Church of Christ, Church of Nazarene, Healing Addicts through a Relationship with Christ, and various study groups.

Services are offered on a daily basis and posted in units.

Offender Work Programs:

Work opportunities are available in the laundry, kitchen, recreation, maintenance, commissary, and facility cleaning-screened inmates in the four rural counties can maintain current employment while serving non-working time at CCNO through the work release program. These inmates are sentenced to work release by their judge and must meet CCNO requirements to participate. Work Release inmates are required to pay 25 percent of their net pay for jail and court costs and must provide their own transportation to/from work.

Electronic monitoring at CCNO can be done through three distinct types: regular monitoring, GPS, or TAD. Screened applicants are assigned by the court to the program. An ankle bracelet is placed on their ankle and supervised while in the community. Inmates can continue working or attend court ordered programs while restricted to home at specified times. All participants must pay to be in the program unless declared indigent by the court. GPS tracking allows for an offender's location to be pinged as opposed to regular electronic monitoring which solely detects when they are out of their designated range. TAD monitoring adds an element of alcohol detection using a specially designed ankle bracelet.

Academic and Vocational Education:

This is an ongoing program that inmates attend until they successfully pass all sections of the GED. GED classes cover language arts (reading and writing skills), social studies, science, and mathematics. CCNO is a certified testing site and inmates can test twice per month. CCNO will soon be offering GED programming virtually, in collaboration with Penta County Career Center, in order to reach the maximum number of inmates. Participation in GED classes can be asked for by an inmate through a request to staff or court ordered by the sentencing judge. A total of 148 inmates attended GED, thirty-five inmates passed GED Section and six inmates earned GED.

Life & Vocational Skills

Self-help, educational, and/or vocational programs are offered to inmates when they are available. Speakers from various agencies and volunteers discuss topics such as self-esteem, dealing with stress, family violence, anger control, domestic violence, sexually transmitted diseases, HIV/AIDS education and prevention,

financial investments, job resumes, freedom from smoking, and parenting. Participation is voluntary.



Social Services:

There is also an Intake Specialist from Harbor CreerPath who works under a three-year grant that focuses on meeting the reentry needs of those inmates who are 20-170 days pre-release. Service available to the inmate and their family for a one-year period. Housing, education, job readiness, identification, social security, etc. are some of the areas the Intake Specialist can assist the releasing inmate with. Additional services, such as counseling, are available for as long as the inmate chooses to participate. This program started on January 29, 2023. To date there have been sixty participants with no recidivism.

Substance Use Disorder Treatment

Living in Balance is the evidence-based curriculum used by Midwest Recovery and is designed to address basic issues commonly faced by individuals in early recovery. Program sessions focus on drugs of abuse, relapse prevention, self-help programs, mental and physical health, emotional and social wellness, sexual and spiritual health, daily living skills, and vocational and educational development. Each session allows for counselor interventions, presentations, and client training. After each segment is a question-and-answer session that lets participants interact intensively with the counsel. Written assignments, along with role-play exercises

where appropriate, engage individuals interactively with the information.

The program sessions can be used in any order that works best for the population and can be repeated if necessary. There is no beginning or ending session. The parallel treatment model allows participants to start anywhere, end anywhere, and stay current even if they miss a session. There are also supplemental sessions that can be directed towards specific issues, participant populations, or unique treatment tracks.

In *Living in Balance*, addiction is viewed as a biopsychosocial process that not only impairs an individual's functioning, but also destroys the cohesiveness of family and community relationships. Additionally, because of its chronic, disabling nature, the program recognizes that relapses are common.

This program takes a non-judgmental approach to addiction and lifestyle issues. In general, addicted individuals are viewed as people with a compulsive disorder that often overwhelms good intentions and willpower. Participants can be taught relapse prevention techniques to avoid reemergence of the symptoms of addiction: compulsion, loss of control, continued use despite adverse consequences, and relapses.

Attendance in this treatment program may be asked for by an inmate through a request form to staff or court ordered by the sentencing judge. Progress updates can be provided to the courts as needed as it is understood that inmates may not be incarcerated for the entirety of the treatment program.

Seeking Safety is an evidence-based treatment model that treats the co-occurring diagnoses of PTSD and Substance Use Disorder. *Seeking Safety* treatment focuses on both diagnoses and each condition is seen as adversely affecting the other. This model creates a balance between exposures to dual treatment issues while avoiding exposure to significant trauma memories. Groups are gender specific and meet once a week for 12 weeks. Participants discuss and learn about grounding, setting boundaries, healing from anger, healthy relationships, and setting personal goals. The trauma informed format of the group helps inmates with a trauma history gain coping techniques necessary to be successful after their release. The group is open and therefore inmates will have little to no wait before they are able to participate.

Attendance in this course may be asked for by an inmate through a request from staff or court ordered by the sentencing judge.

Anger Management programming is conducted by Midwest Recovery and allows individuals to learn to manage their anger by identifying triggers, both physical and emotional, as well as gaining coping skills to express feelings and needs assertively. These gender-specific groups meet once weekly for 1.5-hour sessions over an 8-week period. The curriculum is evidence based and trauma informed, providing a quality foundation to develop the skills necessary for success post release. A few

of the topics the participants will cover after learning & using self-control, managing stress & anxiety, dealing with rejection & failure, and learning how to let go. Again, Anger Management is an open group for maximum participation.

Attendance in this court may be asked for by an inmate through a request to staff or court ordered by the sentencing judge.

Medication Assisted Treatment (MAT)

Through a grant from the Four County ADAMHS Board and OMHAS, Midwest Recovery offers in-jail Vivitrol injections prior to release for designated inmates who have been identified as elevated risk for potential relapse. These programs take coordinated efforts from treatment and medical professionals. This program is only available for inmates from the four rural counties currently because it is funded through a grant.

Alcohol Chemical Treatment Series (ACTS) is a faith-based educational approach to drug and alcohol abuse, using visual tools, object lessons and a true recorded testimonial application. A qualified volunteer Christian Prisoners Fellowship instructor teaches an ongoing ACTS curriculum addressing real life situations and providing offenders with positive coping skills in a support group setting. The instructor also offers chaplaincy materials and benefits to the offenders, links the released offenders to a positive support group (a local church) outside the jail and provides care for the inmates' families.

