

EVALUATING AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION OF ADULT CORRECTIONAL  
INSTITUTIONS

by

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Presented to the Faculty of the Graduate School of  
The University of Texas at Arlington in Partial Fulfillment  
of the Requirements  
for the Degree of

MASTER OF ARTS IN CRIMINOLOGY AND CRIMINAL JUSTICE

THE UNIVERSITY OF TEXAS AT ARLINGTON

May 2006

## ACKNOWLEDGEMENTS

I would like begin by expressing my sincere appreciation to Dr. Robert Bing for supporting my efforts and for standing by me at the IRB. I would also like to thank Dr. Alejandro del Carmen for providing research ideas and an inspiration to push myself a little bit farther. Additionally, my thanks go to Dr. O. Elmer Polk for being a stickler for detail and for his help with my research.

On the home front, I would like to thank my partner Anthony for tolerating my stressful attitude and for being so understanding. To my sister Wendy for always encouraging me and to my best friend Vin for his support and friendship.

Finally, I would like to extend my gratitude to my friend Julie Prender for her wonderful support and excellent knowledge of SPSS. If I failed to include anybody, I apologize.

April 18, 2006

ABSTRACT

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Publication No. \_\_\_\_\_

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The University of Texas at Arlington, 2006

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This research study focuses on the impact that accreditation by the American Correctional Association has on violence, crowding, and educational and counseling offerings in adult correctional facilities.

Data from the American Correctional Association and the 1995 and 2000 Census of State and Federal Correctional Facilities are studied by joining databases and performing statistical analysis on the resulting data.

The resulting analysis reveals negative relationships between ACA accreditation and violence and positive relationships between ACA Accreditation and educational and counseling program offerings in adult correctional institutions.

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## CHAPTER 1

### INTRODUCTION

#### 1.1 Introduction

*“People do that you inspect, not what you expect.”*  
– Louis Gerstner, Former CEO, IBM

Mr. Gerstner’s quote is useful to remember when discussing jail and prison inspection and accreditation. If people always did as required, many problems would be non-existent.

The recent revelations of prisoner and detainee mistreatment in prisons in Abu Ghraib Iraq and Guantanamo Bay Cuba as well as uprisings in jails and prisons in the United States have emphasized the importance of correctional institutions inspections more than ever before. The world is watching and the United States must prove that it can be a leader in treating prisoners and detainees humanely and fairly.

In addition to international scrutiny, many state legislatures have begun to pay closer attention to how jails and prisons are operated. The correctional facility can sometimes allay this negative attention through accreditation by the American Correctional Association (ACA). Some states feel so strongly about the benefits of ACA accreditation that they either mandate that all correctional institutions in their jurisdiction must become ACA accredited or modify their contracts for private prison

firms to include the requirement that any facility operated by a private prison firm must be ACA accredited.

This study attempts to determine if accreditation by the ACA is effective in reducing violence in America's adult correctional institutions. This study will also attempt to determine if ACA accreditation has a measurable impact on other quality of life indicators such as educational offerings, counseling offerings, and work-assignment programs in adult correctional institutions.

This study relies on the premise that less violence in jails and prisons positively impacts the rehabilitative capability of the institution. This study also assumes that crowding in jails and prisons leads to increased violence in those facilities. Finally, the study relies on the theory that programs such as counseling, education, work assignment, and enhanced family visitation are positively correlated with rehabilitation of offenders (Palmer, 1999).

## 1.2 The Problem

### *1.2.1 Statement of the Problem*

More than 2.1 million inmates reside in state and federal correctional institutions (Bureau of Justice Statistics, 2004), and money for building facilities and maintaining populations is being redirected to other national priorities (Blevins, 2004). Inspection of jails and prisons must be a priority to ensure the human rights of the prisoners are maintained and the facilities operate as efficiently as possible.

Further, determining if inspection and accreditation have a measurable impact on the quality of life of inmates in adult jails and prisons provides support for the decision to seek ACA accreditation. This paper will then discuss the need for accreditation as well its impact in subsequent chapters.

### *1.2.2 Hypotheses*

1. That less violence is found at ACA accredited adult correctional institutions compared to those adult correctional institutions that are not ACA accredited.
2. That inmates at ACA accredited facilities are offered more rehabilitative program offerings such as counseling, education, and work assignment programs in a less crowded environment at ACA accredited adult correctional facilities versus those that are not ACA accredited.

### *1.2.3 Limitations of the Study*

The study has some limitations that may threaten the validity of the data produced. First, the outcome of the analysis may be skewed because non-accredited facilities may follow many or all of the suggested practices of the ACA, but not be formally accredited. Second, another limitation of the study may be that an ACA accredited facility may be staffed by individuals with a propensity to mistreat inmates,

however the facility is able to maintain its accreditation. Third, an additional limitation of the study is that ACA accreditation does not cover every single aspect of life in adult correctional institutions, and some of the indicators that are not measured by ACA accreditation may have a significant impact on quality of life indicators in those facilities. Fourth, the ability to generalize the data to current conditions and practices in adult correctional institutions may be limited by age of the data. Fifth, the Census data, although the most current available, is five and ten years old, and may not accurately reflect current conditions.

Lastly, the study outcome may be affected because the existence of a standard does not necessarily mean that the standard will be followed. The reporting systems of each individual facility may also affect the validity of the data produced; if facilities do not completely and accurately track occurrences of violence and other data, the resultant analysis will not be completely accurate.

### 1.3 Definitions of Terms

The present study relies on overcrowding in prisons to test one of its hypotheses. The crowding measurements rely on calculating ratios of average daily populations against “rated capacity” and “design capacity” measurements for each facility involved in the analysis.

Accordingly, the term “rated capacity” has been defined by Gilliard and Beck (1996) as the number of beds or inmates assigned by a rating official to institutions within their jurisdiction. The term “design capacity” is defined by Gilliard and Beck as the number of inmates that planners or architects intended for the facility.

#### 1.4 Summary

In summary, jails and prisons in the United States struggle to offer rehabilitative programs to inmates, often in crowded environments. Some states believe that ACA accreditation can have a positive impact on factors such as crowding and violence levels. This study will then attempt to determine if ACA accreditation has a positive impact on crowding and rehabilitative program offerings such as education and counseling.

## CHAPTER 2

### REVIEW OF THE LITERATURE

The literature regarding ACA accreditation of adult correctional institutions is separated into five emergent themes: A brief discussion of prisons, a discussion of the history and future of ACA accreditation, a discussion of the goals of ACA accreditation, a discussion of the criticisms and benefits and criticisms of ACA accreditation, and a discussion of the impact of ACA accreditation.

#### 2.1 Prisons Generally

According to the Bureau of Justice Statistics, prisons and jails in the United States housed over two million persons in 2004 (Bureau of Justice Statistics, 2004). These individuals were held in state, federal, and local correctional institutions with state facilities maintaining the largest percentage of inmates. In 2003, for example, 1,290,459 inmates were held in state correctional institutions, 762,672 were held in local jail facilities, and 170,461 were held in federal correctional institutions (Lawson, 2005).

Considering the large number of inmates in adult correctional facilities in the United States, it is expected that violence and human rights violations will occur. In an effort to reduce the incidence of violence and human rights violations, prison administrators have attempted to operate correctional facilities according to accepted professional standards. A March 2000 report by the Federal Bureau of Prisons revealed

that most jails and prisons in the United States use a combination of standards by the American Correctional Association (ACA), the facility's governing agency, and other jurisdictional standards (Camp & Gaes, 2000).

The impact of sentencing policies on prison populations was also discussed by Haas, Alpert, Simon, and Feeley who have observed that rates of imprisonment increased while index offenses and violent crimes decreased during the same time period between 1991 and 1995. Haas and Alpert's (1999) book, for example, contends that most of the violent criminals and major drug kingpins are already in prison therefore, the majority of the newly incarcerated offenders are lower-level drug offenders. The authors go on to note that "get tough on crime" policies and laws (e. g., three-strikes laws, "war on drugs" laws, sentencing guidelines, mandatory minimum sentences, etc.) have become more prevalent in the last decade and have had the effect of filling the nation's prisons with drug offenders.

Simon and Feeley (2003) go further to state that the "tough on crime" policies and laws are the product of moral panic in society. According to Simon and Feeley, three-strikes laws have little impact on violent crime because violent crimes already carry severe penalties, therefore three-strikes laws impose "draconian penalties on large numbers of marginal offenders" (p. 83).

The literature (e. g., Lehrer, 2004; Smalley, 1999, Stadler, 1997) addressed the need for standards due to the prevalence of corruption in prisons (Stadler, 1997) and the use of brutality as a tool to manage the inmates (Lehrer, 2004). Many cases of prisoner abuse were noted in the literature (e. g., Lawson, 2005; Gremillion, 2000; Smalley,

1999; Gettinger, 1982; Jacobs, 1980), including the abuse of inmates in a Corrections Corporation of America (CCA) facility in 1997 (Smalley, 1999). The inmates in the CCA case were brutalized by corrections officers and sued because of the abuse. Fortunately for the inmates, the incident was captured on videotape (Smalley, 1999); many times abuse in correctional facilities goes undetected and unreported. With the combination of longer sentences and less parole, the nation's prison population is growing larger and older, and the care of these inmates will pose special challenges in the future (Lawson, 2005).

While most corrections professionals understand that inmates must be treated humanely and that effective punishment requires staff to treat the inmates with respect and dignity (Lehrer, 2004), the cases of inmate often overshadow the efforts of caring corrections professionals who follow all the rules.

The literature (e. g., Lehrer, 2004; Kennedy, 2001; Smalley, 1999) focused on the topic of prison privatization in great detail. With an incarceration rate approximately three times greater than any other developed nation (Lehrer, 2004) and a prison population that doubles every ten years (Kennedy, 2001), America faces an ever-growing demand for prison cells (Smalley, 1999). According to Lehrer (2004), America must improve its prison management.

With lower cost and innovation as selling points (Smalley, 1999), some governing agencies have chosen to outsource the management of their jail and prison facilities to private contractors. These private contractors operate the facilities under



written agreements that stipulate the details of how the facility will be operated and how much the governing authority must pay.

The literature (e. g., Hambourger, 2003; Smalley, 1999; Gold, 1996) noted that privatization of jail and prison operations has both benefits and drawbacks. Private prisons, for example, cost approximately 2% to 28% less to operate than government run facilities (Smalley, 1999). Privately run prisons generally cost 15% less to build than government built facilities (Smalley, 1999). Additionally, Smalley (1999) notes that private firms can actually build prison facilities more rapidly than the government can. According to Gold (1996), private prisons provide the same quality of service that government-run facilities do, however this claim is not supported by empirical studies in the literature. Some states believe so strongly in accreditation that they build accreditation requirements into the contracts that they enter into with the private prison firms (Hambourger, 2003). The indicator most often used to determine if prison has been successful in rehabilitating offenders is the recidivism rate of inmates after they leave the facility. According to Smalley (1999, p. 1168), Corrections Corporation of America stated that its recidivism rate was 30% compared to the nationwide average of 60%.

The weaknesses of accreditation were also covered. For example, the literature (e. g., Lehrer, 2004; O'Brien, 2002; Smalley, 1999) addressed the fact that privatization is big business, and as such, is constantly pursuing ways to increase profits. Because of the pressure to control costs, the quality of staff that a private prison employs is sometimes lower than that of a government facility. In 1990, a \$1.65 billion dollar

class-action lawsuit was filed by inmates in Ohio against Corrections Corporation of America (CCA) resulting from inadequate medical care, abusive corrections officers, and stabbing deaths (Smalley, 1999).

Privatization was originally meant for minimum security facilities, however, Smalley (1999) noted 15% of CCA's managed facilities are minimum security, 70% are medium security, and 15% are maximum security (Smalley, 1999). Privatization also has an impact on inmate population numbers. O'Brien (2002) noted that some contracts between private firms and the government contain minimum occupancy clauses that result in the government to paying for prison beds, whether an inmate sleeps in them or not.

Smalley (1999) revealed that private prison firms held contracts with 26 states in 1999, and Gold (1996) noted that states not utilizing private prison firms feared the impact of privatization. Not only are correctional officer unions opposed to privatization (Lehrer, 2004), but in 1999 Smalley wrote that a few members of congress attempted to prepare a bill to stop growth of private prisons in the federal system.

In summary, the growing population of jails and prisons was covered as well as the prevalence of brutality and corruption. Additionally, a discussion of privatization of jails and prisons was offered.

## 2.2 Conditions of Confinement

Logan (1993) addressed the challenges correctional institutions face in managing inmates. Logan pointed out that prisons are tasked with rehabilitating, incapacitating, and deterring some of society's most difficult persons. Logan also stated

that prisons are asked to pick up where other institutions in society have failed. Because of the challenges faced by correctional institutions, mistreatment of inmates has occurred.

The history of prison conditions in the United States reveals that conditions have been substandard and as recently as 2001, for example, Amnesty International reported that inmates at Wallens Ridge State Prison in Virginia were abused with electro-shock stun guns by corrections officers (Amnesty International, 2001). The literature (e. g., Gremillion, 2000; Keve, 1995; Jacobs, 1980) was replete with accounts of prisoner abuse that has occurred in American jails and prisons throughout history. According to Jacobs (1980, p. 432), prior to the 1960's, prisoners were treated as "slaves of the state." During the 1960's the federal courts maintained a "hands off" attitude regarding inmates in jails and prisons (Jacobs, 1980, p. 433). This stance caused conditions to deteriorate and finally inmates began to riot. The 1971 riot in Attica, New York is an example of the reaction to racial, ethnic, and religious intolerance that was endemic in prisons in the 1960's and early 1970's (Keve, 1995). During the 1970's prisoners began to file lawsuits about their conditions of confinement and the federal courts began to take notice.

Meanwhile, Jacobs' (1980) work reveals this change in attitude by the courts was the catalyst for the prisoners' rights movement. He goes on to suggest, the prisoners' rights movement heightened public awareness of prison conditions and contributed to the establishment of national standards (Jacobs, 1980) While many prison officials resent interference by the judiciary, few other avenues are available to

ensure that inmates were treated in a Constitutional manner (Jacobs, 1980). Prisoners in other states began to seek relief from the courts as well. Gremillion (2000) similarly notes that prisoners at the Angola penitentiary in Louisiana sued the state because of substandard conditions of confinement. The 1971 Angola lawsuit forced the state of Louisiana to hire additional correctional officers and medical staff, conduct inspections for crowding and fire hazards, and to eliminate racial segregation and discrimination (Gremillion, 2000).

Thomas and Thomas (2002) suggest that one of the most important prisoner lawsuits was the landmark 1976 case of Estelle v. Gamble, 429 U.S. 97 (1976); (Estelle v. Gamble, 1976) (Thomas & Thomas, 2002). The Estelle case was pivotal because it was the first time that the courts had enumerated the rights of prisoners to health care (Lawson, 2005). Thomas and Thomas (2000) also note that the case stated that the government had an affirmative duty to provide health care to inmates.

As discussed above, there is general agreement in the literature (e. g., Conrad, 1985; Sechrest and Reimer, 1982) that conditions at some correctional facilities have been substandard. For example, Sechrest and Reimer (1982) noted that correctional systems have not historically offered inmates a setting that is safe and humane. The substandard conditions and treatment leave the inmates with feelings of anger and frustration which makes them more difficult to manage (Sechrest & Reimer, 1982). Racial disparities in sentencing have also added to the challenges of managing inmates in correctional institutions (Jet, 1996).

Sechrest and Reimer (1982) discussed the fact that staff at many correctional institutions fail to realize that true rehabilitation relies on humane treatment. Conrad (1985, p. 130) states that conditions of confinement must be “lawful, safe, industrious, and hopeful” in order for rehabilitation to work and that conditions such as crowding pose a serious safety risk and interfere with programming. As a broader policy issue, Rich (2001, p. 694) notes that there is a relationship between sentencing policies and prison conditions, and that prison sentences should be “fair, proportionate, and humane.”

In summary, the history of jails and prisons is replete with instances of mistreatment. The literature also points toward the requirements of rehabilitation and the need for rational sentencing practices.

### 2.3 Judicial and Legislative Intervention

Another theme in the literature pertains to legislatures are demanding greater accountability from jails and prisons and paying closer attention to the services offered to inmates and the outcomes of those interventions (e. g., Coyle, 2003; Alderstein, 2001; Huskey, 1995).

For example, Baradaran-Robinson (2003) observes that when inmates in correctional institutions felt that their Constitutional rights were violated, they sought relief in the courts. Generally, when the court must intervene in a jail or prison, the resulting order is called a consent decree. Baradaran-Robinson defines a consent decree as a “hybrid between a judicial order and a settlement agreement entered into by parties” (p. 1337).

A recent development in the realm of judicial intervention in correctional institutions is evidenced by the passage of the Prison Litigation Reform Act (Baradaran-Robinson, 2003). According to Baradaran-Robinson, congress passed the Prison Litigation Reform Act (PLRA) to stop the courts from “micromanaging our nation’s prisons” (p. 1351). The PLRA which went into effect in April, 1996, limits traditional consent decrees by restricting the relief provided to a Constitutional minimum rather than relief that goes above and beyond Constitutional minima (Baradaran-Robinson, 2003). The PLRA also requires that relief granted must be narrowly drawn and that it must meet requirements related to need for relief, narrowness of relief, and intrusiveness of relief. According to Alderstein (2001), inmates now have a greater burden when seeking relief because they must now prove that they exhausted all intra-prison administrative remedies before bringing a suit in the courts under the PLRA.

Alderstein (2001) in his writings about courtroom litigation explains that 96% of cases filed by inmates are pro-se, and that many inmates are unaware of the PLRA limitations; therefore the cases are summarily dismissed. These dismissals often cause the original issue to exceed the statute of limitations and limit the ability to re-file the case after the requirements of the PLRA have been met. Alderstein goes further to argue that the net effect of the PLRA is to put limitations and restrictions on inmates’ rights.

In another article appearing in the Yale Law Journal (1979), proponents of judicial intervention argue that court involvement is necessary because conditions of confinement in prisons can violate inmates’ 8<sup>th</sup> Amendment rights (Yale Law Journal,

1979). According to the Yale Law Journal, court involvement is crucial because prison officials often operate without any external constituency to demand accountability (Yale Law Journal, 1979).

Similarly, Alderstein (2001, p. 1693) stated that “Oversight of the state’s most coercive power should not be delegated entirely to private actors”, and that external oversight of correctional facilities is crucial. Although Alderstein suggested that the judiciary has a lack of expertise in penology, Yarbrough (1985) contended that judges can be apolitical and unbiased in their rulings.

On the other hand, judicial intervention has detractors. Researchers (e. g., Alderstein, 2001; Yarbrough, 1985) have argued that judicial intervention brought undue outside interference, high cost, and undue encroachment into the prison. Alderstein goes on to suggest that “Standing alone, litigation is not sufficient means of redressing prisoner grievances” (Alderstein, 2001, p. 1689).

Another potential downside to court intervention in jails and prisons is the development of a “culture of compliance” whereby the facility under court order is so focused on complying with the demands of the court that the facility does not have the time or manpower necessary to conduct strategic planning or to proactively address issues before they become problems.

Taken together, the articles covered discussed the types and impacts of judicial and legislative involvement in jails and prisons. An introduction to ACA accreditation is contained in the next section.

## 2.4 Introducing ACA Accreditation

According to Hamden (2004), accreditation is objective criteria by which achievement in corrections can be measured. Accreditation occurs in two phases, initial accreditation and re-accreditation at three-year intervals (American Correctional Association, 1994). Accreditation is based upon standards promulgated by the Standards Committee of the Commission on Accreditation of Corrections (CAC), a sub-unit of the American Correctional Association (ACA) (American Correctional Association, 1990).

Accreditation is not easy to achieve. Phyfer (1994) notes that accreditation requires well-trained staff and professionalism. Branham (1998, p. 92) goes further in stating that “you get out of accreditation what you put into it.” Similarly, Taylor (2000) and Youngken (2000) indicated that accreditation managers need to have the support of their managers and the full cooperation of their agencies as accreditation is a team effort.

The standards used in accreditation are found in standards books updated every two years with supplements that are published by the ACA. These supplements contain changes, additions, and deletions of all standards promulgated by the ACA. The ACA standards cover most aspects of incarceration of adults and juveniles who have been convicted of crimes.