ACTS programming is provided by volunteers and therefore program availability may vary. Attendance in this course may be asked for by an inmate through a request to staff.

The HARC (Healing Addictions through a Relationship with Christ) program is a six-week program that discusses how to incorporate Bible study and prayer into an inmate's life. The course also covers a variety of topics to help inmates be successful upon their release. These include how to find a job, prepare for an interview and be a good employee, getting priorities in line, budgeting & saving money, developing a system to pay weekly bills, picking affordable housing, and learning where and how to shop on a budget. The class aims to teach inmates how to live a balanced life to be satisfied, happy, and grateful for where they find themselves presently in life.

HARC programming is provided by volunteers and therefore program availability may vary. Attendance in this course may be asked for by an inmate through a request to staff.

Visitation:



Court visitation:

All visits (excluding special/Professional Visits are Via Video Visitation which is done in each housing unit.

Scheduled family visitation is available via video and tablets. Family (or friends) May utilize the video kiosks in the lobby, or they may video from home. Inmates receive their video visits on their tablets or on a video monitor in the housing unit. Attorney and clergy visits are offered in person.

Library Services:

For all the years, Library books were distributed to the units. Book carts were used to rotate books in and out of the units on a bi-weekly basis. Each unit has up to sixty-five books rotated during the bi-weekly schedule.

In 2019, CCNO signed a contract with GTL, which includes free access to all tablets to the law library in each unit.

A part-time contracted librarian (Williams County Public Library) oversees a well-lit library that is stocked with approximately 3,000 volumes of reading materials, along with fifteen magazines and three newspaper subscriptions. Book carts in the housing units. Inmates may also access books on their tablets.

Inmates have access to an online library through the tablets as well as extended paid options for books, magazines, podcasts, etc. Free law library resources are also available to all inmates on the tablets. A limited collection of physical books is available in each unit and are rotated. The Lexus-Nexus software is utilized.

Laundry:

There is one full time staff member that supervises four inmate workers in a central laundry that is operated eight hours a day, five days a week. There are two washers and three dryers. The washer has an auto-injection system for the detergent and bleach. The chemicals are securely stored in a restricted area. Lines are exchanged weekly. Clothing is exchanged twice per week and blanket once a month.

F. Examination of Records

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

1. Litigation

Over the last three years, the facility has had zero consent decrees, class action lawsuits or adverse judgments. The lawsuit that was pending against CCNO has been voluntarily dismissed.

2. Significant Incidents/Outcome Measures

The audit team reviewed and discussed the Significant Incident Summary and Outcome Measures worksheet and found the numbers reflected in the report are consistent with the overall mission and security level of the facility. The data reported on the SIS indicated incredibly low numbers for each category; the reported numbers are considered reasonable based on inmate demographics. See below data reported on the Outcome Measures

Of the 4,652 admissions in 2022, there were 10 positive tb skin tests, none of which were diagnosed with active tuberculosis. There were no conversions to positive tuberculin skin tests out of the 2006 tests given. As such, there was no need for prophylaxis treatment.

There were 201 inmates who tested positive for Hep C and 32 HIV+ inmates out of the 553 average daily population. Of those HIV+ inmates, 21 were treated with antiretroviral treatment.

There were four documented suicide attempts. There were no inmate homicides and no inmate deaths due to injuries. There were no medically expected deaths, but there was one identified medically unexpected inmate deaths. Of the eight inmate grievances about access to health care services, only three were found in favor of the inmate. And while there were six inmate grievances, only two were found favorable. All of these were reviewed, and it was determined that there were no commonalities regarding staff or inmates. The favorable outcomes were the result of supervisory intervention.

Over 330,000 medications were administered; there were no medication administration errors.

There was significant turnover by the medical unit staff, who are provided by the contract vendor, Southern Health Partners, Inc. At this time, however, the Medical Team Administrator reports that new staff were hired to replace those who left and that staffing levels are now acceptable.

There were 160 identified sexually assaultive high-risk inmates, and 703 identified at risk for sexual victimization. With the lack of substantiated PREA reports, it is evident that the facility did an excellent job keeping the entire population safe.

Overall, the information provided is within the expected range for a facility with this mission and size. Many of the positive health care outcomes were from a sector of society where preventative health care is not sought, and high-risk lifestyles may be prevalent. Given the consideration of the medically at-risk population, the data is not unexpected. The data further indicates that the proactive protocols of the health care team have the desired effect by keeping communicable diseases to a minimum. Necessary treatment is provided where applicable.

3. Departmental Visits

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

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Programs - Services	Martin Schmidt, Commander of Programs, and
Kitchen	Shonda Huerta, Aramark Food Service Director Kenisha Snyder, Kitchen Supervisor Sophia Flesch, Aramark Nutrition Director Matthew Adkins, Aramark General Manager
Commissary	Jen Contreras, Kitchen Lead
Laundry	Tony Bush, Corrections Officer
Maintenance	Charles VonSeggern, Maintenance Supervisor Dan Wolfrum, Maintenance Officer James Hankins, Maintenance Officer
Warehouse	Jeff Woolace, Tool, Key & Armory Officer
Central	Rhonda Gerken, Corrections Officer Tina Taylor, Receptionist
Recreation	Lisa Osborne, Recreation Officer
Medical	Nichole Cereghin – Director of Nursing Krystal Mutter, SHP Regional Director Maria Molder, SHP Regional Manager Rachel Smith, LPN Elizabeth Beltran, LPN Allison Ryan, LPN Michelle Brackenbury, Corrections Officer
J-1	Casey Huepenbecker, Corrections Officer
J-2	Brandon Downs, Corrections Officer
L-1	Kevin Kilgore, Corrections Officer
K-2	Steve Walkup, Corrections Officer
K-1	Shane Thompson, Corrections Officer
Intake	Beth Miller, Intake Commander John Dippman, Corrections Supervisor Korey Blosser, Corrections Officer

M-1	John Zimmann, Transportation Officer
M-2	Ben Geren, Transportation Officer
E-Unit	Kim Manley, Corrections Officer
	Kaytlynn Janish, Corrections Officer
	Steve Aelker, Corrections Officer
	Mandi Capehart, Corrections Officer
D-F Unit	Jordan Bockelman, Corrections Officer
C-Unit	Billy Kersey, Corrections Officer
B-Unit	Dugan Shadbolt, Corrections Officer
Armory	Kevin Hintz, Corrections Officer
	Suzanne Laney, Corrections Officer
	Katie Ginter, Corrections Supervisor
	Doug Moor, Transportation Supervisor
	Jeff Woolace, Tool, Key & Armory Officer
Ring Corridor	Charles Abbott, Corrections Supervisor
	TeLori Austin, Corrections Supervisor
	Jeff Schad, Corrections Supervisor
	Jesse Gibson, Corrections Supervisor
Department Re-visited	Person(s) Contacted.
Medical	Nichole Cereghin, Director of Nursing
	Krystal Mutter, SHP Regional Director
	Maria Molder, SHP Regional Manager
	Rachel Smith, LPN
	Elizabeth Beltran, LPN
	Allison Ryan, LPN
	Michelle Brackenbury, Correctional Officer
	Kim Bergman, LPN
Human Resources	Kim Hines, Payroll
	Doug Moor, Transportation Supervisor

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 8:00a.m. to 2:45 p.m. During the first day the team toured the facility and visited with many staff as we moved about the facility visiting all departments. Staff were extremely positive about the facility and were anxious to visit with the audit team regarding their work areas. All staff had participated in a fire drill during the past month and knew what to do in case of a fire. The team observed some of the programs in action.

b. Evening Shift

The team was present at the facility during the evening shift from 2:24 p.m. to 6:30 p.m. two of the team members attended the shift briefing and medical auditor attended the shift change in medical during the evening and the audit team continued to work on files and visit with staff. The officers reported they enjoyed working at the facility and felt it was a good place to work. Again, all staff reported they had participated in a fire drill during the past month.

c. Night Shift

The team was present at the facility from 6:00 a.m. – 7:30 a.m., the officers reported they were aware the ACA Audit was taking place and understood the accreditation process. There were no negative comments or dissatisfaction with the operation of the facility. They all reported they had participated in a fire drill during the past 30 days and knew what to do in case of a fire and that they feel they received appropriate training annually.

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

The team reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found the following: There were no non-compliance standards.

G. Interviews

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

1. Offender Interviews

Approximately fifty-two inmates were interviewed and all of them said they felt safe in this facility, they stated they were able to go out to recreation and that medical was good at this facility. They stated they are treated fairly by staff and their basic needs, including basic medical needs, were being met. They have access to telephones, mail and tablets which can be utilized. Inmate morale was fair, and they were cooperative and respectful during the audit. Staff were observed interacting well with the inmates. The inmates stated the facility was safe and they were treated by staff with dignity.

The team did not receive any letters from any inmates.

2. Staff Interviews

Approximately seventy-two staff were interviewed, and they stated they liked working at this facility and thought highly of the supervisors. They were polite, cooperative, and conducted themselves in a professional manner. There was a normal working relationship between the departments and communication flowed freely and staff morale was high. All staff were well versed in fire evacuation procedures. Staff knowledgeable in their post orders and job duties. All of them reported they had received the required 40 hours of annual training and believed they were receiving adequate training to perform the required duties. They were all aware ACA was going to be conducted at the jail and had been involved in the preparing for the review.

H. Exit Discussion

The exit interview was held at 10:30 a.m. in the training room with the Executive Director and nineteen staff in attendance.

The following persons were also in attendance:
There were no outside guests.

Employees of the Month of April were presented during the closing as well. The Employee of the Month went to Telori Austin, Corrections Supervisor. To summarize, she was nominated for always giving her best work/ She is dependable and knowledgeable. Because she is detail oriented, she recently prevented a bad release from happening. She was put in Intake because we were having some issues with the courts and since she was moved there the facility has not had any other issues.

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

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field. Again the audit team congratulated the facility on 100 % on the Mandatory and 100 % on Non-Mandatory Standards.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Local Detention Facilities, 4 th Edition	
Supplement	2008 Standards Supplement	
Facility/Program	Corrections Center of Northwest Ohio/Corrections Commission	
Audit Dates	May 10-12, 2023	
Auditor(s)	Cheryl Turner, Chair; Irene Horgan, Member, Bonnie O'Brien, Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	60	323
Number Not Applicable	1	24
Number Applicable	59	299
Number Non-Compliance	0	0
Number in Compliance	59	299
Percentage (%) of Compliance	100%	100%
<ul style="list-style-type: none"> • Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable • Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance • Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Corrections Commission of Northwest Ohio
Corrections Center of Northwest Ohio
Stryker, OH

May 10-12, 2023

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard #4-ALDF-4C-23

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

INQUIRY INTO:

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

OBSERVATION OF:

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

MEDICAL DISPOSITION OF INMATES:

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

FINDINGS:

CCNO is a Single-entity agency which does not have intra system transfers.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Corrections Commission of Northwest Ohio

Corrections Center of Northwest Ohio

Stryker, OH

May 10-12, 2023

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #4-ALDF-1A-06

THE FACILITY CONFORMS APPLICABLE FEDERAL, STATE, AND LOCAL BUILDING CODES. (RENOVATION, ADDITIONS, NEW CONSTRUCTION ONLY).

FINDINGS:

There have been no renovation, additions, or new construction completed during the audit years of 2020, 2021, and 2022.

Standard #4-ALDF-1A-16

ALL INMATE ROOMS/CELLS PROVIDE THE OCCUPANTS WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST THREE SQUARE FEET OF TRANSPARENT GLAZING, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN ROOMS/CELLS WITH THREE OR MORE INMATES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY)

FINDINGS:

There has been no renovation, addition, or new construction of housing units at CCNO.

Standard #4-ALDF-1B-03

AN ANNUAL SAFETY INSPECTION OF ALL VEHICLES IS CONDUCTED BY QUALIFIED INDIVIDUALS AND IN ACCORDANCE WITH STATE STATUTES FOR ANY VEHICLE THAT IS OWNED, LEASED OR USED IN THE OPERATION OF THE FACILITY.