According to the ACA, the standards published by the ACA are “Minimal qualifications that address physical conditions, policies, operations, programs, life, health, and safety” (American Correctional Association, 1994, p. 196).



Hamden (2004) notes that although standards are what corrections are measured against, enforcement cannot be rigid, and integrity is key to ensuring that the standards are applied properly. Similarly, Downing (2004, p. 78) wrote that the “spirit and intent” of standards are important when considering whether a facility meets a standard.

The standards used by the ACA for accreditation are developed by the Standards Committee of the Commission on Accreditation for Corrections (CAC) (American Correctional Association, 1994). The Standards Committee meets twice a year to vote on standards and discuss other important issues (Stickrath, 2000). The standards are a mixture of criterion based on best practices, court decisions, and suggestions by corrections professionals (Phyfer, 1994). According to Phyfer (1994), approximately 140,000 standards manuals have been distributed between 1984 and 1994.

With respect to the Standards Committee, Gettinger (1982) notes that there are generally 20 elected members who have diverse backgrounds. The Standards Committee contains members who represent organizations such as the National Sheriff’s Association, the American Medical Association, the Correctional Service of Canada, the National Institute of Architects, and the American Bar Association. To qualify to sit on the Standards Committee, members must have at least five years of experience in the corrections field, positive interest and knowledge of corrections, and they must be willing to be cross-trained (Jackson, 1994). Jackson also stated that the CAC was having difficulty finding viable candidates in 1994.

According to Sokolowski (2005), it is preferable to select a full-time staff member to be the Accreditation Manager when seeking ACA accreditation.

Sokolowski goes further to emphasize the importance of ensuring that the full-time Accreditation Manager has ample time to devote to the accreditation process and that all staff should have regular meetings and work cooperatively to achieve accreditation. Sokolowski stresses that “accreditation is a marathon, not a sprint” and that the staff should never lose sight of the goal (p. 20).

The ACA Standards for Adult Correctional Institutions Manual states that the process of accreditation begins with eligibility criteria. The ACA requires facilities to be under the power or control of a government agency and the facility must house adults or juveniles who have been convicted of criminal activity (American Correctional Association, 1990).

If a facility is deemed to be eligible, the next step in the accreditation process is the application for accreditation. Once the facility is in application status, the contracts for accreditation must be signed and the accreditation fees must be paid (American Correctional Association, 2003). If the application is accepted, the facility goes into Correspondent Status (American Correctional Association, 2003). During Correspondent Status, the facility begins the self-assessment process to determine its own strengths and weaknesses. When the agency completes its self-assessment, it is transferred to Candidate Status whereby the ACA has accepted the self-assessment and schedules a Standards Compliance Audit (American Correctional Association, 2003).

Once the Standards Compliance Audit is scheduled, the facility begins to plan the three day long visit by the ACA auditors. The audit is generally conducted by three

ACA auditors who are corrections professionals themselves (American Correctional Association, 2003).

When the audit is completed, the auditors meet with the administrator to discuss the initial findings of the audit. The facility must pass 100% of the mandatory standards and 90% of the non-mandatory standards. The auditors submit a report to the Commission on Accreditation for Corrections (CAC) panel for an accreditation hearing and vote (American Correctional Association, 2003).

The CAC panel will hold an accreditation hearing to discuss the findings of the audit and make a final determination whether the facility should be accredited. Ultimately the CAC Accreditation Committee has the discretion to award accreditation or not, regardless of the findings of the audit. Gettinger (1982, p. 10) noted one case where the facility passed the audit, but the committee denied accreditation due to “extreme hostility between residents and staff.”

Once accredited, the facility generally remains accredited for three years (American Correctional Association, 2003). Reaccreditation occurs every three years and can be revoked by the CAC (American Correctional Association, 2003).

This section covered the explanation of ACA accreditation requirements and processes. The next section will delve into the areas of jails and prisons that are covered by ACA accreditation.

### 2.5 What ACA Accreditation of Adult Correctional Institutions Covers

To become accredited, agencies must show compliance with standards relating to health, safety, security, key, tool, and chemical control. The literature reviewed

included the *ACA Standards for Adult Correctional Institutions, 4<sup>th</sup> Edition*. The 4<sup>th</sup> edition of the standards manual was organized into five core areas of focus:

Table 2.1 Areas of Focus of the *ACA Standards for Adult Correctional Institutions, 4<sup>th</sup> Edition*

<b>Administration and Management</b>	<b>Physical Plant</b>	<b>Institutional Operations</b>	<b>Institutional Services</b>	<b>Inmate Programs</b>
<ul style="list-style-type: none"> <li>- General Administration</li> <li>- Fiscal Management</li> <li>- Personnel</li> <li>- Training and Staff Development</li> <li>- Case Records</li> <li>- Information Systems and Research</li> <li>- Citizen Involvement and Volunteers</li> </ul>	<ul style="list-style-type: none"> <li>- Building and Safety Codes</li> <li>- Size, Organization, and Location</li> <li>- Inmate Housing</li> <li>- Environmental Conditions</li> <li>- Program and Service Areas</li> <li>- Administrative and Staff Areas</li> <li>- Security</li> </ul>	<ul style="list-style-type: none"> <li>- Security and Control</li> <li>- Safety and Emergency Procedures</li> <li>- Rules and Discipline</li> <li>- Special Management</li> <li>- Inmate Rights</li> </ul>	<ul style="list-style-type: none"> <li>- Classification</li> <li>- Food Service</li> <li>- Sanitation and Hygiene</li> <li>- Health Care</li> <li>- Social Services</li> <li>- Release</li> </ul>	<ul style="list-style-type: none"> <li>- Work and Correctional Industries</li> <li>- Academic and Vocational Education</li> <li>- Recreation and Activities</li> <li>- Mail, Telephone, and Visiting</li> <li>- Library</li> <li>- Religious Programs</li> </ul>

(American Correctional Association, 2003)

## 2.6 History of the American Correctional Association and Accreditation

According to Keve (1995), the American Correctional Association began as the National Prison Association when it was organized at a meeting in Cincinnati, Ohio.

The title of the meeting was the “Congress on Penitentiary and Reformatory Discipline” and was organized in part by the Governor of Ohio and president of the National Prison Association, Rutherford B. Hayes (Keve, 1995, p. 90). The major development from this meeting was a declaration of 37 principles that corrections professionals should adopt as guidance for how they should operate their facilities in a humane fashion. The Declaration of Principles addressed the need for the prisoner’s self respect to be cultivated and the need for heating and ventilation apparatus to be the best available (Keve, 1995).

Although the Declaration of Principles was a very progressive document, according to Keve (1995), it had very little impact on the operations of most jail and prison facilities. He goes further to state that the principles were not adopted because there was no pressure put on Wardens to improve conditions, and there was no process invented yet for implementing principles or standards (Keve, 1995).

During the 1870 meeting, the National Prison Association decided to change its name to the American Prison Association (APA). According to Ruhren (1994), the ACA standards are a continuation of the process that began in the 1870 with the Declaration of Principles. Carlson (1995, p. 8) called the standards process an “effort to

match specific and measurable conditions to many of the principles developed by delegates of the 1870 congress”

The first formal set of standards for correctional institutions was published by the American Correctional Association in 1946 (Gettinger, 1982). The 1946 manual was called the *Manual of Suggested Standards for a State Correctional System* (Allinson, 1979). In 1954, the ACA published the *1954 Manual of Correctional Standards* (Keve, 1995). In 1959, the ACA reviewed and updated the 1954 manual with the publication of the *1959 Manual of Correctional Standards*.

The *1959 Manual of Correctional Standards* covered a myriad of issues in correctional management ranging from central administration of state correctional systems to personnel management to research. The *1959 Manual of Correctional Standards* also explored issues specific to jails, camps, women’s institutions, and youthful offenders (American Correctional Association, 1959).

Armed with set of clear standards and a willingness to engage in self evaluation, the ACA applied for a \$240,000 two-year grant by the Ford Foundation in 1965 and 1967 (Pointer, 1969) (Gettinger, 1982) (Keve, 1995). The grant was approved in 1967 and, according to Pointer (1969), the pilot evaluation program was started at the Western State Correctional Institution in Pittsburgh, Pennsylvania and three other facilities. Pointer also noted that these institutions had a desire to use introspection and self-evaluation to improve conditions in their facilities. Morgan (2000) stated the ACA was further stimulated by the prisoners’ rights movement, and many of the standards written during this time were derived from court judgments.

In 1974, the Commission on Accreditation of Corrections (CAC) was created as a companion organization to the American Correctional Association in hopes of maintaining the focus, independence, and integrity of the standards and accreditation process (Sechrest, 1979). Ruhren (1994) argues that the ACA standards lacked direction before the 1970's.

Because the standards had not been updated since 1964, the CAC saw the need to seek funding to both update the standards and create an inspection and accreditation process. As indicated by Sechrest (1979) and Gettinger (1982), funding was provided in 1974 by the Law Enforcement Assistance Administration (LEAA) and work was started to create a process similar to the inspection and accreditation of schools and hospitals. Sechrest also noted that 100 of the 465 standards in 1978 were based on specific case law and that some standards went beyond the Constitutional minima established by the United States Supreme Court (Sechrest, 1979).

During the mid 1970's, the ACA and CAC were not the only organizations attempting to create standards for correctional institutions. Allinson (1979) revealed that The American Bar Association and the United States Department of Justice were also writing standards for corrections. The ABA standards were titled "Standards Relating to the Legal Status of Prisoners" and the United States Department of Justice standards were called "Federal Standards for Corrections" (Allinson, 1979, p. 54). The ACA saw these efforts as a threat to its propriety and opposed the creation of standards by the ABA and the DOJ (Allinson, 1979). The LEAA funding was crucial in allowing

the ACA to be the most powerful and prolific standards organization in corrections (Allinson, 1979).

In an article discussing the history of the American Correctional Association, Keve (1995) noted that 1978 was the year that the first correctional facility was accredited. Keve also revealed that the Vienna Correctional Facility in Illinois was the first correctional institution to be inspected and accredited by the ACA. Gettinger (1982) also noted that in 1978, the LEAA gave one million dollars to 12 states to do self-assessments to determine cost estimates for compliance with the 1977 ACA standards.

In another article, Youngken (2000) noted the CAC became an independent organization and separated from the ACA in 1979. In that same year, the ACA published ten manuals of standards for corrections (Allinson, 1979).

Gettinger (1982) revealed that mandatory standards were first introduced in 1979. Prior to 1979, none of the standards were mandatory, and facilities could technically pass the accreditation process with a minimal score, and certain standards in the area of fire safety and other important areas could go unmet (Gettinger, 1982).

Many agencies do not pass the ACA's inspection and accreditation process. Gettinger (1982) pointed out that from January to September, 1981, 30 institutions had failed ACA audits. Gettinger also noted that one facility had its accreditation revoked during that time period.

The ACA continued to receive funding from the LEAA and as of 1982, it had received more than two million dollars (Gettinger, 1982). According to Youngken



(2000) by 1986, the Commission on Accreditation of Corrections (CAC) had realigned with the American Correctional Association (ACA).

The literature (e. g., Walls, 2005; Verdeyen, 2004) discussed the introduction of performance-based standards by the ACA. In 1995, the ACA decided to investigate moving from process-based standards to outcome-based standards (Verdeyen, 2004). Performance-based standards are very similar to process-based standards, however they focus more on measurable outcomes rather than just looking at whether a facility has policies and procedures in place (Walls, 2005). Performance-based standards were spurred by criticism of accredited facilities in a report by the Office of Juvenile Justice Delinquency Prevention (Corrections Professional, 1997).

According to Walls (2005) the first performance-based standards were created for juvenile correctional institutions and were field tested in five agencies (Walls, 2005). Loughran and Godfrey (2000) noted that performance-based standards had been implemented at 32 juvenile facilities by 1998.

Haasenritter (2003) noted that the first overseas facility to be accredited was the United States Army Confinement Facility in Mannheim, Germany in 2003. Haasenritter went further to say that a U.S. Army facility in South Korea was slated to be inspected in 2004.

The next section will move from the history of ACA accreditation to the current state of ACA accreditation.

## 2.7 Current State of ACA Accreditation

According to Gettinger (1981), 208 institutions and agencies were accredited. Farkas and Fosen (1982) reported that even though accreditation was still a rather new program, 313 agencies were accredited as of 1982. In 1997, Gondles (1997) noted that accredited programs represented 15% of all programs. By the year 1998, Klug (2000) indicated that the number of accredited facilities had grown to 408.

Ryan and Plummer (1999) revealed that of 3300 local jail facilities in the United States, fewer than 120 had pursued or been granted ACA accreditation. The research also noted that not all segments of corrections are accredited at the same rate. Generally, accredited prisons outnumber local jails or juvenile facilities, however according to Branham (1998), probation and parole are unsurpassed in accreditation. Kennedy (2001) concurs with this finding. Kennedy went further to note the private prison firm Corrections Corporation of America had nearly 75% of its facilities accredited in the year 2000.

Similarly, Downing (2004) stated that inspection programs had been reduced or eliminated in Michigan and California; on the other hand Williams and Parra (2005) noted that accreditation is mandatory in Pennsylvania at the state level. Williams and Parra went further to state that over 1500 correctional facilities had been accredited as of 2005 and that nearly 80% of the Federal Bureau of Prisons facilities had been ACA accredited.

When the database Tables from the Census of State and Federal Adult Correctional Facilities, 2000 (U.S. Dept of Justice, 2000) and the Census of State and

Federal Adult Correctional Facilities, 1995 (U.S. Dept of Justice, 1995) were combined with the list of accredited facilities from the American Correctional Association website in August, 2005, it appeared that in 1995, ACA accredited adult correctional facilities represented 19.44% of all Adult correctional facilities and in 2000, ACA accredited adult correctional facilities represented 28.39% of all adult correctional facilities (See figure 2.1).

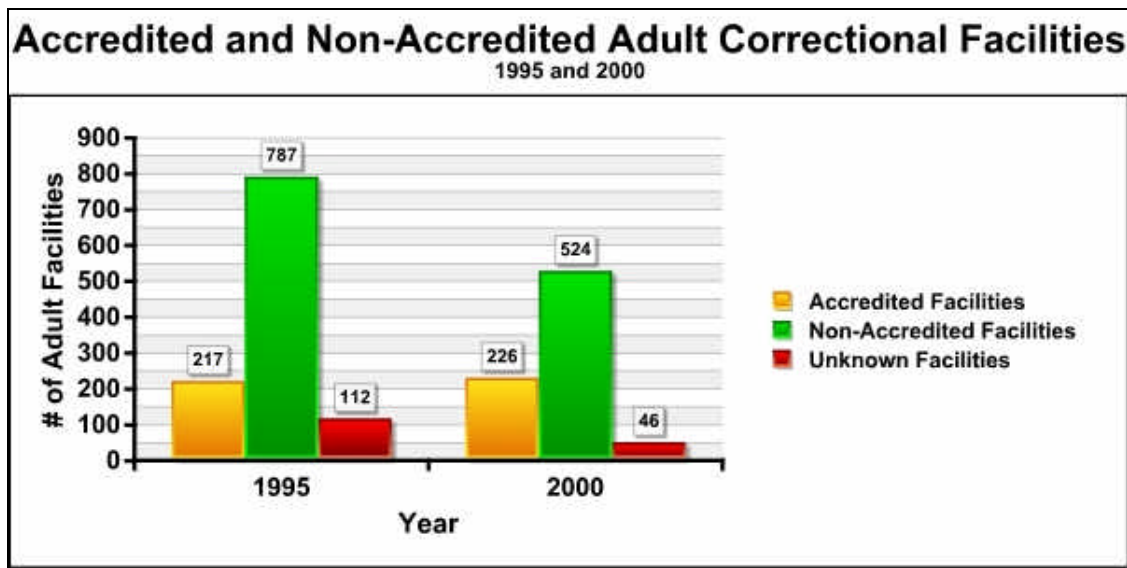


Figure 2.1 Accredited and Non-Accredited Adult Correctional Facilities – 1995, 2000

Figure 22 (below) illustrates the geographical location of the ACA accredited adult correctional institutions for the year 1995.



Figure 2.2 ACA Accredited Adult Correctional Institutions – 1995

Figure 2.3 (below) illustrates the geographical location of the non-accredited adult correctional institutions for the year 1995.

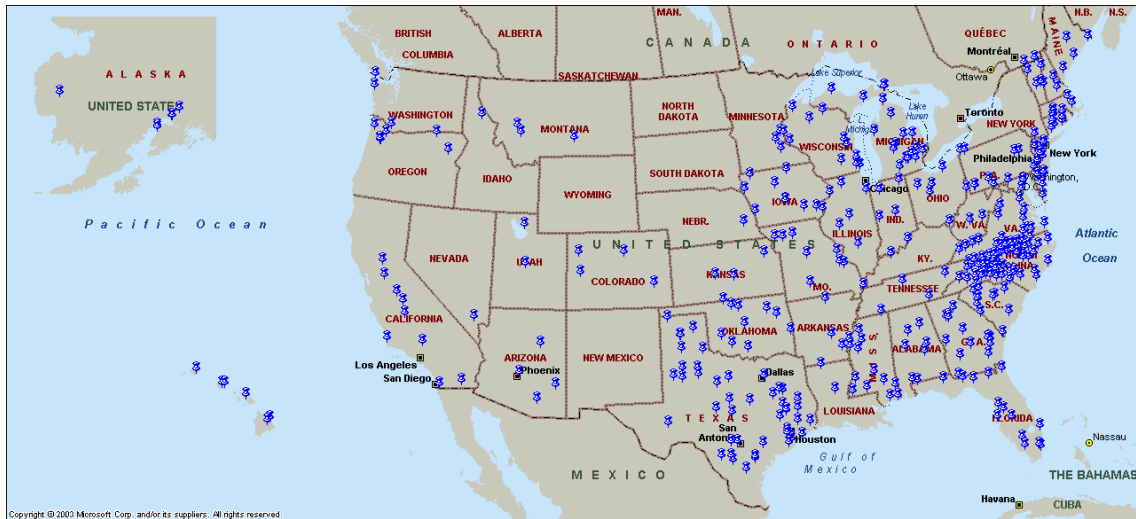


Figure 2.3 Non-Accredited Adult Correctional Institutions - 1995

Figure 2.4 (below) illustrates the geographical location of the ACA accredited adult correctional institutions for the year 2000.

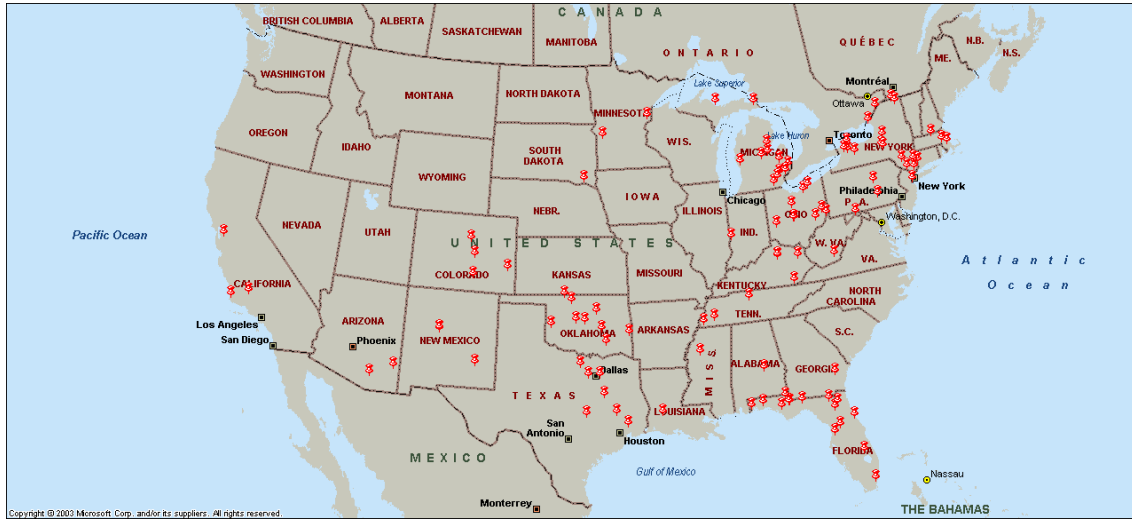


Figure 2.4 ACA Accredited Adult Correctional Institutions - 2000

Figure 2.5 (below) illustrates the geographical location of the non-accredited adult correctional institutions for the year 2000.