FINDINGS:

The State of Ohio does not require annual inspections of governmental vehicles.

Standard #4-ALDF-2A-33

THE FACILITY SUPPORTS INMATE SEPARATION ACCORDING TO EXISTING LAWS AND REGULATION AND/OR ACCORDING TO THE FACILITY'S CLASSIFICATION PLAN. (ADDITION, NEW CONSTRUCTION).

FINDINGS:

CCNO was built in 1989-1990 and has had no additions since that time.

Standard #4-ALDF-2A-37

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

FINDINGS:

CCNO does not house inmates under 18 years of age.

Standard #4-ALDF-2A-38

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

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

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

ADMINISTRATOR OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDINGS:

CCNO does not house youthful offenders.

Standard #4-ALDF-2A-39

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

FINDINGS:

CCNO does not house youthful offenders.

Standard #4-ALDF-2A-40

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

FINDINGS:

CCNO does not house youthful offenders.

Standard #4-ALDF-2A-41

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

FINDINGS:

CCNO does not house youthful offenders.

Standard #4-ALDF-2A-42

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

APPLICABLE LEGAL REQUIREMENTS.

FINDINGS:

CCNO does not house youthful offenders.

Standard #4-ALDF-2A-43

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

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

FINDINGS:

CCNO does not house youthful offenders.

Standard #4-ALDF-2C-02

WHEN A CANINE UNIT IS OPERATED BY THE FACILITY:

- THERE IS A MISSION STATEMENT, INCLUDING GOALS AND OBJECTIVES
- THE CIRCUMSTANCES IN WHICH CANINE UNITS MAY BE USED ARE

CLEARLY DEFINED

- EMERGENCY PLANS ARE INTEGRATED INTO THE OVERALL EMERGENCY PLANS OF THE FACILITY
- THERE ARE CRITERIA FOR SELECTING, TRAINING AND CARING FOR ANIMALS
- THERE ARE CRITERIA FOR THE SELECTION, TRAINING, AND PHYSICAL FITNESS OF HANDLERS
- THERE IS AN APPROVED SANITATION PLAN THAT COVERS INSPECTION, HOUSING, TRANSPORTATION AND DAILY GROOMING FOR THE ANIMALS
- THERE ARE DAILY AND CURRENT RECORDS ON TRAINING, CARE OF DOGS AND SIGNIFICANT EVENTS.

FINDINGS:

CCNO does not operate a canine unit.

Standard #4-ALDF-4A-14

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

FINDINGS:

CCNO does not grow or produce any food items.

Standard #4-ALDF-4C-09

IF INFIRMARY CARE IS PROVIDED ONSITE, IT INCLUDES, AT A MINIMUM, THE FOLLOWING:

- DEFINITION OF THE SCOPE OF INFIRMARY CARE SERVICES AVAILABLE
- A PHYSICIAN ON CALL OR AVAILABLE 24 HOURS PER DAY
- HEALTH CARE PERSONNEL HAVE ACCESS TO A PHYSICIAN OR A REGISTERED NURSE AND ARE ON DUTY 24 HOURS PER DAY WHEN PATIENTS ARE PRESENT
- ALL INMATES/PATIENTS ARE WITHIN SIGHT OR SOUND OF A STAFF MEMBER
- AN INFIRMARY CARE MANUAL THAT INCLUDES NURSING CARE PROCEDURES
- AN INFIRMARY RECORD THAT IS A SEPARATE AND DISTINCT

SECTION OF THE COMPLETE MEDICAL RECORD

- COMPLIANCE WITH APPLICABLE STATE STATUTES AND LOCAL LICENSING REQUIREMENTS

FINDINGS:

CCNO Facility has medical housing/observation cells, these do not rise to the level of an infirmary.

Standard #4-ALDF-4D-04

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

FINDINGS:

There is qualified health care staff are on duty at CCNO 24/7

Standard #4-ALDF-4D-11

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

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

INMATES ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

- PERFORMING DIRECT PATIENT CARE SERVICES
- SCHEDULING HEALTH CARE APPOINTMENTS
- DETERMINING ACCESS OF OTHER INMATES TO HEALTH CARE SERVICES
- HANDLING OR HAVING ACCESS TO SURGICAL INSTRUMENTS,

- SYRINGES, NEEDLES, MEDICATIONS, OR HEALTH RECORDS OPERATING DIAGNOSTIC OR THERAPEUTIC EQUIPMENT EXCEPT UNDER DIRECT SUPERVISION, BY SPECIALLY TRAINED STAFF, IN A VOCATIONAL TRAINING PROGRAM

FINDINGS:

Inmates at CCNO do not perform familial duties. Inmates are in the Medical Department for general housekeeping duties only.

Standard #4-ALDF-5A-05

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

FINDINGS:

CCNO does not operate a therapeutic community treatment program.

Standard #4-ALDF-5A-06

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

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

FINDINGS:

CCNO does not operate a therapeutic community treatment program.

Standard #4-ALDF-5A-07

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

FINDINGS:

CCNO does not operate a therapeutic community treatment program.

Standard #4-ALDF-5A-08

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

FINDINGS:

CCNO does not operate a therapeutic community treatment program.

Standard #4-ALDF-5A-10

IN FACILITIES OFFERING ACADEMIC AND VOCATIONAL TRAINING PROGRAMS, CLASSROOMS ARE DESIGNED IN CONSULTATION WITH SCHOOL AUTHORITIES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY)

FINDINGS:

CCNO has not had any renovations, additions, or new construction during tis audit period.

Standard #4-ALDF-5C-13

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

FINDINGS:

There is no industries program at CCNO.

Standard #4-ALDF-5C-14

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

FINDINGS:

There is no industries program at CCNO.

Standard #4-ALDF-5C-15

THERE IS A COMPREHENSIVE QUALITY CONTROL PROCESS.

FINDINGS:

There is no industries program at CCNO.

Standard #4-ALDF-5C-16

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

FINDINGS:

There is no industries program at CCNO.