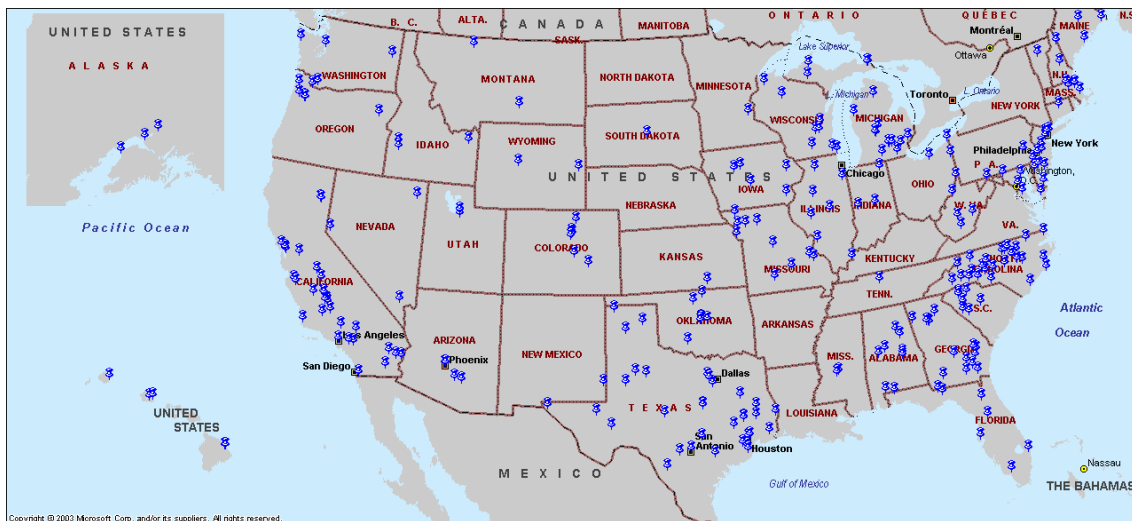


Figure 2.5 Non-Accredited Adult Correctional Institutions - 2000

Next, the topic of the future of ACA accreditation will be covered.

### 2.8 The Future of ACA Accreditation

With regard to the future of ACA accreditation, there is a growing trend towards performance-based standards. Gondles (1994) states that the movement from process-based standards to performance-based standards requires cooperation between all departments in a corrections agency.

In an article discussing the future of performance-based standards in juvenile facilities, Loughran and Godfrey (2000) noted that the Conditions of Confinement study conducted in 1994 by the Office of Juvenile Justice and Delinquency Prevention found that widespread crowding was contributing to worsening conditions in juvenile facilities. The Conditions of Confinement study looked at the number of injuries, the number of escapes, the number of suicides and attempted suicides, and uses of restraints. These indicators were determined to be good indicators of the quality of life in juvenile facilities. Loughran and Godfrey (2000) also stated that it is crucial to determine the baseline level of the quality of life indicators so that trends and performance analysis can be done.

In June, 2004, the ACA published the *Performance-Based Standards for Adult Local Detention Facilities, 4<sup>th</sup> Edition* (American Correctional Association, 2004). This manual is the latest addition to the performance-based standards offered to the ACA. The other performance-based standards manuals are the *Performance-Based Standards for Adult Community Residential Services*, the *Performance-Based Standards for Correctional Health Care for Adult Correctional Institutions*, and the *Performance-*

*Based Standards for Correctional Industries* (American Correctional Association, 2004).

In summary, the future of ACA accreditation and the implementation of performance-based standards were discussed. The next section will explain the goals of ACA accreditation.

### 2.9 Goals of Accreditation

Gettinger (1982) noted that historically the goals for standards were simply good medical care, good educational offerings, good counseling offerings, and good training for staff. The ACA had originally aimed at only accrediting facilities that were near metropolitan areas and that had inmate populations of 500 offenders or less (Gettinger, 1982). This goal changed slightly because the ACA wanted to make accreditation possible for older, more outdated facilities. The ACA had hoped that the gradual tightening of standards would force states to replace old, outdated “megaprisons” (Gettinger, 1982, p. 8).

Sechrest (1982) noted that the main goals of standards include the provision of humane conditions, protection from assault and rape, provision of nutritious food and medical care, provision of decent hygiene and recreation, and provision of activities that defeat boredom.

Logan (1993) proposed that standards should cover security, safety, order, care, activity, justice, conditions, and management. Focusing on improvement of conditions for inmates and staff are important, but for standards to be effective, Angelone (2000, p. 62) states that the standards should be based on sound correctional practice.

Additionally, Angelone goes further to note that the standards should be timely, easily understood, measurable, and should reflect “good, sound correctional practice.”

According to Gettinger (1982), providing humane conditions and other basic needs to prisoners is the basis for a systematic approach to humanitarian reform. Natalucci-Perischetti (1999) indicated that the Commission on Accreditation for Corrections is committed to the improvement of practices and conditions in adult and juvenile corrections, and Brown (2004) noted that the CAC is also concerned about quality of life issues.

The literature (e. g., Lawson, 2005; Phyfer, 1994; Jacobs, 1980) also discussed the fact that ACA standards and accreditation not only benefits the inmates in a correctional program, they also benefit the employees, the victims, the courts, and the legislators of a state (Phyfer, 1994). Jacobs stated that standards help institutions avoid the embarrassment of judicial scrutiny and allow correctional institutions to have autonomy from outside intervention.

In keeping with the goal of staff improvement, standards should maintain the goal of reflecting sound correctional practice (Corrections Professional, 1997). To achieve this goal, Sokolowski (2005) suggests that facilities should learn from one another by researching best practices and replicating them in their own facilities. Additionally, Gondles (2000) notes that standards allow facilities to assess their strengths and weaknesses and to identify attainable goals. Gondles goes further to argue that implementing state of the art practices and policies shows that facilities are attempting to establish a good faith effort to improve and to increase community



support. Eventually, Gondles believes that the net effect of implementing standards and accreditation will be the improvement of facility staff professionalism and morale.

Because standards must measure the “right” things (Huskey, 1995, p. 182) and must innovate (Keve, 1995), the new performance-based standards seek to provide empirical indicators of performance (Logan, 1993). McKim (2001) argues these new standards take accreditation to the next level because they are based on results, not just policies and procedures. McKim goes further to note that the goal of performance-based standards is to change the focus from what is being done to how well it is succeeding to provide a tool for data comparison.

Consistent with the goal of improvement for courts and legislatures, Sechrest and Reimer (1982) noted that it was possible for the courts to rely on standards to meet Constitutional minima. Similarly, Branham (1993) stated that accreditation should mean that facilities are Constitutional, however these statements have not been completely substantiated in the literature reviewed. Meanwhile, Miller (1992) notes that although standards must never fall below court requirements, court decisions should not be used as primary determinants of standards.

The literature (e. g., Gondles, 1997; Huskey, 1995; Branham, 1993; Gettinger, 1982) summed up the goals of standards as the implementation of policies and procedures that reflect sound, contemporary correctional practice (Gondles Jr., 1997), the requirement that standards and accreditation should measure both processes and outcomes (Huskey, 1995), and that the accreditation process must engender confidence

(Branham, 1993). Accreditation is more a commitment to improvement than a seal of approval (Gettinger, 1982).

In summation, the goals of ACA accreditation were covered. Suggestions for minimum standards of treatment were offered in addition to characteristics of good standards. Following is a discussion of the criticisms of ACA accreditation.

### 2.10 Criticisms of Accreditation

The literature (e. g., Talvi, 2005; Smalley, 1999; Conrad, 1985) reviewed also delved into criticisms of accreditation. To some critics, ACA accreditation is little more than the “anointment of the correctional establishment” (Conrad, 1985, p. 124). With annual prison industry revenues exceeding \$50 billion dollars, some critics say the main problem with accreditation is the cost involved in becoming accredited. According to Talvi, critics of accreditation assert that standards and accreditation are all about money and not about improvement of correctional facilities. Talvi goes further to assert that the ACA has shifted its focus from correctional reform to profits. According to Smalley, a recent annual ACA meeting in 1999 seemed like a “gathering of major defense contractors” (p. 1168).

With respect to cost, Ellis (2002) notes the average cost of accreditation in 2002 was between \$13,515 and \$17,071 per facility. In Indiana in the year 2002, the budget for accreditation was approximately \$500,000 every three years for all 34 prisons (Ellis, 2002). This amount of money is particularly troublesome because the state of Indiana had deficits totaling \$400 million dollars in the year 2002 and Indiana’s guard union

thought that the Department of Corrections was spending too much on accreditation because the corrections officers wanted raises (Ellis, 2002).

Ellis (2002) revealed that the corrections officers thought accreditation is a waste of money; however the Indiana Department of Corrections thought that accreditation would save money by reducing lawsuits and insurance costs. To counter the cost argument, Ellis (2002) noted that the ACA stated that accreditation saved the state of Louisiana \$500,000 annually.

Another major criticism of accreditation is that accreditation standards do not meet Constitutional minima (Stadler, 1997). According to DeLand (1997), the United States Supreme Court has ruled that standards do not establish Constitutional minima, and that courts cannot rely on them. DeLand goes further to state that the ACA does not bind its standards to federal case law and that the standards need documented rationale. DeLand states that there has been no objective validation of standards.

One of the harshest criticisms noted by DeLand (1997, p. 21) was his statement that standards are “badly borrowed principles from outdated, never tested, academic theories.” Miller (1992) argues that there is a need for detailed justification for the ACA standards while ward (1995) echoes this sentiment by noting that there is also a need for the ACA to explain the reasoning behind the revisions of its standards and that those standards revisions should happen more frequently.

In an article discussing the problem of inconsistent interpretation of standards by ACA auditors, Frawlet and Corsentino (2000) noted that some ACA standards contain confusing language and missing definitions. Frawlet and Corsentino (2000) went

further to state that standards must represent the intersection between what is legal and what is right and that standards must be specific, consistent, and understandable. They also noted that some facility managers follow the “letter of the law” but not the “spirit of the law” when implementing ACA physical plant standards. This ambiguity could lead to problems with the interpretation of how a standard should be legally applied (Frawlet & Corsentino, 2000, p. 86).

An additional criticism of ACA accreditation is that some facilities do not adopt the standards until right before the ACA audit. Gettinger (1982) wrote about how these facilities will write policies and procedures consistent with ACA standards just prior to the audit to be compliant. Gettinger called this practice a “one-day shine” (p. 8). Wagner (1999, p. 26) called this phenomenon the “accreditation rollercoaster” and described how agencies relax their expectations between accreditation audits. According to Hambourger (2003), facilities might write policies right before an audit and appear to be in compliance because ACA audits are announced months in advance. Because of this early warning, facilities have time to prepare, so the audits might not be as accurate as they would if there were unannounced.

Gettinger (1982) also explored the consistency and quality of ACA audits. Gettinger noted that corrections professionals often fear that accrediting low-quality facilities will diminish the value of ACA accreditation. Gettinger similarly noted that some standards are not supported by any empirical evidence that they actually improve conditions in correctional facilities and that many of the standards are weighted equally

when they have differing impacts. Gettinger was concerned that accreditation could be influenced by a perceived “good-ol-boy” network and by blind faith (p. 8).

Due to the fact that accreditation legitimizes corrections in the eyes of some legislators and government officials (Kennedy, 2001), it is crucial that the ACA standards measure meaningful quality indicators. In an article about accreditation, Gondles (2000) was concerned that the ACA standards didn’t adequately address all the nuances of the different programs they applied to. Additionally, Kennedy (2001) contends that the ACA depends on corporations that exploit the expansion of the prison system and that ACA accreditation helps private prison firms market their services. Kennedy also notes that only 10% of government-run facilities are accredited while 44% of privately-run facilities are accredited. When the facts that Corrections Corporation of America (CCA) operates about 50% of all privately-run facilities and that 75% of CCA’s facilities are ACA accredited are considered, a lot of money is involved. Talvi (2005) noted that a privately-run facility in Colorado had a major riot, but still maintained its contract and its ACA accreditation.

In article critical of accreditation, Phyfer (1994, p. 184) argued that ACA standards are tools to promote “country club prisons.” The legitimacy of ACA accreditation is also called into question by Talvi (2005) because of the 10% insurance discount some private facilities receive for becoming ACA accredited.

The literature (e. g., Branham, 1993; Gettinger, 1982) also contained articles that supported the idea that accreditation is not necessary to have a high quality correctional facility. Gettinger noted that some corrections stakeholders have lost confidence in

accreditation, and Branham noted that one judge found accreditation to be meaningless because unconstitutional facilities have been accredited. DeLand (1997) wrote that Dale Sechrest, an early architect of ACA standards, argued in 1997 that internal audits provide more depth and meaningful measures than an ACA accreditation audit. DeLand went further to argue that accreditation may not be necessary when he noted that the state of Utah had eliminated escapes by improving classification, discipline procedures, and their corrections academy without gaining ACA accreditation. Huskey (1995) summarizes this idea by noting that facilities can have many substantial deficiencies and still maintain their accreditation.

Gettinger (1982) took the discussion of audit consistency and quality one step further and talked about the quality of the audits and auditors themselves by noting that auditors don't always consult outside sources for more information about the facility and that some auditors only spend an average of 12 minutes per standard when inspecting a facility.

The concerns that the ACA audit and accreditation process is too closed and secretive were also covered in the literature (e. g., Kennedy, 2001; Gettinger, 1982) reviewed. Not only do critics call for more scrutiny and public participation (Gettinger, 1982), but they also want prisoner input in the ACA decision making process (Kennedy, 2001).

In an article about the openness of accreditation reports, Miller (2006) discussed the need for the accreditation process to be open and public. Miller's article told the story of a facility in Delaware that had undergone an accreditation audit by the National

Commission on Correctional Healthcare. The audit cost was \$12,400 which was paid from Delaware Department of Correction funds. When an inmate died in the NCCHC accredited facility, his family wanted to see the contents of the healthcare audit and were told that it was a private record that was not open to the public. A Delaware legislator has submitted a bill to the legislature to require the results of HCCHC health audits to be public. Even though this article did not discuss ACA accreditation, it was relevant because the results of all accreditation audits should be public if they are paid for with taxpayer dollars (Miller, 2006).

Other criticisms of accreditation were outlined in the literature (e. g., Branham, 1998; Ward, 1995). Ward wrote about the extra time, stress, paper, and work that are involved in accreditation. Ward went further to state that the standards should be updated more often than the current 2-year timeframe. Branham noted that many don't understand accreditation and that accreditation is not as effective as it could be because there are not multiple tiers of accreditation. Branham went further to discuss the impact of single-tiered accreditation and how this system of accreditation diminishes the benefit and impact of accreditation because both good and bad facilities are grouped into the same accreditation category. Branham thought that having multiple tiers of accreditation would give facilities added incentive to improve their operations in hopes of getting the best level of accreditation possible.

When a facility does not pass certain standards, they can still become accredited as long as they have an agreed upon plan of action in place. Powers (2004) argued that these plans of action are detrimental to accreditation because sometimes they last over

multiple accreditation cycles and never get resolved. Because these plans of action often relate to overcrowding, Powers thought that the plans of action should only last one accreditation cycle only.

In summary, the main criticisms of ACA accreditation are the costs involved, the lack of rationale for the standards, and the potential credibility issue due to the special interests involved. The next section will cover suggestions to improve accreditation that were offered in the literature.

### 2.11 Suggestions to Improve Accreditation

The literature (Branham, 1993; Jackson, 1994) contained suggestions for the improvement of ACA accreditation. According to Branham, ACA accreditation could be improved by requiring that one member of the CAC Standards Committee be an attorney. Additionally, Branham felt that members of the CAC Standards Committee should get input from the National Prison Project and the American Bar Association. Branham also argued that there needs to be a process of auditing the auditors to ensure that they are following proper practices and procedures. Branham wrote that accreditation panel hearings should be longer than 30 minutes and that members of the accreditation panel should have access to previous accreditation documentation to ensure that no problems are overlooked. Branham expanded his suggestions by adding that the process of monitoring ongoing compliance with standards needed to be improved.



According to Jackson (1994), the Commission on Accreditation of Corrections (CAC) needs an ethics committee, however Jackson states that more investigation and study are required.

Although there are drawbacks to ACA accreditation and suggested improvements, ACA accreditation does offer benefits as well. The next section will discuss the benefits of ACA accreditation found in the review of the literature.

### 2.12 Benefits of Accreditation

In one final emergent theme in the literature, the benefits of accreditation were addressed. One benefit noted by the literature (e. g., Bittick, 2003; Ryan & Plummer, 1999; Gettinger, 1982) is the ability to analyze all areas of the facility to ensure that no problem is ignored. Gettinger agreed with Ryan and Plummer that accreditation gives the facility an opportunity to solve problems that have gone unnoticed for a long time. Gettinger goes further to state that ACA accreditation is a guard against complacency. Accreditation also serves as an opportunity to implement better policies and guidelines. According to Bittick, accreditation is “a way to better your facility and/or agency from the inside out” (p. 8).

In contrast to the research of DeLand (1997), Walters (1999) argues that accreditation is “More significant than an internal review by one’s own organization” (p. 128). Branham (1998) also supports the idea that accredited facilities are operated better than unaccredited facilities by stating that accredited facilities are cleaner, safer, have better trained staff, and offer improved living conditions.

Accordingly, Gettinger (1982) addressed the issue of morale. Gettinger also notes that accreditation is a rare opportunity for jails and prisons to announce good news. Besides good news, Gettinger argues that accreditation leads to better morale and public standing (Gettinger, 1982). Because of the improved public image, the facility will gain more public support and will be able to feel more confident in asking for increased funding (Cross, 1994). Corwin (2005) proposes that accreditation allows facilities to have a better focus and understanding of goals.

Walters (1999) argues that because the audits are unbiased and objective, and because standards are reviewed and revised by professionals, accreditation is a mark of excellence that can be marketed. Hamden (2004) notes that ACA has also earned more respect for corrections in legislatures and in the courts. Wagner (1999, p. 26) states that accreditation transforms corrections professionals into “recognized leaders in the field.”

According to the literature (e. g., Angelone, 2000; Walters, 1999; Tischler, 1999), collaboration is another benefit of ACA accreditation. When auditors come in to a facility to audit it, they bring a wealth of experience and information with them. Angelone writes that accreditation is also where lasting relationships begin (Angelone, 2000). The auditors are always willing to help by giving advice and lending support. According to Walters, the auditors not only review other agencies, but they also learn how to improve their own agency’s policies. Tischler proposes that this collaboration with other states benefits everyone.

The literature (e. g., Tischler, 1999; Phyfer, 1994; O’Dell, 1994) also contained articles that claimed that ACA accreditation improves living conditions in facilities and

makes them safer. Tischler argues that ACA accreditation improves facilities and ensures safety because it requires a “total approach to cleaning up and cleaning out the institutions” (p. 68). Phyfer contends that ACA standards were created to improve conditions and that they represent wisdom and experience. O’Dell noted in his article that compliance with standards helped reduce incidents.

Protection against frivolous lawsuits was also noted by Bittick (2003) as a benefit of ACA accreditation because the facilities and staff are more accountable. Although the claim has not been proven, Natalucci-Perischetti (1999) argues that accredited facilities meet Constitutional minimums. DeLand (1997) expanded this claim by noting that the improved management of facilities is a likely outcome of accreditation and can help in defending the facility against inmate lawsuits.

According to Branham (1998), the process of auditing has been improved. Branham notes that there are now more auditors that are better trained, and auditors now spend more time looking at all previous accreditation documentation for the facility they are inspecting.

Verdeyen (1994, p. 9) sums up the benefits of accreditation by stating that “Accreditation is one of the most important improvements in corrections during the 20<sup>th</sup> century.”

### 2.13 Perceptions, Opinions, and Impact of Accreditation

The literature did not contain any studies that measured empirically the impact of accreditation levels of violence or quality of life indicators in adult correctional

institutions. Additionally, much of the literature was from a journal titled *Corrections Today* which is an official publication of the American Correctional Association.