SIGNIFICANT INCIDENT SUMMARY

This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

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

Facility Name: **Corrections Center of NW Ohio** Reporting Period: **Jan. 2022 – Dec. 2022**

Incident Type	Months	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Total for Reporting Period
	⇨													
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	0	0	0	0	0	0	0	0	0	0	0	0	0
	Offender/Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	1	0	0	1	0	0	0	0	0	0	0	2

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



ALDF Outcome Measure Worksheet				
1A	Outcome Measure	Numerator/Denominator	Value	Calculated O.M
		The community, staff, contractors, volunteers, and inmates are protected from injury and illness caused by the physical environment.		
	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months.	2	
	divided by	Average number of Full-Time Equivalent (FTE) staff positions in the past 12 months.	152	1.32%
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	553	0.00%
	(3)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	4652	0.00%
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(5)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	4652	0.00%
	(6)	Number of sanitation or health code violations identified by external agencies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(7)	Number of health code violations corrected in the past 12 months.	0	
	divided by	The number of health code violations identified in the past 12 months.	0	0.00%
	(8)	Number of inmate grievances related to safety or sanitation found in favor of inmates in the past 12 months.	0	
	divided by	The number of inmate's grievances related to safety or sanitation in the past 12 months.	1	0.00%
	(9)	Number of fire code violations corrected in the past 12 months.	0	

	divided by	The number of fire code violations cited by jurisdictional authority in the past 12 months.	0	0.00%
(10)		Number of inmate injuries resulting from fires requiring medical treatment in a 12-month period.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
(11)		Number of inmate injuries (other than by fire) requiring medical treatment in the past 12 months.	53	
	divided by	The average daily population of inmates in the past 12 months.	553	9.58%
(12)		Number of staff injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population of staff in the past 12 months.	140	0.00%
(13)		Number of staff injuries (other than fire) requiring medical treatment in the past 12 months.	13	
	divided by	The average daily population of staff in the past 12 months.	140	9.29%
(14)		Number of inmate lawsuits related to safety or sanitation found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to safety or sanitation in the past 12 months.	0	0.00%
1B		Vehicles are maintained and operated in a manner that prevents harm to the community, staff, contractors, volunteers, and inmates.		
(1)		Number of vehicle accidents resulting in property damage in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	553	0.18%
(2)		Number of vehicle accidents resulting in injuries requiring medical treatment for any party in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	553	0.18%
(3)		Amount dollar of damage from vehicle accidents in the past 12 months.	\$0.00	
	divided by	The average daily population in the past 12 months.	553	0.00%
1C		The number and severity of emergencies are minimized. When emergencies occur, the response minimizes the severity.		
(1)		Number of emergencies, caused by forces external to the facility, which result in property damage in the past 12 months.	0	
	divided by	The number emergencies.	2	0.00%
(2)		Number of injuries, caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
(3)		Number of times that normal facility operations were	2	

		suspended due to emergencies caused by forces external to the facility in the past 12 months.		
	divided by	The average daily population in the past 12 months.	553	0.36%
	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	2.5	
	divided by	The number of emergencies caused by forces external to the facility.	2	125.00%
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(6)	Number of injuries requiring medical attention that resulted from emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(7)	Number of times that normal facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(8)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The number of emergencies.	2	0.00%
	(9)	Number of injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(10)	Number of fires that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(11)	Amount dollar of property damage from fire in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(12)	Number of code violations cited in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(14)	Number of incidents of inventory discrepancies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%

2A	Outcome Measure	Numerator/Denominator	Value	Calculated O.M
		The community, staff, contractors, volunteers, and inmates are protected from harm. Events that pose risk of harm are prevented. The number and severity of events are minimized.		
	(1)	Number of incidents involving harm in the past 12 months.	125	
	divided by	The average daily population in the past 12 months.	553	22.60%
	(2)	Number of incidents in the past 12 months involving harm.	125	
	divided by	The number of admissions in the past 12 months.	4652	2.69%
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of incidents in the past 12 months.	9	
	divided by	The average daily population in the past 12 months.	553	1.63%
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	9	
	divided by	The number of admissions in the past 12 months.	4652	0.19%
	(5)	Number of unauthorized inmate absences from the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(6)	Number of instances of unauthorized access to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
2B		Physical force is used only in instances of self-protection, protection of the inmate or others, prevention of property damage, or prevention of escape.		
	(1)	Number of instances in which force was used in the past 12 months.	119	
	divided by	The average daily population in the past 12 months.	553	21.52%
	(2)	Number of instances in which force was used in the past 12 months.	119	
	divided by	The number of admissions in the past 12 months.	4652	2.56%
	(3)	Number of times that staff use of force were found to have been inappropriate in the past 12 months.	0	
	divided by	The number of instances in which force was used.	119	0.00%
	(4)	Number of inmate grievances filed alleging inappropriate use of force in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(5)	Number of grievances alleging inappropriate use of force decided in favor of inmate in the past 12 months.	0	
	divided by	The number of grievances alleging inappropriate use of force filed.	0	0.00%
	(6)	Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months.	2	
	divided by	The average daily population in the past 12 months.	553	0.36%

2C		Contraband is minimized. It is detected when present in the facility.		
	(1)	Number of incidents involving contraband in the past 12 months.	1	0.18%
	divided by	The average daily population in the past 12 months.	553	
	(2)	Number of incidents involving contraband in the past 12 months.	1	
	divided by	The number of admissions in the past 12 months.	4652	0.02%
	(3)	Number of weapons found in the facility in the past 12 months.	4	
	divided by	The average daily population in the past 12 months.	553	0.72%
	(4)	Number of controlled substances found in the facility in the past 12 months.	7	
	divided by	The average daily population in the past 12 months.	553	1.27%
	(5)	Number of controlled substances found in the facility in the past 12 months.	7	
	divided by	The number of admissions in the past 12 months.	4652	0.15%
2D		Improper access to and use of keys, tools and utensils are minimized.		
	(1)	Number of incidents involving keys in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(2)	Number of incidents involving tools in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(3)	Number of incidents involving culinary equipment in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(4)	Number of incidents involving medical equipment and sharps in the past 12 months.	3	
	divided by	The average daily population in the past 12 months.	553	0.54%
3A		Inmates comply with rules and regulations.		
	(1)	Number of rule violations in the past 12 months.	5836	
	divided by	The average daily population in the past 12 months.	553	10.55
	(2)	Number of assaults—inmate against inmate, inmate against staff in the past 12 months.	42	
	divided by	The average daily population in the past 12 months.	553	7.59%
4A		Food service provides a nutritionally balanced diet. Food service operations are hygienic and sanitary.		
	(1)	Number of documented inmate illnesses attributed to food service operations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(2)	Number of inmate grievances about food service decided in favor of the inmate the past 12 months.	2	