There was general agreement in most of the articles reviewed (e. g., Rich, 2001; Branham, 1998; Gondles, 1997; Pinson, 1996) that accreditation is a positive thing in corrections. Pinson argued that accreditation ensured a “cleaner, safer environment for staff” (Pinson, 1996, p. 3) while Gondles stated that accreditation is a “most valuable tool for team building” (Gondles, 1997, p. 6). Rich argued that maintaining ACA standards has become a vital part of maintaining rational sentencing policies and Branham noted that accreditation caused facilities to be cleaner, safer, and better managed.

Although many think that accreditation is a positive endeavor, Branham (1998) noted that many do not understand accreditation and Taylor (2000, p. 82) wrote that many who are seeking accreditation feel as if they are “operating in a vacuum.”

Not all perceptions of accreditation were positive. Allinson (1979, p. 61) wrote that “No amount of rules and studiously composed operating procedures has ever lessened the violence, the suicides, the rampant recidivism, -the standards themselves are hardly revolutionary.” Likewise, Hamden (2004) noted that standards can be implemented at a facility without the facility becoming accredited, however, Hamden did note that the accreditation of the facility brings expertise and support.

In a study by Coyle (2003), the International Center for Prison Studies found that prison staffs in Europe tend to welcome the opportunity to have their work measured against a set of approved standards. Relatedly, in a 1994 study by Ward

(1994) designed to determine the perceptions of ACA auditors and CAC committee staff, Ward found that all 76 of the facilities surveyed gave the CAC a good rating and that 97% of the respondents thought that the panel was fair. Ward (1995) went further to note that 88% of the respondents thought that the accreditation panel was knowledgeable about jail and prison operations issues.

While the literature did not contain any studies of the impact of accreditation on the operations of adult correction institutions, the literature did contain articles (e. g., Washington, 1989; Czajkowski, Nacci, Kramer, Price, & Sechrest, 1985) that discussed the opinions and perceptions of accreditation held by corrections professionals. For example, Czajkowski et al. noted that administrators often held better opinions of accreditation than line staff did.

In a 1989 study focusing on opinions about accreditation, Washington (1989) found that 93% of the 295 wardens, supervisors, and directors, auditors, and accreditation managers who responded believed that accreditation had improved the overall quality of the facility. Additionally, Washington found that 89% of the respondents believed that accreditation had improved fire control and safety. Washington's survey also found that 75% of the respondents stated that inmate understanding of policies and procedures had increased, and 90% of the respondents noted that accreditation improved staff training and became a learning process for everybody. When the topic of safety procedures was covered, 96% of the respondents to the Washington survey answered that they believed the safety policies and procedures had improved due to accreditation. In addition to safety and knowledge,

Washington (1989) found that 60% of the survey respondents stated that fiscal practices were improved because of ACA accreditation. The perceived ability to get increased funding was affirmed by 63% of the professionals who answered the Washington survey.

Besides Washington's study, the literature contained a 1983 study by Farkas and Fosen (1982) which attempted to gather feedback from agencies to determine their opinions of accreditation. Of the 1,022 surveys distributed, 566 were returned. Farkas and Fosen found that the majority of respondents believed that accreditation had prepared them for emergencies. Additionally Farkas and Fosen found that most thought accreditation had improved institution management. Farkas and Fosen revealed that 85% of the respondents to the survey thought accreditation was a good management tool and the majority thought that programs were evaluated more thoroughly.

Farkas and Fosen (1982, p. 42) also found that 75% of the survey respondents thought that the ACA auditors went through their facilities with a "find-tooth comb." Although the majority of respondents believed that accreditation led to better policies and procedures, only 60% believed that accreditation had improved staff communication and only 39% thought that accreditation had improved staff morale (Farkas & Fosen, 1982).

The amount of work involved in accreditation was a factor in the Farkas and Fosen (1982) survey. Farkas and Fosen also found that 48% of the respondents thought the process of accreditation was disruptive to their facilities and many of the respondents didn't like how time-consuming the accreditation process was. These two

factors likely impacted the respondents desire to engage in accreditation again because only 74% thought they would apply for re-accreditation when the time came (Farkas & Fosen, 1982).

The Farkas and Fosen (1982) survey also highlighted the perceptions of staff regarding ACA accreditation and inmate violence. Farkas and Fosen found that 57% of the respondents were undecided or believed that accreditation had not changed the number of violent attacks while 36% disagreed that there had been less violent attacks since becoming accredited. Although most respondents did not believe that accreditation had a positive impact on the amount of violence in their facilities, most respondents did believe that accreditation had helped improve recreation, work, visits, and education (Farkas & Fosen, 1982).

#### 2.14 Summary

Taken together, the literature reviewed discussed the necessity for prison inspection as well as the benefits, criticisms, and perceptions of ACA accreditation of adult correctional institutions. Although the literature contained many informative articles and studies, there were articles or studies dedicated solely to the study of the measurable impact of ACA accreditation on jails and prisons.

Therefore as suggested by the review of the literature, there is a current need in the literature to address the impact of ACA accreditation on adult correctional institutions using quantitative analysis of the data. Thus, the instant study will attempt to address this current need in the literature.

## CHAPTER 3

### RESEARCH METHODS

#### 3.1 Research Methodology

The following chapter represents the research methodology of this study. This chapter identifies the specific procedures used and sample that was studied. Analysis and data collection methods are discussed as well.

Data from the 1995 and 2000 Census of State and Federal Adult Correctional Institutions were combined with a listing of ACA accredited adult correctional institutions. The 1995 and 2000 census data were chosen because they offer a rich set of data that included the quality and violence indicators needed for the present study.

Ratios (e. g., a count of an indicator divided into the average daily population of the facility) is used extensively in the present study as the American Correctional Association has determined that use of ratios is a powerful measurement when quantifying quality indicators in jails and prisons. The following text will describe the specific procedures used to collect and analyze the data.

To assist the reader in understanding the findings of the study, descriptive statistics were used. The primary measure used to determine the power of the difference between means is the one-sample t-Test. Emphasis is placed on variables that were significantly different at a 95% confidence level. Additionally, simple



percentages were used as it was felt that statistical manipulation of some of the variables was not necessary.

## 3.2 Research Procedures

### *3.2.1 The Data*

The data for this study consisted of the 1995 Census of State and Federal Adult Correctional Facilities, the 2000 Census of State and Federal Adult Correctional Facilities, and a download of ACA accredited facilities as of August 25, 2005 retrieved from the ACA website at [www.aca.org](http://www.aca.org).

The Census of State and Federal Adult Correctional Facilities data was downloaded from the Inter-University Consortium for Political and Social Research (ICPSR) website at <http://www.icpsr.umich.edu>. A sample of the survey instrument used for the 1995 census can be found in Appendix A. Likewise, a sample of the survey instrument used in the 2000 census can be found in Appendix B.

The data from the two census databases was joined to the list of ACA accredited facilities using the facility name fields as well as the address, city, state, and zip code fields. Appendix C contains diagrams of how the data was joined.

## 3.3 Instrumentation

The instrumentation for the study was the 1995 Census of State and Federal Adult Correctional Institutions, the 2000 Census of State and Federal Adult Correctional Institutions, and the list of ACA accredited facilities from August 25, 2005.

The 1995 Census of State and Federal Adult Correctional Institutions is based on a seven page survey that is sent to state and federal adult correctional institutions. The survey was commissioned by the United States Department of Justice, Bureau of Justice Statistics and was made available by the Inter-university Consortium for Political and Social Research in April, 1998.

The 2000 Census of State and Federal Adult Correctional Institutions is based on a ten page survey that is sent to state and federal adult correctional institutions. The survey was commissioned by the United States Department of Justice, Bureau of Justice Statistics and was made available by the Inter-university Consortium for Political and Social Research in July, 2004.

The list of ACA accredited facilities was made available by the American Correctional Association in the [www.aca.org](http://www.aca.org) website. The list is maintained and owned by the American Correctional Association.

### 3.4 Variables

A group of variables that correspond with ACA standards were chosen. Although the 1995 census and 2000 census offered many interesting and valuable variables, only a select few were utilized for this study. The variables chosen were tied to the hypotheses of the study. For example, the variables covering inmate assaults, riots, and fires were used to learn what impact ACA accreditation has on the level of violence in adult correctional facilities. Likewise, the variables covering crowding, counseling, and education offerings were used to learn the impact of ACA accreditation on counseling and education program offerings in adult correctional facilities.

The variables for the study were grouped according to the main areas of focus of the ACA standards for adult correctional institutions. For example, the number of facilities that offer educational and vocational training corresponds with ACA standards relating to institutional services. Therefore, the data for educational and vocational offerings is found in the institutional services section. Figure 3.4 pictorially illustrates how the dependent variables were organized for the study.

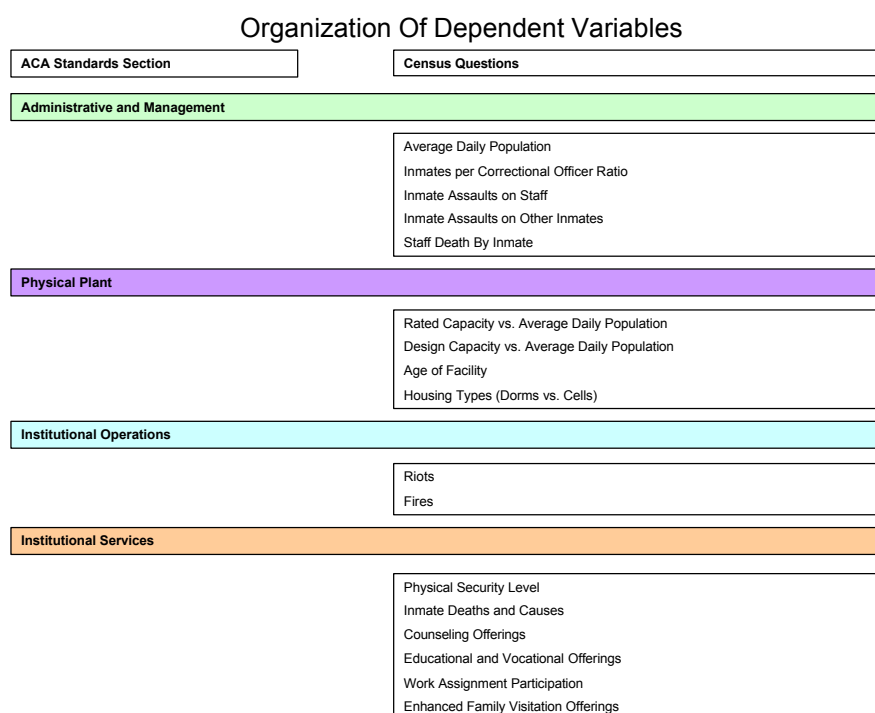


Figure 3.4 Organization of Dependent Variables

### 3.4.1 Variables

The main independent variable in the study was the ACA accreditation status at the time of the census (1995 and 2000). This variable was chosen because the

hypothesis of this study relies on the ACA accreditation status to determine if ACA accreditation has an impact on levels of violence and other quality of life indicators.

As mentioned above, the dependent variables for the study are organized according to the areas of the ACA standards. This method of organization was chosen to assist in determining which standards applied to which census survey questions. Each variable was measured twice; once for accredited facilities and once for non-accredited facilities. Table 3.1 details the dependent variables that were measured.

Table 3.1 Variables Measured

Average daily population	Inmates per correctional officer ratio
Inmate assaults on staff ratio	Inmate assaults on other inmates ratio
Staff deaths caused by inmates ratio	Average daily population versus rated capacity
Average daily population versus design capacity	Age of facility
Percentage of inmates in dormitory-style housing	Percentage of inmates in single-cell housing
Number of riots versus average daily population ratio	Number of fires versus average daily population ratio
Physical security level	Inmate deaths – illness (non-AIDS) ratio
Inmate deaths – (AIDS) ratio	Inmate deaths – suicide ratio
Inmate deaths – by other inmates ratio	Counseling offered – drug
Counseling offered – alcohol	Counseling offered – psychological
Counseling offered – employment	Counseling offered – life skills
Counseling offered – parenting	Counseling offered – non
Education offered – ABE	Education offered – GED
Education offered – special education	Education offered – vocational training
Education offered – college courses	Education offered – non
Inmate participation in education programs ratio	Inmate participation in work assignments ratio
Enhanced family visitation offered	

### 3.5 Analysis Procedure

Data from the database views were coded and imported into the SPSS computer program for statistical analysis. One-sample t-Tests were used to determine levels of significance of means. Additionally, simple averages were used to show prevalence of educational and counseling offerings because it was felt that this level of analysis would be sufficient to show pervasiveness.

### 3.6 Summary

In summary, this section outlined the data used as well as the procedures for obtaining and analyzing the data. The organization of dependent variables was also covered.

## CHAPTER 4

### FINDINGS

The findings discussed here are separated into three main areas: administration and management, physical plant and institutional services. These three categories are meaningful because they correspond with the ACA standards for adult correctional institutions. Likewise, separating the variables into these categories helps guide the discussion of how the presence of ACA accreditation impacts these variables.

#### 4.1 Administrative and Management

Findings in the administrative and management category included the ratio of inmates to correctional officers, the ratio of inmate assaults on staff, the ratio of inmate assaults on other inmates, and the ratio of staff deaths by inmates. As the data below (see Table 4.1) will illustrate, in 1995 there were more assaults on staff and other inmates as well as staff deaths caused by inmates in accredited facilities. There were also more inmates per correctional officers in 1995. The situation was completely reversed in the year 2000 with non-accredited facilities having more assaults on staff and other inmates in addition to staff deaths caused by inmates and inmates per corrections officer ratio. The findings in this category fail to support the hypothesis that less violence is found at ACA accredited facilities.

Table 4.1 Administrative and Management Category Findings (Means, Standard Deviations (in Parentheses))

Variables	1995 Accredited	1995 Non-Accredited	1995 t-Test Comparison	2000 Accredited	2000 Non-Accredited	2000 t-Test Comparison
	Mean N	Mean N	p	Mean N	Mean N	p
Average daily population	1018.27 (572.35)	799.05 (937.06)	0.000**	1071.55 (579.68)	913.76 (1163.30)	0.000**
Ratio of inmates to correctional officers	5.08 (3.24)	4.57 (2.12)	0.020**	4.72 (1.72)	4.95 (2.61)	0.086
Ratio of inmate assaults on staff	0.0168 (.0302)	0.0139 (.0434)	0.154	0.0017 (.0020)	0.0094 (.0277)	0.000**
Ratio of inmate assaults on other inmates	0.0272 (.0347)	0.0248 (.0399)	0.306	0.0231 (.0376)	0.0270 (.0506)	0.122
Ratio of staff deaths caused by inmates	0.000094 (.00139)	0.000026 (.00072)	0.473	0.000005 (.00007)	0.000010 (.00017)	0.270

\*\*Statistically significant at the 0.05 confidence level.

One of the key measurements in the data is the average daily population of inmates in the facility. The average daily population is important because it is used as the basis for the ratio calculations. The data indicates that (see Table 4.1) ACA accredited facilities had a higher mean average daily population (1018.27) than non-accredited facilities (799.05). Similarly, in the year 2000 ACA accredited facilities also had higher mean average daily populations (1071.55) than non-accredited facilities (913.76). The difference between the means was statistically significant at the 0.05 confidence level in both 1995 and 2000.

As Table 4.1 illustrates, the mean ratio of inmates to correctional officers in accredited facilities in 1995 was found to be higher (5.08) than the ratio of inmates to correctional officers in non-accredited facilities (4.57). The difference was determined to be statistically significant at the 0.05 confidence level. The mean ratio of inmates to corrections officers in accredited facilities was actually lower (4.72) than it was for non-accredited facilities (4.95) in 2000.

Table 4.1 also details the ratio of inmate assaults on staff. In 1995, the mean ratio of inmate assaults on staff in accredited facilities was higher (0.0168) than it was in non-accredited facilities (0.0139). In the year 2000, the mean ratio of inmate assaults on staff was lower in accredited facilities (0.0017) than it was in non-accredited facilities (0.0094). The difference was determined to be statistically significant at the 0.05 confidence level.

In addition to inmate assaults on staff, Table 4.1 also details inmate assaults on other inmates. For 1995, the data show that the mean ratio of inmate assaults on other inmates was higher in accredited facilities (0.0272) than it was in non-accredited facilities (0.0248). Likewise, in the year 2000 the data illustrates that the mean ratio of inmate assaults on other inmates was lower in accredited facilities (0.0231) than it was in non-accredited facilities (0.0270).

Finally, Table 4.1 explores the mean ratios of staff deaths caused by inmates. In 1995, the mean ratio of staff deaths caused by inmates was higher at accredited facilities (0.000094) compared to non-accredited facilities (0.000026). In 2000, the data show



that the mean ratio of staff deaths caused by inmates was lower in accredited facilities (0.000005) compared to non-accredited facilities (0.000010).

#### 4.2 Physical Plant

Findings in the physical plant category included the ratio of rated capacity versus the average daily population of the facility, the ratio of design capacity versus the average daily population of the facility, the age of the facility, the percentage of inmates in dormitory style housing, and the percentage of inmates in single-cell style housing. As the data will show, in both 1995 and 2000, accredited facilities were more crowded than non-accredited facilities. With respect to the mean age of the different correctional facilities, in 1995 the accredited facilities were older, however in 2000, the non-accredited facilities were older. Additionally, in 1995 more inmates were housed in dormitory-style house in non-accredited facilities than in accredited facilities, and more inmates were housed in single-cell style housing in accredited facilities than in non-accredited facilities. The findings in this category fail to support the hypothesis that ACA accredited facilities are less crowded.

Table 4.2 Physical Plant Category Findings (Means, Standard Deviations (in Parentheses))

Variables	1995 Accredited Mean %	1995 Non-Accredited Mean %	1995 t-Test Comparison p	2000 Accredited Mean %	2000 Non-Accredited Mean %	2000 t-Test Comparison p
Rated capacity versus average daily population	109.9 (33.05)	100.2 (29.47)	0.000**	113.9 (30.69)	95.4 (20.97)	0.000**
Design capacity versus average daily population	132.6 (36.4)	125.2 (49.3)	0.008**	125.4 (77.4)	111.8 (41.8)	0.026**
Age of facility	31.47 years (29.83)	31.21 years (49.32)	0.260	22.92 years (77.40)	28.32 years (41.82)	0.005**
Percentage of inmates in dormitory style housing	80.3 (31.5)	85.3 (26.03)	0.020**	N/A	N/A	N/A
Percentage of inmates in single-cell style housing	19.7 (31.5)	14.6 (26.03)	0.020**	N/A	N/A	N/A

\*\*Statistically significant at the 0.05 confidence level.

As detailed in Table, ACA accredited facilities were more crowded with a mean average daily population of 109.9% of rated capacity compared to non-accredited facilities which had a mean average population of 100.2% of rated capacity in 1995. The difference of these means was statistically significant at the 0.05 confidence level. Likewise, for the year 2000, accredited facilities were more crowded with a mean average daily population of 113.9% of rated capacity compared to non-accredited

facilities that had a mean average daily population of 95.4% of rated capacity. The difference between these two means was also significant at the 0.05 confidence level.

In addition to the rated capacity of facilities, the design capacity is also illustrated in Table 4.2. In 1995, accredited facilities were more crowded with a mean average daily population at 132.6% of design capacity compared to non-accredited facilities that had a mean average daily population of 125.2% of design capacity. The difference between these two means was statistically significant at the 0.05 confidence level. Relatedly, in 2000, the mean average daily population at accredited facilities was 125.4% of design capacity versus 111.8% of design capacity at non-accredited facilities. The difference between these two means was also statistically significant at the 0.05 confidence level.

Table 4.2 also covers the mean age of facilities in 1995 and 2000. For the year 1995, the mean age of ACA accredited facilities was 31.47 years which was higher than the mean age of non-accredited facilities (31.21 years). In 2000, the mean age of ACA accredited facilities was 22.92 years which was lower than the mean age of non-accredited facilities (28.32 years). The difference between the mean ages in 2000 was statistically significant at the 0.05 confidence level.

With respect to inmate housing schemes, the data in 1995 showed that the majority of inmates were housed in dormitory-style housing in both accredited and non-accredited facilities compared to single-cell type housing. When the mean percentages of inmates in dormitory housing were analyzed, the data showed that more inmates in non-accredited facilities were housed in dormitory-style housing (85.3%) compared to

inmates in accredited facilities (80.3%). The difference between these two means was statistically significant at the 0.05 confidence level. The data showed that, in 1995, more inmates were housed in single-cell type housing in accredited facilities (19.7%) versus those in non-accredited facilities (14.6%). The difference between these two means was statistically significant at the 0.05 confidence level.