	divided by	The number of inmate grievances about food service in the past 12 months.	7	28.57%
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months.	0	
		Divided by number of violations cited by independent authorities in the past 12 months.		
4B		Inmates maintain acceptable personal hygiene practices.		
	(1)	Inmate grievances regarding inmate access to personal hygiene decided in favor of the inmate in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(2)	Number of inmate illnesses attributed to poor hygiene practices in the past 12 months.	8	
	divided by	The average daily population in the past 12 months.	553	1.45%
	(3)	Number of inmates diagnosed with hygiene-related conditions (scabies, lice, or fungal infections) in the past 12 months.	104	
	divided by	The average daily population in the past 12 months.	553	18.81%
	(4)	Number of inmate grievances related to hygiene found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate grievances related to hygiene in the past 12 months.	0	0.00%
	(5)	Number of inmate lawsuits related to hygiene found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to hygiene in the past 12 months.	0	0.00%
4C		Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.		
	(1)	Number of inmates with a positive tuberculin skin test in the past 12 months.	10	
	divided by	The number of admissions in the past 12 months.	4652	0.21%
	(2)	Number of inmates diagnosed with active tuberculosis in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(3)	Number of conversions to a positive tuberculin skin test in the past 12 months.	0	
	divided by	The number of tuberculin skin tests given in the past 12 months.	2006	0.00%
	(4)	Number of inmates with a positive tuberculin skin test who completed prophylaxis treatment for tuberculosis in the past 12 months.	0	
	divided by	The number of inmates with a positive tuberculin skin test on prophylaxis treatment for tuberculosis in the past 12 months.	0	0.00%

	(5)	Number of Hepatitis C positive inmates in the past 12 months.	201	
	divided by	The average daily population in the past 12 months.	553	36.35%
	(6)	Number of HIV positive inmates in the past 12 months.	32	
	divided by	The average daily population in the past 12 months.	553	5.79%
	(7)	Number of HIV positive inmates who are being treated with highly active antiretroviral treatment in the past 12 months.	21	

	divided by	The number of known HIV positive inmates in the past 12 months.	25	84.00%
(8)		Number of inmates' diagnosis with an Axis I (excluding sole diagnosis of substance abuse) in the past 12 months.	1972	
	divided by	The average daily population in the past 12 months.	553	3.57%
(9)		Number of inmate suicide attempts in the past 12 months.	4	
	divided by	The average daily population in the past 12 months.	553	0.72%
(10)		Number of inmate suicides in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
(11)		Number of inmate deaths due to homicide in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
(12)		Number of inmate deaths due to injuries in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
(13)		Number of medically expected inmate deaths in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
(14)		Number of medically unexpected inmate deaths in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	553	0.36%
(15)		Number of inmate admissions to the infirmary (where available) in the past 12 months.	2	
	divided by	The average daily population in the past 12 months.	553	0.36%
(16)		Number of inmate admissions to off-site hospitals in the past 12 months.	18	
	divided by	The average daily population in the past 12 months.	553	3.25%
(17)		Number of inmates transported off-site (via an ambulance or correctional vehicle) for treatment of emergency health conditions in the past 12 months.	112	
	divided by	The average daily population in the past 12 months.	553	20.25%
(18)		Number of inmate specialty consults completed in the past 12 months.	343	
	divided by	The number of specialty consults (on-site or off-site) ordered by primary health care provider (MD, NP, PA) in the past 12 months.	343	100.00%
(19)		Number of inmate grievances about access to health care services found in favor of the inmate in the past 12 months.	3	
	divided by	The number of inmate grievances about access to healthcare services in the past 12 months.	8	37.50%
(20)		Number of inmate grievances related to the quality of health care found in favor of inmates in the past 12 months.	2	
	divided by	The number of inmate grievances related to the quality	6	33.33%

		of health care in the past 12 months.		
	(21)	Number of inmates' lawsuits about access to healthcare services found in favor of inmates in the past 12 months.	0	

	divided by	The number of inmate's lawsuits about access to healthcare services in the past 12 months.	0	0.00%
(22)		Number of individual sick call encounters in the past 12 months.	4054	
	divided by	The average daily population in the past 12 months.	553	7.33%
(23)		Number of physician visits contacts in the past 12 months.	2796	
	divided by	The average daily population in the past 12 months.	553	5.06%
(24)		Number of individualized dental treatment plans in the past 12 months.	288	
	divided by	The average daily population in the past 12 months.	553	52.08%
(25)		Number of hypertensive inmates enrolled in a chronic care clinic in the past 12 months.	942	
	divided by	The average daily population in the past 12 months.	553	170.34%
(26)		Number of diabetic inmates enrolled in a chronic care clinic in the past 12 months.	226	
	divided by	The average daily population in the past 12 months.	553	40.87%
(27)		Number of incidents involving pharmaceuticals as contraband in the past 12 months.	3	
	divided by	The average daily population in the past 12 months.	553	0.54%
(28)		Number of cardiac diets received by inmates with cardiac disease in the past 12 months.	25	
	divided by	The number of cardiac diets prescribed in the past 12 months.	25	1.00%
(29)		Number of hypertensive diets received by inmates with hypertension in the past 12 months.	0	
	divided by	The number of hypertensive diets prescribed in the past 12 months.	0	0.00%
(30)		Number of diabetic diets received by inmates with diabetes in the past 12 months.	123	
	divided by	The number of diabetic diets prescribed in the past 12 months.	123	1.00
(31)		Number of renal diets received by inmates with renal disease in the past 12 months.	4	
	divided by	The number of renal diets prescribed in the past 12 months.	4	1.00%
(32)		Number of needle-stick injuries in the past 12 months.	0	
	divided by	The number of employees on average in the past 12 months.	133	0.00%
(33)		Number of pharmacy dispensing errors in the past 12 months.	0	
	divided by	The number of prescriptions dispensed by the pharmacy in the past 12 months.	11,289	0.00%
(34)		Number of nursing medication administration errors in the past 12 months.	0	
	divided by	The number of medications administered in the past 12 months.	330,224	0.00%