#### 4.3 Institutional Operations

Findings in the institutional operations category included the mean ratio of riots to the average daily population and the mean ratio of fires to the average daily population. As Table 4.3 indicates, the data addressing the ratio of riots was mixed with more riots occurring in non-accredited facilities in 1995 and more riots occurring in accredited facilities in the year 2000. In contrast, the ratio of fires remained constant in both 1995 and 2000 with more fires occurring in accredited facilities than in non-accredited facilities. The 1995 data in this category significantly and positively supports the hypothesis that ACA accredited facilities are less violent (ratio of riots), however the 2000 data does not. Additionally, the data concerning the ratio of fires does not support the hypothesis that ACA accredited facilities are less violent.

Table 4.3 Institutional Operations Category Findings (Means, Standard Deviations (in Parentheses))

Variables	1995 Accredited Mean N	1995 Non-Accredited Mean N	1995 t-Test Comparison p	2000 Accredited Mean N	2000 Non-Accredited Mean N	2000 t-Test Comparison p
Ratio of riots versus average daily population	0.000027 (.00017)	0.000261 (.00119)	0.000**	0.00045 (.00492)	0.00024 (.00087)	0.521
Ratio of fires versus average daily population	0.00137 (.00591)	0.00062 (.00362)	0.065	0.00035 (.00126)	0.00021 (.00109)	0.111

\*\*Statistically significant at the 0.05 confidence level.

Table 4.3 reveals in greater detail, in 1995, the mean ratio of riots versus the average daily population was higher (0.000261) in non-accredited facilities compared to 0.000027 in accredited facilities. The difference between these two means was statistically significant at the 0.05 confidence level. On the contrary, in the year 2000, the mean ratio of riots versus the average daily population was higher in accredited facilities (0.00045) compared to the mean ratio in non-accredited facilities (0.00024).

In addition to riots, the data also examined fires. Table 4.3 illustrates that in 1995, there were more fires in ACA accredited facilities (mean ratio of 0.00137) compared to non-accredited facilities (mean ratio of 0.00062). Similarly, in the year 2000, there were more fires at accredited facilities (mean ratio of 0.00035) compared to non-accredited facilities (0.00021).

#### 4.4 Institutional Services

The institutional services findings are split into four separate Tables: security level, inmate deaths, counseling offerings, educational offerings, educational program participation, work assignment participation, and enhanced family visitation offerings.

Findings that are represented as percentages are based upon the count of accredited and non-accredited facilities in the years 1995 and 2000. The counts of facilities are represented in Table 4.4.

Table 4.4 Count of Accredited and Non-Accredited Facilities – 1995 and 2000

<b>1995 Accredited Count</b>	<b>1995 Non-Accredited Count</b>		<b>2000 Accredited Count</b>	<b>2000 Non-Accredited Count</b>	
N	N	%	N	N	%
217	787		226	584	

##### *4.4.1 Institutional Services – Housing Schemes*

As the data in Table 4.5 will reveal, in 1995 and 2000, the majority of inmates in accredited facilities were held in medium security housing.

Table 4.5 Institutional Services Category Findings – Security Level

<b>Variables</b>	<b>1995 Accredited Counts</b>		<b>1995 Non- Accredited Counts</b>		<b>2000 Accredited Counts</b>		<b>2000 Non- Accredited Counts</b>	
	N	%	N	%	N	%	N	%
Percentage of maximum security	81	37.3	190	24.1	48	21.2	101	19.3
Percentage of medium security	92	42.4	330	41.9	107	47.3	204	38.9
Percentage of minimum security	42	19.4	263	33.4	67	29.6	211	40.3

As Table 4.5 further illustrates, the 1995 census data showed that in 1995, the majority of accredited facilities were medium security 42.4% (92) followed by maximum security (37.3%) and minimum security (19.4%). Table 4.5 also reveals that the majority of non-accredited facilities in 1995 were medium security (41.9%) followed by minimum security (33.4%) and maximum security (24.1%).

For the year 2000, Table 4.5 indicates that the numbers were similar to those in 1995 with a couple of exceptions. For example, Table 4.5 indicates that the majority of accredited facilities in 2000 were medium security (47.3%) followed by minimum security (29.6%) and maximum security (21.2%). As for non-accredited facilities, the largest number was found in the minimum security (40.3%) followed by medium security (38.9%) and finally, maximum security (19.3%).

#### *4.4.2 Institutional Services – Inmate Deaths*

As Table 4.6 will show, the data was consistent across all categories of inmate deaths between 1995 and 2000. Generally, more non-AIDS, AIDS, and suicides occurred in accredited facilities than in non-accredited facilities. Conversely, more inmate deaths caused by other inmates were found in non-accredited facilities. The data in this category does not support the hypothesis that ACA accredited facilities are less violent.

Table 4.6 Institutional Services Category Findings – Inmate Deaths (Means, Standard Deviations (in Parentheses))

Variables	1995 Accredited Mean	1995 Non-Accredited Mean	1995 t-Test Comparison	2000 Accredited	2000 Non-Accredited Mean	2000 t-Test Comparison
	N	N	p	N	N	p
Inmate Deaths – Illness (non AIDS)	0.0032 (.0228)	0.0019 (.0178)	0.417	0.0039 (.0356)	0.0009 (.0026)	0.212
Inmate Deaths - AIDS	0.0016 (.0061)	0.0009 (.0111)	0.098	0.0005 (.0066)	0.0001 (.0006)	0.319
Inmate Deaths - Suicide	0.00018 (.00066)	0.00010 (.00045)	0.058	0.000127 (.00053)	0.000120 (.00062)	0.829
Inmate Deaths By Other Inmates	0.000047 (.00025)	0.000053 (.00079)	0.721	0.000022 (.00014)	0.000024 (.00020)	0.844

Table 4.6 went further to provide detail about the different causes of inmate deaths for the years 1995 and 2000. As Table 4.6 reveals, in 1995, the majority of non-AIDS related inmate deaths occurred in accredited facilities with a ratio of 0.0032 inmate deaths per average daily population versus non-accredited facilities which had a ratio of 0.0019 non-AIDS related inmate deaths. Similarly, for the year 2000, Table 4.6 indicates that the majority of non-AIDS related inmate deaths happened in accredited facilities with accredited facilities having a ratio of 0.0039 inmate deaths per average daily population versus 0.0009 non-AIDS related inmate deaths in non-accredited facilities.

In addition to non-AIDS related inmate deaths, Table 4.6 reveals the prevalence of AIDS related inmate deaths. In 1995, the majority of AIDS related inmate deaths



also occurred in accredited facilities with a ratio of 0.0016 AIDS related inmate deaths per average daily population compared to a ratio of 0.0009 AIDS related inmate deaths in non-accredited facilities. In 2000, the numbers remained consistent. For the year 2000, the data showed that most AIDS related inmate deaths occurred in accredited facilities with a ratio of 0.0005 versus a ratio of 0.0001 AIDS related deaths in non-accredited facilities.

Suicides are also illustrated in Table 4.6. In 1995, the data reveals that more suicides occurred at accredited facilities (a ratio of 0.00018) compared to non-accredited facilities (a ratio of 0.00010). In the year 2000, the data remained consistent. More suicides occurred in accredited facilities in 2000 (a ratio of 0.000127) compared to non-accredited facilities (0.000120).

In Table 4.6, the data reveals that in 1995, the ratio of inmate deaths caused by other inmates in accredited facilities was lower (a ratio of 0.000047) in accredited facilities compared to non-accredited facilities (a ratio of 0.000053). Additionally, in 2000, the ratios were similar to 1995. In the year 2000, more inmate deaths caused by other inmates occurred in non-accredited facilities (a ratio of 0.000024) than did in accredited facilities (a ratio of 0.000022).

#### *4.4.3 Institutional Services – Counseling Offerings*

Table 4.7 details the counseling offerings found in accredited and non-accredited facilities in 1995 and 2000. As Table 4.7 reveals, almost without exception, accredited facilities offered more counseling programs than non-accredited facilities

did. The data in this category positively supports the hypothesis that more counseling is offered at ACA accredited facilities than non-accredited facilities.

Table 4.7 Institutional Services Category Findings – Counseling Offerings

Variables	1995	1995	1995	1995 Non-	2000	2000	2000	2000 Non-
	Accred. Count	Accred. Percentage	Non- Accred. Count	Accred. Percentage	Accred. Count	Accred. Percentage	Non- Accred. Count	Accred. Percentage
	N	%	N	%	N	%	N	%
Counseling Offered - Drug	210	96.8	697	88.6	205	90.7	476	90.8
Counseling Offered - Alcohol	212	97.5	710	90.2	208	92.0	472	90.1
Counseling Offered – Psychological	200	92.2	587	74.6	192	85.0	351	67.0
Counseling Offered - Employment	152	70.0	432	54.9	170	75.2	328	62.6
Counseling Offered - Life Skills	169	77.9	508	64.5	189	83.6	375	71.6
Counseling Offered - Parenting	111	51.2	273	34.7	136	60.2	236	45.0
Counseling Offered - None	0	0	19	2.4	0	0	9	1.7

The detail provided by Table 4.7 suggests that in 1995, more drug counseling programs were offered at accredited facilities (96.8%) than at non-accredited facilities (88.6%). Conversely, in 2000, the majority of drug counseling programs occurred at non-accredited facilities (90.8%) versus accredited facilities (90.7%).

With respect to alcohol counseling programs, Table 4.7 reveals that in 1995, the majority of alcohol counseling programs were offered in accredited facilities (97.5%) compared to non-accredited facilities (90.2%). Table 4.7 also reveals that in the year

2000, more alcohol counseling programs were offered in accredited facilities (92.0%) compared to non-accredited facilities (90.1%).

Psychological counseling was also discussed in the data. According to Table 4.7, in the year 1995, psychological counseling was offered in accredited facilities (92.2%) more often than in non-accredited facilities (74.6%). In 2000, the numbers were consistent with the 1995 numbers. In the year 2000, psychological counseling was offered in accredited facilities more often (85.0%) than in non-accredited facilities (67.0%).

In addition to drug, alcohol, and psychological counseling, the data addressed employment counseling. As Table 4.7 details, in 1995, more employment counseling (70.0%) was offered at accredited facilities than in non-accredited facilities (54.9%). Similarly, in the year 2000, more employment counseling was offered in accredited facilities (75.2%) compared to non-accredited facilities (62.6%).

The census data also revealed the prevalence of life-skills counseling. According to Table 4.7, in 1995, more life-skills counseling was offered in accredited facilities (77.9%) compared to non-accredited facilities (64.5%). Likewise, in 2000, more life-skills counseling was offered in accredited facilities (83.6%) than in non-accredited facilities (71.6%).

Parenting counseling was also discussed in the data. As Table 4.7 indicates, in 1995 more parenting counseling was offered in accredited facilities (51.2%) than in non-accredited facilities (34.7%). In the same way, the data showed that in 2000, more

parenting counseling programs were offered in accredited facilities (60.2%) compared to non-accredited facilities (45.0%).

The last value covered in Table 4.7 deals with facilities that offer no counseling whatsoever. In 1995, all accredited facilities offered some type of counseling program whereas 2.4% of the non-accredited facilities offered no counseling programs at all. Similarly, in 2000, all accredited facilities offered some type of counseling and 1.7% offered no counseling programs at all.

#### *4.4.4 Institutional Services – Educational Offerings*

The data found in Table 4.8 explores educational offerings in accredited and non-accredited facilities in 1995 and 2000. Almost without exception, accredited facilities offered more education programs to inmates than non-accredited facilities did. The data in this category positively support the theory that more education is offered in ACA accredited facilities than in non-accredited facilities.

Table 4.8 Institutional Services Category Findings – Educational Offerings

Variables	1995 Accred. Count	1995 Accred. Percent- age	1995 Non- Accred. Count	1995 Non- Accred. Percent- age	2000 Accred. Count	2000 Accred. Percent- age	2000 Non- Accred. Count	2000 Non- Accred. Percent- age
	N	%	N	%	N	%	N	%
Education Offered – Adult Basic Education (ABE)	206	94.9	673	85.5	213	94.2	425	81.1
Education Offered – General Educational Development (GED)	214	98.6	679	86.3	214	94.7	425	81.1
Education Offered – Special Education	100	46.1	289	36.7	111	49.1	182	34.7
Education Offered – Vocational Training	185	85.3	477	60.0	190	84.1	311	59.4
Education Offered – College Courses	99	45.6	278	35.3	104	46.0	177	33.8
Education Offered – None	2	0.9	63	8.0	1	1.4	34	6.5

As Table 4.8 details, in 1995, accredited facilities (94.9%) offered adult basic education to inmates more often than non accredited facilities did (85.5%). Similarly, in 2000, more accredited facilities (94.2%) offered adult basic education than non-accredited facilities did (81.1%).

The data also showed that in 1995, more accredited facilities (98.6%) offered general education development (GED) programs than non-accredited facilities did

(86.3%). Accordingly, the data for 2000 showed that more accredited facilities also offered GED courses more often (94.7%) than non-accredited facilities did (81.1%).

In keeping with the data above, in 1995, more accredited facilities offered special education programs to inmates (46.1%) than non-accredited facilities did (36.7%). Correspondingly, in 2000, more accredited facilities (49.1%) offered special education than non-accredited facilities did (34.7%).

With respect to vocational training, Table 4.8 reveals that in 1995, more vocational training programs were offered in accredited facilities (85.3%) than in non-accredited facilities (60.0%). In the same way, the data showed that in 2000, vocational training was offered in accredited facilities (84.1%) than in non-accredited facilities (59.4%).

Table 4.8 also illustrates the prevalence of college course offerings. In 1995, more college courses were offered in accredited facilities (45.6%) than in non-accredited facilities (35.3%). In 2000, the data remained constant. In that year, more college courses were offered in accredited facilities (46.0%) than in non-accredited facilities (33.8%).

When the data pertaining to facilities that offer no educational programs was analyzed, it was found that in 1995, only 2 out of 217 (0.9%) accredited facilities offered no education programs at all compared to 8.0% non-accredited facilities. Similarly, in 2000, the data showed that only 1 of 226 (1.4%) accredited facilities did not offer any educational programs at all contrasted with 6.5% in non-accredited facilities.

#### 4.4.5 Institutional Services – Education and Work Assignment Participation

The data shown in Table 4.9 illustrates the participation levels in education programs and work assignment programs. Overwhelmingly, accredited facilities had higher participation rates in education programs and in work assignment programs. The data in this category positively support the hypothesis that more work assignment programs are offered in ACA accredited facilities than in non-accredited facilities.

Table 4.9 Institutional Services Category Findings – Educational Program and Work Assignment Participation (Means, Standard Deviations (in Parentheses))

Variable	1995 Accredited Mean Percentage	1995 Non-Accredited Mean Percentage	1995 t-Test Comparison	2000 Accredited Mean Percentage	2000 Non-Accredited Mean Percentage	2000 t-Test Comparison
	%	%	p	%	%	p
Percentage of Inmates Participating in Education Programs	29.3 (25.1)	23.6 (20.3)	0.001**	N/A	N/A	N/A
Percentage of Inmates Participating in Work Assignments	76.6 (27.7)	75.1 (54.9)	0.423	64.3 (31.3)	55.0 (35.8)	0.000**

\*\*Statistically significant at the 0.05 confidence level.

As Table 4.9 illustrates, in 1995, accredited facilities had a higher participation rate in educational programs (mean of 29.3%) than non-accredited facilities did (mean of 23.6%). The differences between these mean percentages was statistically significant at the 0.05 confidence level. As mentioned above, the 2000 data did not contain information about inmate participation in educational programs.

According to Table 4.9, for the year 1995, accredited facilities had a higher participation rate (mean of 76.6%) in work assignment programs than non-accredited

facilities did (mean of 75.1%). Similarly, in 2000, accredited facilities had a higher participation rate (mean of 64.3%) in work assignment programs than non-accredited facilities did (mean of 55.0%). The difference between these mean percentages was statistically significant at the 0.05 confidence level.

#### 4.4.6 Institutional Services – Enhanced Family Visitation

Table 4.10 addresses the prevalence of enhanced family visitation programs in jails and prisons in 1995. The data in the Table indicates that in 1995, accredited facilities offered more enhanced family visitation programs (32.3%) than non-accredited facilities did (17.2%). The data in this category positive support that more rehabilitative programs are offered in ACA accredited facilities than in non-accredited facilities.

Table 4.10 Institutional Services Category Findings – Enhanced Family Visitation Offerings

Variable	1995 Accred. Count	1995 Accred. Percent- age	1995 Non- Accred. Count	1995 Non- Accred. Percent- age	2000 Accred. Count	2000 Accred. Percentage	2000 Non- Accred. Count	2000 Non- Accred. Percent -age
	N	%	N	%	N	%	N	%
Enhanced Family Visitation Offered	70	32.3	135	17.2	N/A	N/A	N/A	N/A



#### 4.5 Unanticipated Findings

The data revealed that, in the year 2000, ACA accredited facilities offered Hepatitis C testing less often (72.1%) than non-accredited facilities (79.4%). Additionally, in the year 2000, ACA accredited facilities offered Hepatitis C treatment less often (63.7%) compared to non-accredited facilities (70.8%).

Relatedly, the data showed that ACA accredited facilities offered HIV testing less often (71.7%) in 2000 compared to non-accredited facilities (85.3%). Additionally, ACA accredited facilities offered the Hepatitis B vaccine less often (63.7%) in 2000 than non-accredited facilities did (66.8%). Despite the lower rates of HIV testing, ACA accredited facilities had a lower mean percentage of HIV positive inmates (.493%) in 2000 compared to non-accredited facilities (1.055%). The difference in these two means was statistically significant at the 0.05 confidence level.

With respect to TB testing, ACA accredited facilities offered TB tests less often (59.3%) in the year 2000 than non-accredited facilities did (73.3%). Surprising as well was the fact that in 2000, ACA accredited facilities had a lower mean percentage of TB positive inmates (6.516%) compared to non-accredited facilities (8.245%). The difference between these means was also statistically significant at the 0.05 confidence level.

Regarding the racial composition of inmates, the 1995 data showed that ACA accredited facilities housed (in order of prevalence) African Americans (mean percentage of 47.7%) followed by Caucasians (mean percentage of 38.98%) followed by Hispanics (mean percentage of 16.58%) followed by American Indians (mean

percentage of 1.97%). The 1995 data showed the same pattern in non-accredited facilities.

The data did show that in 1995, ACA accredited facilities housed less African American inmates (mean percentage of 47.7%) than non-accredited facilities did (mean percentage of 54.13%). The difference between these two means was statistically significant at the 0.05 confidence level.

In addition to African Americans, the 1995 data showed that ACA accredited facilities housed less Caucasian inmates (mean percentage of 38.98%) compared to non-accredited facilities (mean percentage of 44.23%). The difference between the two means was statistically significant at the 0.05 confidence level.

The 1995 data also showed that ACA accredited facilities housed more Hispanic inmates (mean percentage of 16.58%) than non-accredited facilities did (mean percentage of 10.15%). The difference between these two means was statistically significant at the 0.05 confidence level. The 2000 inmate race data followed the exact racial trends as the 1995 data.

#### 4.6 Summary of Findings

In summary, the data revealed that ACA accredited facilities were often more crowded than non-accredited facilities. Additionally, as Table 4.6 illustrates, the level of violence was often higher at accredited facilities compared to non-accredited facilities. The illness-related death rates of inmates was higher at ACA accredited facilities than it was at non-accredited facilities, however rates of deaths caused by other inmates was lower in ACA accredited facilities compared to non-accredited facilities.

Finally, ACA accredited facilities offered more counseling and education offerings than non-accredited facilities did. Appendix D offers a summary of the study findings in table format.

## CHAPTER 5

### CONCLUSION AND IMPLICATIONS

#### 5.1 Conclusions

With respect to levels of violence, riots, and fires, ACA accredited facilities are more violent than non-accredited facilities. The data showed a significant positive relationship between ACA accreditation and higher rates of assaults on staff and riots. Although inmate assaults on other inmates and assaults on staff decreased from 1995 to 2000, assaults on staff remained the same. Similarly, the ratio of riots increased between 1995 and 2000, and the ratio of fires remained higher in ACA accredited facilities than in non-accredited facilities.

Based on the results of the study, it cannot be said that ACA accreditation means that correctional facilities will be less crowded than non-accredited facilities. In fact, the results show a significant positive relationship between ACA accreditation and higher average daily populations, higher rated capacity ratios, and higher design capacity ratios.

ACA accreditation does not have a positive impact on inmate death ratios. The data showed that ACA accredited facilities had a higher inmate death rate caused by illness than non-accredited facilities did. Additionally, the data showed that inmate testing for communicable diseases such as HIV and TB was lower in ACA accredited facilities than in non-accredited facilities.

The data showed a positive relationship between ACA accreditation and education and counseling program offerings to inmates. In both counseling and education categories, ACA accredited facilities had higher rates of program offerings than non-accredited facilities. Likewise, inmates had significantly higher rates of participation in education and work assignment programs in ACA accredited facilities compared to non-accredited facilities.

In addition to the indicators mentioned above, the data also showed a significant positive relationship in the year 2000 between ACA accreditation and the age of the correctional facility itself. Likewise, in 1995, there was a significant relationship between ACA accreditation and the use of single-cell style housing.

#### 5.2 Limitations and Alternative Explanations of Findings

Even though every attempt was made to collect and analyze data according to the best practices in the field of criminology, it is entirely possible that rival causes exist to explain the various findings reported here. It is possible, for example, that the reason for lower inmate to correctional officer ratios in the year 2000 could be an increase in government funding aimed at reducing these ratios.

In the interest of time, the data do not differentiate between regions, states, or localities. Rather, the data cover adult correctional facilities for the entire United States at the local, state, and federal level. The author acknowledges the possibility of aggregation bias because the levels of violence and education and counseling offerings can be influenced by the individual jurisdiction where the jail or prison facility exists.

With respect to inmate assaults on staff and other inmates, it is possible that the geographic location of the correctional facility and the demographic makeup of the population of the facility and the community could influence the ratio of inmate assaults. As for riots and fires, it is possible that more riots and fires were reported in ACA accredited facilities because ACA accredited facilities might be insured more often and therefore have the ability to recoup damages caused by these events. This assumption is made because of the insurance discount offered to ACA accredited facilities. Another explanation for the ratio of riots and fires could be the social and political climate that exists when the riots and fires occur.

Additional findings related to housing could also be skewed by different architectural models selected by local communities without regard for ACA accreditation standards or status. In addition to housing, violence, and population findings, educational participation findings could be affected by state / local rules regarding good-time credits for educational program and work-assignment participation. Education and counseling program offerings could also be impacted by budgetary constraints imposed by the governing body for the jail or prison.

Another explanation for the findings above might be that non-accredited facilities follow the same standards as ACA accredited facilities, but they do not spend the money required to go through the formal accreditation process.

Finally, all of the findings above could be impacted by the possibility that ACA accredited facilities might keep better records and report incidents more often than non-

accredited facilities do. This might be because the facilities want to maintain their accreditation and they know that they will be inspected more often.

All of the propositions noted above are speculative in nature, but it is important to mention them as rival causes for the findings of this study. The decision to become accredited can also be symbolic of other factors such as the management style or philosophy of the administrators of the jail or prison. The reader must remember that the findings noted in this paper could have rival causal factors other than ACA accreditation.

### 5.3 Impact of The Study Based on What Was Learned

The current study could have a considerable impact on the criminal justice field. For example, the annual expenditures on ACA accreditation could be spent on enhanced internal inspection programs. Additionally, this capital could be spent on hiring and training more correctional officers, teachers, counselors, and other critical staff to improve the conditions and operations of jail and prison facilities.

It is worth reiterating that ACA accreditation continues to evolve toward a performance-based model whereby indicators such as those studied in this paper are tracked on an annual basis rather than just requiring that policies be in place to deal with the events when they occur. With the benefit of the reported counts of events and the requisite analysis and reporting of those events, it is felt by this author that the impact of ACA accreditation will become more measurable and positive in the future. Additionally, it is also entirely possible that other facilities will employ the data analysis methods used by the ACA without becoming accredited. If these data analysis methods

are adopted by more facilities, perhaps their increased awareness of the amount of violence and other indicators will cause them to make changes to reduce violence and crowding in order to improve those numbers.

Although the author of this study believes that ACA accreditation is positive, the findings of the instant study do not show the positive effect that it should show and that more study is necessary in this area.



APPENDIX A

1995 CENSUS OF STATE AND FEDERAL ADULT CORRECTIONAL FACILITIES

1995 Census of State and Federal Adult Correctional Facilities  
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**CJ-43**

OMB No. 1121-0147: Approval Expires 03/31/96

RETURN TO	<b>Bureau of the Census</b> 1201 East 10th Street Jeffersonville, IN 47132-0001	FORM <b>CJ-43</b> (6-5-95)	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
		ACTING AS COLLECTING AGENT FOR BUREAU OF JUSTICE STATISTICS U.S. DEPARTMENT OF JUSTICE	
<b>1995 CENSUS OF STATE AND FEDERAL ADULT CORRECTIONAL FACILITIES</b>			

In correspondence pertaining to this report, please refer to the number at the top of the address label

(Please correct any error in name, mailing address, and ZIP Code)

**GENERAL INFORMATION**

- If you have any questions, call the **Bureau of the Census** toll-free at **1-800-253-2078**.
- Please mail your completed questionnaire to the **Bureau of the Census** in the enclosed envelope before **August 4, 1995**, or **FAX to 1-301-457-1544**.

**Who does this survey cover?**

- State, Federal, and private facilities which have custody over adults sentenced to confinement. Includes prisons, penitentiaries, and correctional institutions; boot camps; prison farms; reception, diagnostic, and classification centers; road camps; forestry and conservation camps; youthful offender facilities (except in California); vocational training facilities; prison hospitals; drug and alcohol treatment facilities; and State operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont.
- Inmates held during the period July 1, 1994—June 30, 1995

**Which facilities are excluded from this survey?**

- EXCLUDE privately operated facilities that are not predominantly for State or Federal inmates.
- EXCLUDE military facilities; Immigration and Naturalization Service facilities; Bureau of Indian Affairs facilities; U.S. Marshals Service facilities; and public hospital wings and wards reserved for State prisoners.
- EXCLUDE facilities operated and administered by local governments, including those housing State prisoners.

**Burden statement**

We estimate that it will take from 30 to 60 minutes per facility to collect this information, with 45 minutes being the average time per facility. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any aspect of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 633 Indiana Avenue, NW, Washington, DC 20531; and to the Office of Management and Budget, OMB number 1121-0147, Washington, DC 20503.

**INSTRUCTIONS**

- Answer each question for the facility identified on the address label.
- If the answer to a question is "not available" or "unknown," write "DK" in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the box beside each figure that is estimated. For example, X

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**1. Who operates this facility?**

Mark (X) only ONE box.

- 1  Federal authority
- 2  State authority
- 3  Private contractor
- 4  Joint local authority

**2. What percentage of the inmates in this facility are regularly permitted to depart unaccompanied (e.g., work release, study release, rehabilitation)? Mark (X) only ONE box.**

- 1  50% or more of the inmates
- 2  Less than 50% of the inmates

**3. Is this facility authorized to house —**

Mark (X) only ONE box.

- 1  Males only
- 2  Females only
- 3  Both males and females

**4. What is the physical security of this facility?**

Mark (X) the ONE box that overall best describes the physical security of this facility.

- 1  Maximum/close/high
- 2  Medium
- 3  Minimum/low
- 4  None

**5. What percentage of inmates in this facility are housed in —**

- 1  Single occupancy cells or rooms \_\_\_\_\_ %
- 2  Multiple occupancy rooms (e.g., dormitories, double-bunked cells, etc.) \_\_\_\_\_ %

**6. What are the functions of this facility?**

Mark (X) all that apply and circle the ONE box that applies to the largest number of inmates.

- 1  General adult population confinement
- 2  Boot camp
- 3  Reception/diagnosis/classification
- 4  Medical treatment/hospitalization confinement
- 5  Alcohol/drug treatment confinement
- 6  Primarily for confinement of "youthful offenders"
- 7  Work release/prerelease
- 8  Primarily for persons returned to custody (e.g., parole violators)
- 9  Other (e.g., psychiatric care, etc.) — Specify z

**7. On June 30, 1995, what was the rated capacity of this facility?**

Rated capacity is the maximum number of beds or inmates assigned by a rating official to this facility.

- 
- \_\_\_\_\_ Rated capacity

**8. On June 30, 1995, what was the design capacity of this facility?**

Design capacity is the number of inmates that planners or architects intended for this facility.

- 
- \_\_\_\_\_ Design capacity

**9. In what year was the original construction completed on this facility?**

If more than one building, provide the year for the oldest building currently used to house inmates.

- Year
- 1 \_\_\_\_\_

**10. Are there any definite plans to add to this facility, close this facility, or renovate the existing facility between July 1, 1995 and June 30, 1998?**

Mark (X) all that apply.

Report all plans which have received final administrative approval, even though the necessary funds may not have been authorized.

- 1  Add on to existing facility
- 2  Close this facility
- 3  Renovate existing space
- 4  No change planned — SKIP to item 12

**11. What will be the NET EFFECT of these planned changes?**

Mark (X) only ONE box.

- 1  No change in bed capacity
- 2  An increase in capacity of \_\_\_\_\_ beds
- 3  A decrease in capacity of \_\_\_\_\_ beds

**12. On June 30, 1995, was this facility under a State or Federal COURT ORDER or CONSENT DECREE to limit the number of inmates it can house?**

1  Yes — What is the maximum number of inmates this facility is allowed to house? z

- 
- \_\_\_\_\_ Inmates
- 2  No

**CONTINUE WITH ITEM 13 ON PAGE 3** →

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**13. On June 30, 1995, was this facility under a State or Federal COURT ORDER or CONSENT DECREE for specific conditions of confinement?**

- 2  No — SKIP to item 15  
 1  Yes — Mark (X) all conditions that apply.
- 01  Crowding
  - 02  Medical facilities or services
  - 03  Administrative segregation procedures or policies
  - 04  Staffing
  - 05  Food services/nutrition/cleanliness
  - 06  Education or training programs
  - 07  Disciplinary procedures or policies
  - 08  Recreation/exercise
  - 09  Visiting/mail/telephone policies
  - 10  Fire hazards
  - 11  Counseling programs
  - 12  Inmate classification
  - 13  Library services
  - 14  Grievance procedures or policies
  - 15  Religious practices
  - 16  Search policies or practices
  - 17  Other — Specify z

**14. On June 30, 1995, was this facility under State or Federal COURT ORDER or CONSENT DECREE for the totality of conditions (the cumulative effect of several conditions)?**

- 1  Yes  
 2  No

**15. For the year ending June 30, 1995, what was the average daily population (ADP) of this facility?**

- To calculate the average daily population, add the number of inmates for each day during the period July 1, 1994—June 30, 1995 and divide the results by 365.
- If an alternative method of calculation is used, describe on page 7.

\_\_\_\_\_ ADP

**16. On June 30, 1995, what was the total number of inmates in this facility?**

- Include all inmates who are temporarily absent from this facility for court appearances, brief furloughs, etc.
- Exclude all inmates who are on escape or absent without leave (AWOL)

\_\_\_\_\_ Inmates

**17. On June 30, 1995, what was the inmate count in this facility by custody level?**

- |  |       |                          |         |                          |
|--|-------|--------------------------|---------|--------------------------|
|  | Males | <input type="checkbox"/> | Females | <input type="checkbox"/> |
| a. Maximum/close/high  | _____ |                          | _____   |                          |
|  | Males | <input type="checkbox"/> | Females | <input type="checkbox"/> |
| b. Medium . . . . .  | _____ |                          | _____   |                          |
|  | Males | <input type="checkbox"/> | Females | <input type="checkbox"/> |
| c. Minimum/low . . . .   | _____ |                          | _____   |                          |
| d. Not classified (e.g., unsentenced; sentenced and awaiting classification; etc.) . . . . | _____ |                          | _____   |                          |
|  | Males | <input type="checkbox"/> | Females | <input type="checkbox"/> |
| e. Total (Sums of lines a—d)   | _____ |                          | _____   |                          |
| • These two sums (if added) should equal entry in item 16.                                 |       |                          |         |                          |

**18. On June 30, 1995, how many inmates in this facility were —**

- a. White, not of Hispanic origin . . . . .
- b. Black, not of Hispanic origin . . . . .
- c. Hispanic origin (i.e., Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin) . . . . .
- d. American Indian/Alaska Native
- e. Asian/Pacific Islander . . . . .
- f. Total (Sum of lines a—e) . . . . .
- Should equal entry in item 16.

**19. How many inmates on June 30, 1995 were under the age of 18?**

\_\_\_\_\_ Inmates

**CONTINUE WITH ITEM 20  
ON PAGE 4 →**

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**20. On June 30, 1995, how many staff in this facility were —**

**a. Payroll staff —** Full-time  Part-time   
Staff on the payroll of this facility . . . . .

**b. Nonpayroll staff —** Full-time  Part-time   
Staff who are NOT on the payroll of this facility, including personnel on the payroll of other government agencies (e.g., health department, school district, court) and unpaid interns. Exclude community volunteers . . . . .

**c. Contract staff —** Full-time  Part-time   
Staff working at this facility and paid through contractual agreements. . . . .

**d. Total staff** Full-time  Part-time   
(Sums of lines a—c)

**21. On June 30, 1995, how many staff in this facility were —**

**a. Administrators —** Males  Females   
Wardens, superintendents, administrators, and others in administrative positions . . . . .

**b. Correctional staff —** Males  Females   
Correctional officers, classification officers, line staff, and their supervisors . . . . .

**c. Clerical support staff —** Males  Females   
Typists, secretaries, records and accounts clerks, etc., including supervisors of clerical staff. . . . .

**d. Educational staff —** Males  Females   
Academic teachers, vocational teachers, etc. . . . .

**e. Professional treatment and technical staff —** Males  Females   
Counselors, psychiatrists, psychologists, social workers, doctors, dentists, nurses, chaplains, etc. . . . .

**21. Continued**

**f. Maintenance and food service staff —** Males  Females   
Groundskeepers, janitors, cooks, etc.

**g. Others — Specify** Males  Females   
\_\_\_\_\_

**h. Total** Males  Females   
(Sums of lines a—g)  
• Should equal the sum of the two entries in line 20d)

**22. On June 30, 1995, how many full-time and part-time payroll staff (Sum of the two entries in item 20a) in this facility were —**

**a. White, not of Hispanic origin . . . . .**

**b. Black, not of Hispanic origin . . . . .**

**c. Hispanic origin (i.e., Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin) . . . . .**

**d. American Indian/Alaska Native . . . . .**

**e. Asian/Pacific Islander . . . . .**

**f. Total**   
(Sum of lines a—e)  
• Should equal the sum of the two entries in item 20a.

**23. Between July 1, 1994 and June 30, 1995, how many inmates died while under the jurisdiction of this facility as a result of —**

**a. Illness/natural causes** (exclude AIDS deaths and report in item 23b)

**b. Acquired Immunodeficiency Syndrome (AIDS)**   
• The immediate cause of death may be Pneumocystis Carinii Pneumonia, Kaposi's Sarcoma, or other diseases related to HIV infection . . . . .

CONTINUE WITH ITEM 23c ON PAGE 5 →

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23. Continued

- c. Suicide . . . . .  \_\_\_\_\_
- d. Death caused by other inmates . . . . .  \_\_\_\_\_
- e. Other deaths — Specify  $\checkmark$  \_\_\_\_\_
- f. Total (Sum of lines a—e) \_\_\_\_\_

24. What types of work assignments are available to inmates in this facility? Mark (X) all that apply.

- 1  Prison industries (e.g., license plates, wood products, textiles, etc.)
- 2  Facility support services (e.g., office and administrative work, food service, building maintenance, etc.)
- 3  Farming/agriculture
- 4  Public works assignments — inmates work outside the facility and perform road, park, or other public maintenance work
- 5  Other — Specify  $\checkmark$  \_\_\_\_\_
- 6  None

25. On June 30, 1995, how many inmates in this facility had work assignments?

\_\_\_\_\_ Inmates

26. What types of educational programs are available to inmates in this facility?

- Include only formal programs offered on site.
  - Exclude unscheduled activities and informal programs.
- Mark (X) all that apply.
- 1  Basic adult education (ABE)
- 2  Secondary education (GED)
- 3  Special education (e.g., programs for inmates with learning disabilities)
- 4  Vocational training (e.g., auto repair, drafting, data processing, etc.)
- 5  College courses
- 6  Study release programs (i.e., release to community to attend school)
- 7  None

27. On June 30, 1995, how many inmates in this facility were enrolled in educational programs?

\_\_\_\_\_ Inmates

28. Which types of counseling or special programs are available to inmates in this facility? Mark (X) all that apply.

- 1  Drug dependency/counseling/awareness
- 2  Alcohol dependency/counseling/awareness
- 3  Psychological/psychiatric counseling
- 4  Employment (e.g., job seeking and interviewing skills)
- 5  Life skills and community adjustment (including personal finance, conflict resolution, etc.)
- 6  Parenting/child rearing skills
- 7  Other — Specify  $\checkmark$  \_\_\_\_\_
- 8  None

29. Does this facility have a work release program that allows inmates to work in the community unsupervised by correctional facility staff but return to the facility at night?

- 1  Yes — How many inmates were participating on June 30, 1995?  $\checkmark$  \_\_\_\_\_ Inmates
- 2  No

30. Does this facility have a program that provides regularly scheduled short-term releases or furloughs?

- 1  Yes — How many inmates were participating on June 30, 1995?  $\checkmark$  \_\_\_\_\_ Inmates
- 2  No

31. Does this facility permit short-term releases for emergencies or other extraordinary circumstances, such as family sickness or death?

- 1  Yes — How many inmates were participating on June 30, 1995?  $\checkmark$  \_\_\_\_\_ Inmates
- 2  No

32. Does this facility operate a program that approximates a "bootcamp" environment?

- Include programs with a highly regimented activity schedule, drill and ceremony, physical challenge and fitness, discipline, and chain of command.
- 1  Yes — How many inmates were participating on June 30, 1995?  $\checkmark$  \_\_\_\_\_ Inmates
- 2  No

CONTINUE WITH ITEM 33 ON PAGE 6 

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**33. Between July 1, 1994 and June 30, 1995, how many inmate-inflicted physical or sexual assaults occurred on facility staff and other inmates?**

\_\_\_\_\_ Assaults on facility staff

\_\_\_\_\_ Assaults on other inmates

**34. Between July 1, 1994 and June 30, 1995, how many facility staff and inmate DEATHS occurred from physical assaults inflicted by inmates?**

\_\_\_\_\_ Facility staff deaths from assaults

\_\_\_\_\_ Inmate deaths from assaults

**35. Between July 1, 1994 and June 30, 1995, how many reported disturbances at this facility were —**

a. Riots (incidents with 5 or more inmates participating and which resulted in serious injury or significant property damage) . . .  \_\_\_\_\_

b. Fires in which property damage exceeded \$50.00 . . . . .  \_\_\_\_\_

c. Other disturbances — Specify  \_\_\_\_\_

**36. Does this facility have a disciplinary action unit?**

1  Yes — On June 30, 1995, how many inmates were housed in this unit?  \_\_\_\_\_  
Inmates

2  No

**37. Does this facility have a protective custody unit?**

1  Yes — On June 30, 1995, how many inmates were housed in this unit?  \_\_\_\_\_  
Inmates

2  No

**38. Does this facility have an administrative segregation unit?**

1  Yes — On June 30, 1995, how many inmates were housed in this unit?  \_\_\_\_\_  
Inmates

2  No

**39. On June 30, 1995, did this facility house any inmates who were not citizens of the United States?**

1  Yes — How many inmates were not citizens of the United States?  \_\_\_\_\_  
Not citizens

2  No

3  Don't know

**40. Does this facility house inmates under sentence of death?**

1  Yes — On June 30, 1995, how many inmates were housed under sentence of death?  \_\_\_\_\_  
Inmates

2  No

**41. Does this facility have a policy which allows infants or young children to stay overnight or longer with their inmate parents?**

1  Yes

2  No

**42. On June 30, 1995, did any infants or young children stay with their inmate parents at this facility?**

• Include only children who stayed overnight or longer.