4D		Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.		
	(1)	Number of staff with lapsed licensure and/or certification in the past 12 months.	0	
	divided by	The number of licensed or certified staff in the past 12 months.	30	0.00%
	(2)	Number of new employees in the past 12 months who completed orientation training prior to undertaking job assignments.	16	
	divided by	The number of new employees in the past 12 months.	16	100.00%
	(3)	Number of employees completing in-service training requirements in the past 12 months.	16	
	divided by	The number of employees eligible in the past 12 months.	16	100.00%
	(4)	Number of MD staff who left employment in the past 12 months.	0	
	divided by	The number of authorized MD staff positions in the past 12 months.	2	0.00%
	(5)	Number of RN staff who left employment in the past 12 months.	3	
	divided by	The number of authorized RN staff positions in the past 12 months.	4	75.00%
	(6)	Number of LPN staff who left employment in the past 12 months.	3	
	divided by	The number of authorized LPN staff positions in the past 12 months.	4	75.00%
	(7)	Number of medical records staff who left employment in the past 12 months.	4	
	divided by	The number of medical records staff positions in the past 12 months.	4	100.00%
	(8)	Number of alleged sexual misconduct incidents between staff and detainees in the past 12 months.	4	
	divided by	Average daily population in the past 12 months.	4	100.00%
	(9)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	553	0.00%
	(10)	Number of confirmed sexual misconduct incidents between staff and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	553	0.00%
	(11)	Number of confirmed sexual misconduct incidents between volunteers and/or contact personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	553	0.00%
	(12)	Number of detainees identified as high risk with a history of sexually assaultive behavior in the past 12	160	

		months.		
	divided by	Average daily population in the past 12 months.	553	28.93%
	(13)	Number of detainees identified as at risk for sexual victimization in the past 12 months.	703	
	divided by	Average daily population in the past 12 months.	553	127.12%
5A		Inmates have opportunities to improve themselves while confined.		
	(1)	Number of inmates who passed GED exams while confined in the past 12 months.	2	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	824	0.73%
	(2)	Total number of grade levels advanced by inmates in the past 12 months.	35	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	824	4.25%
	(3)	Number of certificates of vocational competency awarded to inmates in the past 12 months.	6	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	824	0.73%
5B		Inmates maintain ties with their families and the community.		
		NONE		
5C		The negative impact of confinement is reduced.		
		NONE		
6A		Inmates' rights are not violated.		
	(1)	Total number of inmate grievances in the past 12 months, regarding: (a) access to court; (b) mail or correspondence; (c) sexual harassment; (d) discipline; (e) discrimination; (f) protection from harm.	22	
	divided by	The average daily population in the past 12 months.	553	3.98%
	(2)	Number of inmate grievances (see [a] through [e] above) decided in favor of inmates in the past 12 months.	4	
	divided by	The total number of grievances filed in the past 12 months.	103	3.88%
	(3)	Total number of inmate court suits alleging violation of inmate rights filed against the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(4)	Number of inmate court suits alleging violation of inmate rights decided in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate suits filed in the past 12 months.	2	0.00%
6B		Inmates are treated fairly.		
	(1)	Number of inmate grievances regarding discrimination in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	553	0.18%

	(2)	Number of inmate grievances regarding discrimination resolved in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate grievances filed regarding discrimination in the past 12 months.	1	0.00%
	(3)	Number of grievances resolved in favor of inmates in the past 12 months.	18	
	divided by	The average daily population in the past 12 months.	553	3.25%
	(4)	Number of grievances resolved in favor of inmates in the past 12 months.	18	
	divided by	The total number of inmate grievances filed in the past 12 months.	103	17.48%
	(5)	Number of court malpractice or tort liability cases found in favor of the inmate in the past 12 months.	0	

	divided by	The number of court malpractice or torte liability cases in the past 12 months.	0	0.00%
6C		Alleged rule violations are handled in a manner that provides inmates with appropriate procedural safeguards.		
	(1)	Number of disciplinary incidents resolved informally in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(2)	Number of formal inmate disciplinary decisions that were appealed in the past 12 months.	124	
	divided by	The total number of disciplinary decisions made in the past 12 months.	5810	2.13%
	(3)	Number of appealed disciplinary decisions decided in favor of the inmate in the past 12 months.	15	
	divided by	The total number of disciplinary decisions made in the past 12 months.	5810	0.26%
	(4)	Number of grievances filed by inmates challenging disciplinary procedures in the past 12 months.	5	
	divided by	The average daily population in the past 12 months.	553	0.90%
	(5)	Number of disciplinary-related grievances resolved in favor of the inmate in the past 12 months.	1	
	divided by	The total number of disciplinary-related grievances filed in the past 12 months.	5	20.00%
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months.	0	
	divided by	The total number of court decisions regarding discipline decided in the past 12 months.	0	0.00%
	(8)	Number of rule violations in the past 12 months.	5836	
	divided by	The average daily population in the past 12 months.	553	10.55%
	(9)	Number of inmates terminated from the facility due to rule violations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	553	0.00%
6D		Inmates take responsibility for their actions.		
	(1)	Number of inmates released in the past 12 months who made regular payments toward their restitution obligations.	0	
	divided by	The number of inmates who had restitution obligations in the past 12 months.	0	0.00%
	(2)	Number of inmates who satisfy their court cost/fines obligations in the past 12 months.	0	
	divided by	The number of inmates who had court cost/fine obligations in the past 12 months.	0	0.00%
	(3)	Total amount of restitution paid by inmates in the past 12 months.	\$0.00	

	divided by	The average daily population in the past 12 months.	553	0.00%
(4)		Total number of hours of community service donated by inmates in the past 12 months.	1,599.5	
	divided by	The average daily population in the past 12 months.	553	2.89%

	(5)	Total number of inmates who participated in restitution in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	5115	0.00%
	(6)	Total number of inmates who participated in community service work in the past 12 months.	16	
	divided by	The total number of inmates housed in the past 12 months.	5115	0.31%
	(7)	Total number of inmates who participated in victim awareness programs in the past 12 months.	188	
	divided by	The total number of inmates housed in the past 12 months.	5115	3.68%
	(8)	Total amount of restitution paid by inmates in the past 12 months.	\$0.00	
	divided by	The total number of inmates housed in the past 12 months	5115	0.00%
	(9)	Total number of hours delivered by inmates who participated in community service work in the past 12 months.	1,599.5	
	divided by	The total number of inmates housed in the past 12 months.	5115	0.31%
7A		The facility operates as a legal entity.		
		NONE		
7B		Staff, contractors, and volunteers demonstrate competency in their assigned duties.		
	(1)	Total number of years of staff members' education as of the end of the last calendar year.	257	
	divided by	The number of staff at the end of the last calendar year.	133	1.93%
	(2)	Number of staff who left employment for any reason in the past 12 months.	72	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	152	47.37%
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months.	15	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	152	9.87%
	(4)	Number of professional development events attended by staff in the past 12 months.	1070	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	152	7.04
7C		Staff, contractors, and volunteers are professional, ethical, and accountable.		
	(1)	Number of incidents in which staff was found to have acted in violation of facility policy in the past 12 months.	36	
	divided by	The number of full-time equivalent staff positions in	152	23.68%

		the past 12 months.		
(2)		Number of staff terminated for conduct violations in the past 12 months.	12	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	152	7.89%
(3)		Number of inmate grievances attributed to improper staff conducts which were upheld in the past 12 months.	0	

	divided by	The number of inmate grievances alleging improper staff conduct filed in the past 12 months.	7	0.00%
(4)		Number of inmate grievances attributed to improper staff conduct which were upheld in the past 12 months.	0	
	divided by	The average daily population for the past 12 months.	553	0.00%
(5)		Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.	2	
	divided by	The number of staff substance abuse tests administered in the past 12 months.	89	2.25%
(6)		Number of staff terminations for violation of drug-free work policy in the past 12 months.	2	
	divided by	The number of staff terminations in the past 12 months.	12	16.67%
(7)		The average number of physicians employed in the past 12 months.	4	
	divided by	The number of physician positions authorized in the past 12 months.	0	#DIV/0!
(8)		The average number of nurses employed in the past 12 months.	24	
	divided by	The number of nurse positions authorized in the past 12 months.	11	2.18
(9)		The average number of mid-level health care practitioners employed in the past 12 months.	2	
	divided by	The number of mid-level health care practitioner positions authorized in the past 12 months.	2	100.00%
(10)		The average number of ancillary health care staff employed in the past 12 months.	5	
	divided by	The number of ancillary health care staff positions authorized in the past 12 months.	2	250.00%
7D		The facility is administered efficiently and responsibly.		
(1)		Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures).	41,498.000	
	divided by	The budget for the past 12 months.	\$19,149.363	7.82%
(2)		Number of material audit findings by an independent financial auditor at the conclusion of the last audit.	unknown	
		NONE		
(3)		Number of grievances filed by inmates regarding their records or property in the past 12 months.	9	
	divided by	The average daily population in the past 12 months.	553	1.63%
(4)		Number of inmate grievances (records/property) decided in favor of inmates in the past 12 months.	1	
	divided by	The total number of inmate grievances (records/property) in the past 12 months.	9	11.11%
(5)		Number of objectives achieved in the past 12 months.	45	
	divided by	The number of objectives for the past 12 months.	47	95.74%
(6)		Number of program changes made in the past 12	1	

		months.		
	divided by	The number of program changes recommended in the past 12 months.	1	100.00%
	(7)	Number of problems identified by internal health care review that were corrected in the past 12 months.	1	
	divided by	The number of problems identified by internal health care review in the past 12 months.	1	100.00%

7E		Staff are treated fairly.		
	(1)	Number of grievances filed by staff in the past 12 months.	3	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	152	1.97%
	(2)	Number of staff grievances decided in favor of staff in the past 12 months.	0	
	divided by	The total number of staff grievances in the past 12 months.	3	0.00%
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year.	1,477	
	divided by	The number of staff at the end of the last calendar year (e.g. average number of years experience).	133	11.11%
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months.	0	
	divided by	The number of staff termination or demotion hearings requested in the past 12 months.	0	0.00%
7F		The facility is a responsible member of the community.		
	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months.	2,778.4 1	
	divided by	The average daily population of inmates in the past 12 months.	553	5.02
	(2)	Total number of individual community members who provided voluntary service in the past 12 months.	112	
	divided by	The average daily population of inmates in the past 12 months.	553	20.25%
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	553	0.00%
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months.	24	
	divided by	The average daily population of inmates in the past 12 months.	553	4.34%
	(5)	Total number of complaints from the community in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	553	0.00%
	(6)	Total number of hours of community service work delivered by inmates in the past 12 months.	1,599.5	
	divided by	The average daily population of inmates in the past 12 months.	553	2.89%

COMMISSION ON ACCREDITATION FOR CORRECTIONS

PANEL ACTION REPORT

Virtual Hearing
In Lieu of the
153rd Congress of Correction
Philadelphia, Pennsylvania
Wednesday, October 25, 2023

Agency Name: Corrections Center of Northwest Ohio
Facility Name: Corrections Center of Northwest Ohio
Facility Location: Stryker, Ohio
Agency Representative: Juli Steingass, Commander of Operations
Panel Members: Ron Koon, Chairman
Racheal Hoffman-Ots
Michael DeVoter
Staff: Eric Schultz, Accreditation Specialist
David Haasenritter, Director of Standards & Accreditation

Standard

Standard #4-ALDF-1B-03

Panel Action

Moved from Non-Applicable to Applicable and Compliant
Pending receipt by ACA staff of the appropriate and
Applicable vehicle maintenance records.

Accreditation Panel Decision

Moved: Commissioner DeVoter
Seconded: Commissioner Hoffman-Ots

Accreditation Vote:

Yes

No

Chairman Koon: Yes
Commissioner Hoffman-Ots: Yes
Commissioner DeVoter: Yes

Final Tally

Mandatory: 100%
Non-Mandatory: 100%