1  Yes — How many infants or young children stayed at this facility on June 30, 1995?  \_\_\_\_\_  
Infants or young children

2  No

**43. Does this facility have any other formal programs to promote enhanced visitation between inmates and their children?**

1  Yes — Specify  \_\_\_\_\_

2  No

**CONTINUE ON PAGE 7** ➔





APPENDIX B

2000 CENSUS OF STATE AND FEDERAL ADULT CORRECTIONAL FACILITIES

2000 Census of State and Federal Adult Correctional Facilities  
Page 1 of 10

**CJ-43**

OMB No. 1121-0147: Approval Expires 04/30/2003

<b>RETURN TO</b>	<b>U.S. CENSUS BUREAU Governments Division Washington Plaza Bldg. 2, Room 509 Washington, DC 20233-6800</b>		<b>FORM CJ-43 (6-1-2000)</b>		<b>2000 CENSUS OF STATE AND FEDERAL ADULT CORRECTIONAL FACILITIES</b>		<small>U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT U.S. DEPARTMENT OF COMMERCE ECONOMICS AND STATISTICS ADMINISTRATION U.S. CENSUS BUREAU</small>	
	<b>DATA SUPPLIED BY</b>							
Name				Title				
<b>OFFICIAL ADDRESS</b>	Number and street or P.O. box/Route number			City		State	ZIP Code	
<b>TELEPHONE</b>	Area Code	Number	Extension	<b>FAX NUMBER</b>	Area Code	Number		
<b>E-MAIL ADDRESS</b>								

*(Please correct any error in name, mailing address, and ZIP Code)*

**GENERAL INFORMATION**

- If you need assistance, call the **U.S. Census Bureau** toll-free at **1-800-253-2078**, or e-mail [prisons2000@census.gov](mailto:prisons2000@census.gov).
- Please mail your completed questionnaire to the **U.S. Census Bureau** in the enclosed envelope before **August 24, 2000**, or **FAX** all pages toll-free to **1-888-891-2099**.

**What facilities are included in this census?**

The census includes all confinement facilities administered by State or Federal governments or by private corporations primarily for State or Federal governments, which are intended for adults but sometimes hold juveniles.

- **INCLUDE** prisons, penitentiaries, and correctional institutions; boot camps; community corrections; prison farms; reception, diagnostic, and classification centers; road camps; forestry and conservation camps; youthful offender facilities (except in California); vocational training facilities; prison hospitals; and drug and alcohol treatment facilities for prisoners.
- **INCLUDE** State-operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont.
- **EXCLUDE** privately-operated facilities that do not primarily house State or Federal inmates.
- **EXCLUDE** facilities operated and administered by local governments that are not contracted to exclusively house State prisoners.
- **EXCLUDE** facilities that hold only juveniles.

**Burden statement**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 3 hours per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

**REPORTING INSTRUCTIONS**

- If the answer to a question is "not available" or "unknown," write "DK" in the space provided.
- If the answer to a question is "not applicable," write "NA" in the space provided.
- If the answer to a question is "none," or "zero," write "0" in the space provided.

• When the exact numeric answers are not available, provide estimates and mark (X) in the box beside each figure that is estimated. For example 1,234

2000 Census of State and Federal Adult Correctional Facilities  
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FORM CJ-43 (6-1-2000)

**Section I — FACILITY CHARACTERISTICS**

**1. Who operates this facility? Mark (X) only ONE box.**

- 01  Federal authority
- 02  State authority
- 03  District of Columbia government
- 04  Joint State and local authority
- 05  Private contractor

**2. Is this facility authorized to house — Mark (X) only ONE box.**

- 01  Males only
- 02  Females only
- 03  Both males and females

**3. What is the physical security of this facility?**

Mark (X) the ONE box that best describes the physical security of this facility.

- 01  Super maximum
- 02  Maximum/close/high
- 03  Medium
- 04  Minimum/low
- 05  Administrative (e.g., Federal medical facilities)
- 06  Other — Specify \_\_\_\_\_
- 07  None

**4. What are the functions of this facility?**

Mark (X) all that apply.

**a. Facility functions**

- 01  General adult population confinement
- 02  Boot camp
- 03  Reception/diagnosis/classification
- 04  Medical treatment/hospitalization confinement
- 05  Mental health/psychiatric confinement
- 06  Alcohol/drug treatment confinement
- 07  Primarily for confinement of youthful offenders
- 08  Community corrections, work release, prerelease
- 09  Primarily for persons returned to custody (e.g., parole violators)
- 10  Geriatric care
- 11  Other — Specify \_\_\_\_\_

**b. Which category in Item 4a applies to the largest number of inmates?**

\_\_\_\_\_ Category number

**5. What percentage of the inmates in this facility are regularly permitted to depart unaccompanied (e.g., work release, study release, rehabilitation)? Mark (X) only ONE box.**

- 01  50% or more of the inmates
- 02  Less than 50% of the inmates
- 03  None

**6. On June 30, 2000, what was the rated capacity of this facility?**

- Rated capacity is the maximum number of beds or inmates assigned by a rating official to this facility.

\_\_\_\_\_  Rated capacity

**7. On June 30, 2000, what was the design capacity of this facility?**

- Design capacity is the number of inmates that planners or architects intended for this facility.

\_\_\_\_\_  Design capacity

**8. In what year was the original construction completed on this facility?**

- If more than one building, provide the year for the oldest building currently used to house inmates.

\_\_\_\_\_ Year of original construction

**9. Are there any definite plans to add to this facility, close this facility, or renovate the existing facility between July 1, 2000, and June 30, 2003? Mark (X) all that apply.**

- Report all plans that have received final administrative approval, even though the necessary funds may not have been authorized.

- 01  Add housing space on to existing facility
- 02  Construct a new facility
- 03  Close this facility
- 04  Renovate existing housing space
- 05  No change planned — SKIP to item 11

**10. What will be the net effect of these planned changes on this facility? Mark (X) only ONE box.**

- 01  No change in bed capacity
- 02  An increase in capacity of \_\_\_\_\_  beds
- 03  A decrease in capacity of \_\_\_\_\_  beds

**11. On June 30, 2000, was this facility under a State or Federal court order or consent decree to limit the number of inmates it can house?**

- 01  Yes — a. What is the maximum number of inmates this facility is allowed to house?

\_\_\_\_\_  Inmates

**b. In what year did this order or decree take effect?**

\_\_\_\_\_ Year

- 02  No

2000 Census of State and Federal Adult Correctional Facilities  
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FORM CJ-43 (6-1-2000)

**12. On June 30, 2000, was this facility under a State or Federal court order or consent decree for specific conditions of confinement?**

01  Yes — **a. What were the specific conditions?**  
*Mark (X) all conditions that apply.*

- 01  Crowding
- 02  Administrative segregation procedures or policies
- 03  Disciplinary procedures or policies
- 04  Grievance procedures or policies
- 05  Search policies or practices
- 06  Staffing
- 07  Food services/nutrition/cleanliness
- 08  Medical facilities or services
- 09  Mental health services/treatment
- 10  Visiting/mail/telephone policies
- 11  Recreation/exercise
- 12  Fire hazards
- 13  Counseling programs
- 14  Inmate classification
- 15  Library services
- 16  Religious practices
- 17  Education
- 18  Accommodation of disabled
- 19  Other — *Specify* \_\_\_\_\_

**b. Was this facility under court order or consent decree for the totality of conditions (the cumulative effect of several conditions)?**

01  Yes  
02  No

**c. In what year did this order or decree take effect?**

\_\_\_\_\_ Year

02  No

---

**Section II — INMATE COUNTS**

**13. As of the last count of the day on June 30, 2000, what was the total number of inmates in this facility?**

- Include all inmates temporarily absent from this facility (e.g., for court appearances, brief furloughs, and medical leave).
- Exclude all inmates who were on escape or absent without leave (AWOL).

\_\_\_\_\_  Inmates

**14. On June 30, 2000, how many inmates in this facility were —**

- Report current age.

**a. Males age 18 or older** . . . . . \_\_\_\_\_

**b. Females age 18 or older** . . . . . \_\_\_\_\_

**c. Males under age 18** . . . . . \_\_\_\_\_

**d. Females under age 18** . . . . . \_\_\_\_\_

**e. TOTAL (Sum of items 14a to 14d should equal item 13)** . . . . . \_\_\_\_\_

**15. Does this facility have a geriatric unit specifically designed for inmates of advanced age?**

01  Yes — **On June 30, 2000, how many inmates were housed in this unit?**

\_\_\_\_\_  Inmates

02  No

**16. On June 30, 2000, how many inmates confined in this facility were —**

	Adults	Juveniles (under age 18)
<b>a. White, not of Hispanic origin</b> . . . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
<b>b. Black or African American, not of Hispanic origin</b> . . . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
<b>c. Hispanic or Latino</b> . . . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
<b>d. American Indian/ Alaska Native</b> . . . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
<b>e. Asian</b> . . . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
<b>f. Native Hawaiian or Other Pacific Islander</b> . . . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
<b>g. Other racial categories in your information system — <i>Specify</i></b> _____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
<b>h. TOTAL (Sum of items 16a to 16g should equal item 13)</b> . . . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

**17. On June 30, 2000, how many inmates in this facility were held in —**

<b>a. Maximum/close/high custody</b> . . . . .	Males _____ <input type="checkbox"/>	Females _____ <input type="checkbox"/>
<b>b. Medium custody</b> . . . . .	Males _____ <input type="checkbox"/>	Females _____ <input type="checkbox"/>
<b>c. Minimum/low custody</b> . . . . .	Males _____ <input type="checkbox"/>	Females _____ <input type="checkbox"/>
<b>d. Not classified/other</b> (e.g., unsentenced or sentenced and awaiting classification) . . . . .	Males _____ <input type="checkbox"/>	Females _____ <input type="checkbox"/>
<b>e. TOTAL (Sum of lines 17a to 17d should equal item 13)</b> . . . . .	Males _____ <input type="checkbox"/>	Females _____ <input type="checkbox"/>

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<p><b>18. Between July 1, 1999, and June 30, 2000, what was the average daily population (ADP) of this facility?</b></p> <ul style="list-style-type: none"> <li>• To calculate the average daily population, add the number of persons for each day during the period July 1, 1999, to June 30, 2000, and divide the result by 365.</li> </ul> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"></td> <td align="center">Males</td> <td align="center">Females</td> </tr> <tr> <td>Average daily population _____</td> <td align="center">_____ <input type="checkbox"/></td> <td align="center">_____ <input type="checkbox"/></td> </tr> </table> <p><b>19. On June 30, 2000, how many inmates confined in this facility were —</b></p> <p>a. Sentenced to more than one year _____ <input type="checkbox"/></p> <p>b. Sentenced to 1 year or less ..... _____ <input type="checkbox"/></p> <p>c. Unsentenced ..... _____ <input type="checkbox"/></p> <p>d. <b>TOTAL</b> (Sum of item 19a to 19c should equal item 13) ..... _____ <input type="checkbox"/></p> <p><b>20. On June 30, 2000, how many inmates confined in this facility were sentenced to death?</b></p> <p>_____ <input type="checkbox"/> Inmates</p> <p><b>21. On June 30, 2000, did this facility house any inmates who were not citizens of the United States?</b></p> <p>01 <input type="checkbox"/> Yes — How many inmates were not citizens of the United States?</p> <p>_____ <input type="checkbox"/> Non-U.S. citizens</p> <p>02 <input type="checkbox"/> No</p> <p><b>22. On June 30, 2000, how many inmates confined in this facility were being held for authorities in other jurisdictions?</b></p> <p>a. Inmates under Federal authority . _____ <input type="checkbox"/></p> <p>b. Inmates for other State prison authorities ..... _____ <input type="checkbox"/></p> <p>c. Inmates held for local jail authorities ..... _____ <input type="checkbox"/></p> <p>d. Inmates held for tribal authorities _____ <input type="checkbox"/></p> <p>e. <b>TOTAL</b> (Sum of items 22a to 22d) . . _____ <input type="checkbox"/></p>		Males	Females	Average daily population _____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	<p><b>23. Of all inmates held for Federal authorities in item 22a, how many were held for —</b></p> <ul style="list-style-type: none"> <li>• If item 22a equals 0 (zero), enter "0" in items 23a to 23f.</li> </ul> <p>a. <b>Federal Bureau of Prisons</b> ..... _____ <input type="checkbox"/></p> <p>b. <b>Immigration and Naturalization Service</b> ..... _____ <input type="checkbox"/></p> <p>c. <b>U.S. Marshals Service</b> ..... _____ <input type="checkbox"/></p> <p>d. <b>Bureau of Indian Affairs</b> ..... _____ <input type="checkbox"/></p> <p>e. <b>Other</b> — Specify <u>      </u> _____ <input type="checkbox"/></p> <p>f. <b>TOTAL</b> (Sum of items 23a to 23e should equal item 22a) ..... _____ <input type="checkbox"/></p> <p align="center"><b>Section III — FACILITY STAFF</b></p> <p><b>24. On June 30, 2000, how many staff employed by this facility were —</b></p> <ul style="list-style-type: none"> <li>• Exclude community volunteers.</li> </ul> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"></td> <td align="center">Full-time</td> <td align="center">Part-time</td> </tr> <tr> <td>a. <b>Payroll staff</b> . . . . .</td> <td align="center">_____ <input type="checkbox"/></td> <td align="center">_____ <input type="checkbox"/></td> </tr> </table> <p>b. <b>Nonpayroll staff employed by other governmental agencies</b></p> <ul style="list-style-type: none"> <li>• Include staff provided by health, education, or other human service departments or courts. . . . .</li> </ul> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"></td> <td align="center">Full-time</td> <td align="center">Part-time</td> </tr> <tr> <td>_____</td> <td align="center">_____ <input type="checkbox"/></td> <td align="center">_____ <input type="checkbox"/></td> </tr> </table> <p>c. <b>Other nonpayroll staff</b></p> <ul style="list-style-type: none"> <li>• Include unpaid interns.</li> <li>• Include staff paid through private service contracts (e.g., food service, health care). . . . .</li> </ul> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"></td> <td align="center">Full-time</td> <td align="center">Part-time</td> </tr> <tr> <td>_____</td> <td align="center">_____ <input type="checkbox"/></td> <td align="center">_____ <input type="checkbox"/></td> </tr> </table> <p>d. <b>TOTAL staff</b> (Sum of items 24a to 24c) . . _____ <input type="checkbox"/> _____ <input type="checkbox"/></p>		Full-time	Part-time	a. <b>Payroll staff</b> . . . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>		Full-time	Part-time	_____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>		Full-time	Part-time	_____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
	Males	Females																							
Average daily population _____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>																							
	Full-time	Part-time																							
a. <b>Payroll staff</b> . . . . .	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>																							
	Full-time	Part-time																							
_____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>																							
	Full-time	Part-time																							
_____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>																							

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**25. On June 30, 2000, how many staff employed by this facility were —**

- Count each employee only once.
- Classify employees with multiple functions by the one performed most frequently.

**a. Administrators**

- Wardens, superintendents, administrators, and others in administrative positions . . . . .
- |       |       |         |
|-------|-------|---------|
|       | Males | Females |
| _____ | □     | □       |

**b. Correctional officers**

- Correctional officers, classification officers, line staff, and their supervisors who were not administrators . . . . .
- |       |       |         |
|-------|-------|---------|
|       | Males | Females |
| _____ | □     | □       |

**c. Clerical and maintenance staff**

- Typists, secretaries records clerks, janitors, cooks, groundskeepers, etc. . . . .
- |       |       |         |
|-------|-------|---------|
|       | Males | Females |
| _____ | □     | □       |

**d. Educational staff**

- Academic and vocational staff, etc. . . . .
- |       |       |         |
|-------|-------|---------|
|       | Males | Females |
| _____ | □     | □       |

**e. Professional and technical staff**

- Counselors, psychiatrists, psychologists, social workers, doctors, dentists, nurses, chaplains, etc. . . . .
- |       |       |         |
|-------|-------|---------|
|       | Males | Females |
| _____ | □     | □       |

**f. Other staff —**  
*Specify* \_\_\_\_\_

	Males	Females
_____	□	□

**g. TOTAL** (*Sum of items 25a to 25f should equal sum of item 24d*) . . . . .

	Males	Females
_____	□	□

**26. On June 30, 2000, how many FULL-TIME and PART-TIME PAYROLL staff (sum of item 24a) in the facility were —**

**a. White**, not of Hispanic origin . . . . . □

**b. Black or African American**, not of Hispanic origin . . . . . □

**c. Hispanic or Latino** . . . . . □

**d. American Indian/Alaska Native** . . . . . □

**e. Asian** . . . . . □

**f. Native Hawaiian or Other Pacific Islander** . . . . . □

**g. Other racial categories in your information system —** *Specify* \_\_\_\_\_ □

**h. TOTAL** (*Sum of items 26a to 26g should equal item 24a*) . . . . . □

**27. Of all male and female CORRECTIONAL officers reported in item 25b, how many were —**

**a. White**, not of Hispanic origin . . . . . □

**b. Black or African American**, not of Hispanic origin . . . . . □

**c. Hispanic or Latino** . . . . . □

**d. American Indian/Alaska Native** . . . . . □

**e. Asian** . . . . . □

**f. Native Hawaiian or Other Pacific Islander** . . . . . □

**g. Other racial categories in your information system —** *Specify* \_\_\_\_\_ □

**h. TOTAL** (*Sum of items 27a to 27g should equal sum of item 25b*) . . . . . □

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**Section IV — FACILITY OPERATIONS AND SECURITY**

**28. Between July 1, 1999, and June 30, 2000, how many misconduct/disciplinary reports were filed on inmates in this facility.**

- Include major infractions, such as drug and alcohol violations; possession of stolen property, contraband, or weapons; verbal or physical assaults, work slow downs, food strikes, setting fires, and escapes.
- Exclude minor violations relating to facility order, such as use of abusive language, horseplay, smoking, failure to attend classes or complete work assignments, failure to follow sanitary or other facility regulations.

\_\_\_\_\_  Reports

**29. Between July 1, 1999, and June 30, 2000, were there any inmate-inflicted physical or sexual assaults on facility staff?**

- Include assaults resulting in deaths.

01  Yes — **How many assaults on staff were reported?**

\_\_\_\_\_

02  No

**30. Between July 1, 1999, and June 30, 2000, how many facility staff deaths occurred as a result of physical or sexual assaults inflicted by inmates?**

\_\_\_\_\_  Staff deaths inflicted by inmates

**31. Between July 1, 1999, and June 30, 2000, how many inmate-inflicted physical or sexual assaults on other inmates were reported in this facility?**

\_\_\_\_\_  Assaults

**32. Between July 1, 1999, and June 30, 2000, how many reported disturbances at this facility were —**

**a. Major disturbances** (incidents involving 5 or more inmates which resulted in serious injury to anyone or significant property damage) \_\_\_\_\_

**b. Fires** (which were deliberately set or suspicious and resulted in damage exceeding \$200) \_\_\_\_\_

**c. Other disruptions** (such as hunger strikes and work slow-downs) —  
*Specify* \_\_\_\_\_

**33. Between July 1, 1999, and June 30, 2000, how many inmates escaped or attempted to escape from this facility?**

- Exclude inmates who walked away from community custody or fled while on work release or furlough.

\_\_\_\_\_  Escapes or attempted escapes

**34. Between July 1, 1999, and June 30, 2000, how many inmates walked away from community custody or fled while on work release or furlough from this facility?**

\_\_\_\_\_  Inmates

**35. Does this facility have a restricted population unit?**

01  Yes — **On June 30, 2000, how many inmates were housed for —**

**a. Administrative segregation** . . . . . \_\_\_\_\_  Inmates

**b. Disciplinary action** . . . . . \_\_\_\_\_  Inmates

**c. Protective custody** . . . . . \_\_\_\_\_  Inmates

**d. Total** . . . . . \_\_\_\_\_  Inmates

02  No

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**Section V — INMATE HEALTH**

**36. Between July 1, 1999, and June 30, 2000, how many inmates died while under the jurisdiction of this facility?**

- Include deaths of inmates confined in this facility or in special facilities while under your jurisdiction (e.g., hospitals, medical/treatment/release centers, halfway houses, and work farms).

\_\_\_\_\_  Deaths

(If no deaths reported in item 36, enter 0 and SKIP to item 38.)

**37. Of the total number of inmate deaths reported in item 36, how many inmates died as a result of —**

	Males	Females
<b>a. Illness/natural cause</b> .....	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

- Exclude AIDS-related deaths.

	Males	Females
<b>b. Acquired Immune Deficiency Syndrome (AIDS)</b> .....	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

- The immediate cause may be Pneumocystis Carinii Pneumonia, Kaposi's Sarcoma, or other AIDS related diseases.

	Males	Females
<b>c. Suicide</b> .....	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

	Males	Females
<b>d. Homicide committed by other inmate(s)</b> .....	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

	Males	Females
<b>e. Other homicide</b> .....	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

	Males	Females
<b>f. Execution</b> .....	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

	Males	Females
<b>g. Other causes — Specify</b> <input checked="" type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

	Males	Females
<b>h. TOTAL (Sum of items 37a to 37g should equal item 36)</b> .....	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

**38. Does your facility have specific procedures for suicide prevention?**

01  Yes — **What procedures are followed?** Mark (X) all that apply.

- 01  Assessment of risk at intake
- 02  Staff training in risk assessment/suicide prevention
- 03  Special inmate counseling or psychiatric services
- 04  Live or remote monitoring of high risk inmates
- 05  Suicide watch cell or special location
- 06  Inmate suicide prevention teams
- 07  Other — Specify

02  No

**39. Between July 1, 1999, and June 30, 2000, were any inmates confined to your facility tested for the antibody to the Hepatitis C Virus (HCV)?**

01  Yes — **a. Under what circumstances are inmates tested?** Mark (X) all that apply.

- 01  All inmates at some time during custody
- 02  All convicted inmates at admission
- 03  Random sample of inmates while in custody
- 04  High risk groups — Specify

- 05  Upon inmate request
- 06  Upon clinical indication of need
- 07  Other — Specify

**b. Between July 1, 1999, and June 30, 2000, how many tests for HCV were performed on inmates in your facility?**

\_\_\_\_\_  Number of HCV tests

**c. How many of these tests were confirmed HCV positive?**

- Report only inmates whose serologic results were EIA-test positive and supplemental-test positive.

\_\_\_\_\_  Number of positive tests

02  No



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**40. Does your facility offer treatment to inmates who are Hepatitis C positive?**

- 01  Yes — **a. How does your facility determine who gets treated?**  
*Mark (X) all that apply.*
- 01  All inmates who are confirmed HCV positive
  - 02  Only HCV positive inmates with the greatest risk for progression to cirrhosis
    - Based on the NIH consensus statement and characterized by persistently elevated ALT levels, detectable HCV RNA, and a liver biopsy indicating portal or bridging fibrosis or moderate inflammation and necrosis.
  - 03  Only HCV inmates for whom treatment is recommended
    - Excluding inmates with major depressive illness, hyperthyroidism, renal transplantation, evidence of autoimmune disease, injection drug use, and excessive alcohol consumption.
  - 04  Other criteria — *Specify* \_\_\_\_\_

**b. Between July 1, 1999 and June 30, 2000, how many inmates in your facility were treated for Hepatitis C?**

\_\_\_\_\_  Number of inmates treated

02  No

**41. Does your facility provide Hepatitis B vaccine to inmates?**

- 01  Yes — **a. Under what circumstances is vaccine for Hepatitis B provided?**  
*Mark (X) all that apply.*
- 01  To all inmates
  - 02  Only to inmates treated for a sexually transmitted disease (STD)
  - 03  Only to youth 18 years of age or younger who qualify for the Vaccines for Children (VFC) program
  - 04  Only to inmates who request the vaccine
  - 05  High risk groups — *Specify* \_\_\_\_\_
  - 06  Other — *Specify* \_\_\_\_\_

**b. Between July 1, 1999 and June 30, 2000, how many 3-dose series of Hepatitis B vaccinations were completed on inmates in your facility?**

\_\_\_\_\_  Number of completed 3-dose vaccinations

02  No

**42. Between July 1, 1999, and June 30, 2000, were any inmates confined to your facility tested for the antibody to the Human Immunodeficiency Virus (HIV) that causes AIDS?**

- 01  Yes — **a. Under what circumstances are inmates tested?** *Mark (X) all that apply.*
- 01  All inmates at some time during custody
  - 02  All convicted inmates at admission
  - 03  All convicted inmates at release
  - 04  Random sample of inmates while in custody
  - 05  High risk groups — *Specify* \_\_\_\_\_
  - 06  Upon inmate request
  - 07  Upon court order
  - 08  Upon involvement in incident
  - 09  Upon clinical indication of need
  - 10  Other — *Specify* \_\_\_\_\_

02  No

**43. Of all inmates confined in your facility on June 30, 2000, how many were —**

- |   | Males                          | Females                        |
|---|--------------------------------|--------------------------------|
| <b>a. Asymptomatic HIV positive</b> . . . . .                                   | _____ <input type="checkbox"/> | _____ <input type="checkbox"/> |
| • Persons who are HIV positive but have no HIV-related symptoms                 |                                |                                |
| <b>b. Infected with lesser forms of symptomatic HIV disease</b> . . . . .       | _____ <input type="checkbox"/> | _____ <input type="checkbox"/> |
| • Persons with symptoms of HIV infection but without a confirmed AIDS diagnosis |                                |                                |
| <b>c. Confirmed to have AIDS</b> . . . . .                                      | _____ <input type="checkbox"/> | _____ <input type="checkbox"/> |
| <b>d. TOTAL (Sum of items 43a to 43c)</b> . . . . .                             | _____ <input type="checkbox"/> | _____ <input type="checkbox"/> |

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**44. What are the policies in your facility for screening inmates and facility staff for tuberculosis infection? Mark (X) at least one box in each row.**

	Inmates	Staff	No policy
a. At admission/time of hiring . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Annually or at regular intervals . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Persons testing HIV positive . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Persons with no history of vaccination . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. After possible exposure to active TB disease . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Active tuberculosis confirmed by sputum culture or suspected with culture pending			
f. Upon request . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. At release/termination of employment . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other — Specify <u>      </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**45. Of all inmates confined in your facility on June 30, 2000, how many —**

• If persons were tested prior to June 30, 2000, and results pending, count as suspected.

- a. Were suspected to have TB . . . . .
- b. Had a positive skin test for TB . . . . .
- c. Had confirmed TB disease . . . . .
- Active tuberculosis confirmed by sputum culture.
- d. TOTAL (Sum of items 45a to 45c) . . . . .

**46. As a matter of policy, does your facility —**

Mark (X) all that apply.

- 01  Screen inmates at intake for mental disorders (excluding screening for suicide)
- 02  Conduct psychiatric or psychological evaluations and assessments (other than at time of intake) to determine inmate mental health or emotional status
- 03  Provide 24-hour mental health care to inmates either on or off facility grounds
- 04  Provide therapy/counseling by a trained mental health professional on a routine basis
- 05  Prescribe, distribute, or monitor the use of psychotropic medications to inmates
- 06  Provide assistance to release inmates to obtain community mental health services
- 07  Other — Specify

---

- 08  Provides no mental health services to inmates

**47. Of all inmates confined in your facility on June 30, 2000, how many were receiving —**

• Persons may be counted in more than 1 category.

- a. 24-hour mental health care (in special housing or a psychiatric unit on or off facility grounds) . . . . .
- b. Mental health therapy or counseling services . . . . .
- c. Psychotropic medications . . . . .
- Drugs having a mind-altering effect (e.g., antidepressants, stimulants, sedatives, tranquilizers, and other anti-psychotic drugs)

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**Section VI — FACILITY PROGRAMS**

**48. What types of work assignments are available to inmates in this facility?**

Mark (X) all that apply.

- 01  Prison industries (e.g., license plates, wood products, textiles)
- 02  Facility support services (e.g., office and administration work, food service, and building maintenance)
- 03  Farming/agriculture
- 04  Public works assignments — inmates work outside the facility and perform road, park, or other public maintenance work
- 05  Other — *Specify*
- \_\_\_\_\_
- 06  None

**49. On June 30, 2000, how many inmates in this facility had work assignments?**

\_\_\_\_\_  Inmates

**50. Does this facility operate a work release program that allows confined inmates to work in the community unsupervised by facility staff but return to the facility at night?**

- 01  Yes — How many inmates were participating on June 30, 2000?
- \_\_\_\_\_
- 02  No

**51. What types of educational programs are available to inmates in this facility?**

- Include only formal programs.
- Exclude unscheduled activities and informal programs.

Mark (X) all that apply.

- 01  Basic adult education (ABE)
- 02  Secondary education (GED)
- 03  Special education (e.g., programs for inmates with learning disabilities)
- 04  Vocational training (e.g., auto repair, drafting, and data processing)
- 05  College courses
- 06  Study release programs (i.e., release to community to attend school)
- 07  None

**52. Which types of counseling or special programs are available to inmates in this facility?**

Mark (X) all that apply.

- 01  Drug dependency/counseling/awareness
- 02  Alcohol dependency/counseling/awareness
- 03  Psychological/psychiatric counseling
- 04  HIV/AIDS counseling
- 05  Sex offender counseling
- 06  Employment (e.g., job seeking and interviewing skills)
- 07  Life skills and community adjustment (including personal finance, conflict resolution, etc.)
- 08  Parenting/Child rearing skills
- 09  Other — *Specify*
- \_\_\_\_\_
- 10  None

**53. Does this facility operate a program that approximates a boot camp environment?**

- Include programs with a highly regimented activity schedule, drill and ceremony, physical challenge and fitness, discipline, and chain of command.
- If this facility is a boot camp facility, mark "Yes" and enter your population on June 30, 2000.

01  Yes — How many inmates were participating on June 30, 2000?

\_\_\_\_\_  Inmates

02  No

## APPENDIX C

### DATABASE JOINING DIAGRAMS

# Database Joining Diagrams

## 1 of 3

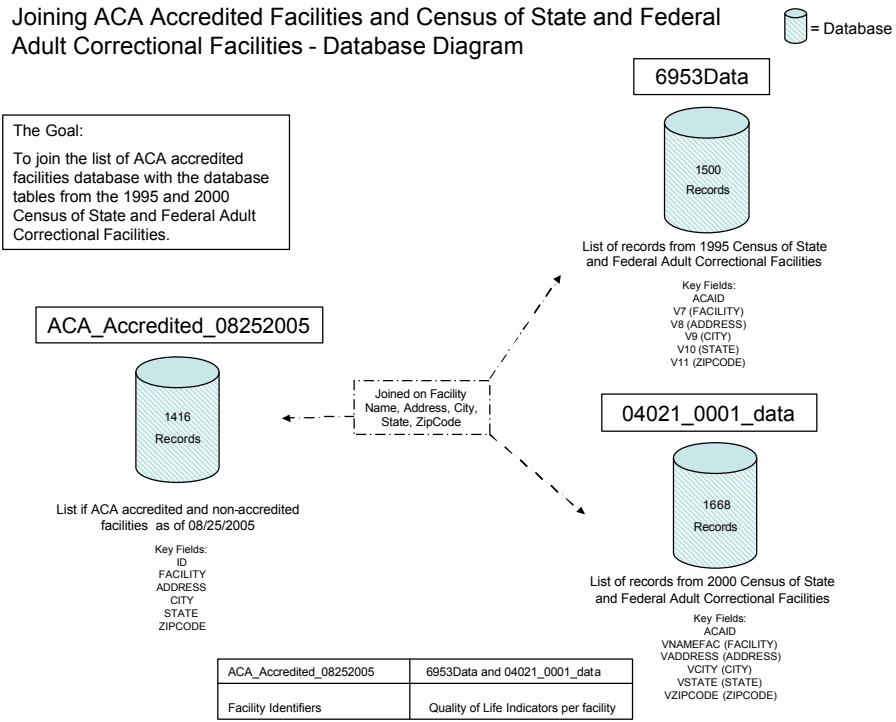


Figure 3.1 General Database Joining Diagram

## Database Joining Diagrams 2 of 3

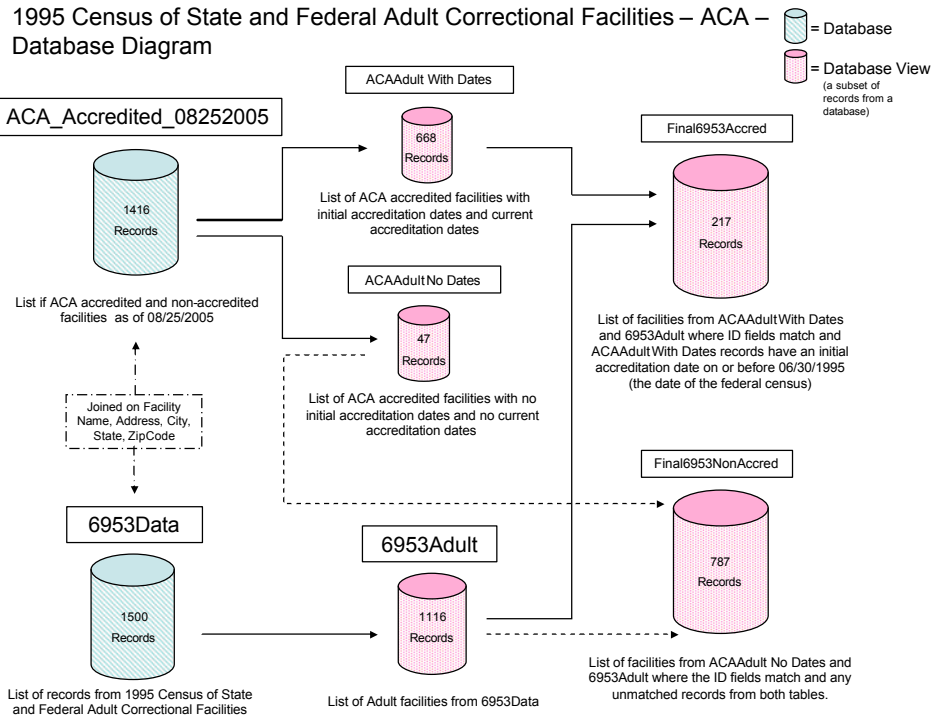


Figure 3.2 1995 Census Data Joining Diagram

## Database Joining Diagrams 3 of 3

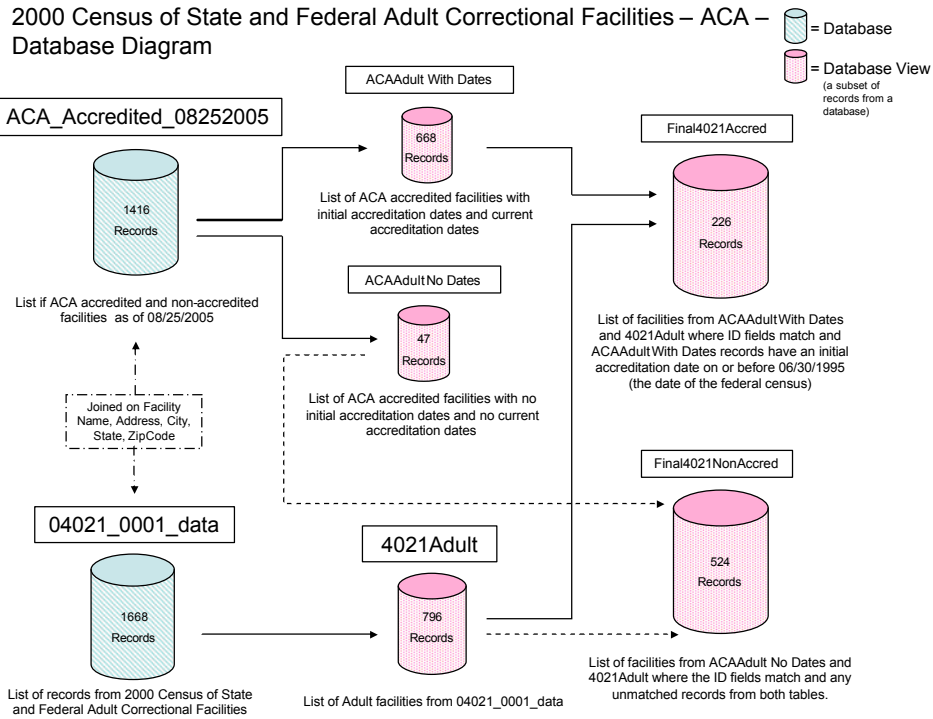


Figure 3.3 2000 Census Data Joining Diagram

APPENDIX D

RESULTS SUMMARY TABLE



## Results Summary Table

### Table 4.11 Summary of Findings

ACA Standards Section	Census Questions	1995 Accredited	1995 Non-Accredited	Significant **	2000 Accredited	2000 Non-Accredited	Significant **
Administrative and Management	Average Daily Population	- Higher	+ Lower	**	- Higher	+ Lower	**
	Inmates per Correctional Officer Ratio	- Higher	+ Lower	**	+ Lower	- Higher	
	Inmate Assaults On Staff	- Higher	+ Lower		- Higher	+ Lower	**
	Inmate Assaults on Other Inmates	- Higher	+ Lower		+ Lower	- Higher	
	Staff Deaths Caused by Inmates	- Higher	+ Lower		+ Lower	- Higher	
Physical Plant	Average Daily Population Versus Rated Capacity	- Higher	+ Lower	**	- Higher	+ Lower	**
	Average Daily Population Versus Design Capacity	- Higher	+ Lower	**	- Higher	+ Lower	**
	Age of Facility	- Older	+ Newer		+ Newer	- Older	**
	Percentage of Inmates in Dorm-Style Housing	Lower	Higher	**	N/A	N/A	
	Percentage of Inmates in Single-Cell Style Housing	Higher	Lower	**	N/A	N/A	
Institutional Operations	Ratio of Riots	+ Lower	- Higher	**	- Higher	+ Lower	
	Ratio of Fires	- Higher	+ Lower		- Higher	+ Lower	
Institutional Services – Security	Percentage of Maximum Security Facilities	Higher	Lower		Higher	Lower	
	Percentage of Medium Security Facilities	Higher	Lower		Higher	Lower	
	Percentage of Minimum Security Facilities	Lower	Higher		Lower	Higher	

Table 4.11 - continued

ACA Standards Section	Census Questions	1995 Accredited	1995 Non-Accredited	Significant **	2000 Accredited	2000 Non-Accredited	Significant **
Institutional Services – Inmate Deaths	Inmate Deaths – Non-AIDS	- Higher	+ Lower		- Higher	+ Lower	
	Inmate Deaths – AIDS	- Higher	+ Lower		- Higher	+ Lower	
	Inmate Deaths – Suicide	- Higher	+ Lower		- Higher	+ Lower	
	Inmate Deaths – Caused by Other Inmates	+ Lower	- Higher		+ Lower	- Higher	
Institutional Services – Counseling Offerings	Counseling Offered - Drug	+ Higher	- Lower		- Lower	+ Higher	
	Counseling Offered – Alcohol	+ Higher	- Lower		+ Higher	- Lower	
	Counseling Offered – Psychological	+ Higher	- Lower		+ Higher	- Lower	
	Counseling Offered – Employment	+ Higher	- Lower		+ Higher	- Lower	
	Counseling Offered – Life Skills	+ Higher	- Lower		+ Higher	- Lower	
	Counseling Offered – Parenting	+ Higher	- Lower		+ Higher	- Lower	
	Counseling Offered – None	+ Lower	- Higher		+ Lower	- Higher	
Institutional Services – Education Offerings	Education Offered – ABE	+ Higher	- Lower		+ Higher	- Lower	
	Education Offered – GED	+ Higher	- Lower		+ Higher	- Lower	
	Education Offered – Special Education	+ Higher	- Lower		+ Higher	- Lower	
	Education Offered – Vocational Training	+ Higher	- Lower		+ Higher	- Lower	
	Education Offered – College Courses	+ Higher	- Lower		+ Higher	- Lower	
	Education Offered – None	+ Lower	- Higher		+ Lower	- Higher	

Table 4.11 - continued

ACA Standards Section	Census Questions	1995 Accredited	1995 Non-Accredited	Significant **	2000 Accredited	2000 Non-Accredited	Significant **
Institutional Services – Education and Work Assignment Participation	Educational Program Participation	+ Higher	- Lower	**	N/A.	N/A	
	Work Assignment Participation	+ Higher	- Lower		+ Higher	- Lower	**
Institutional Services – Enhanced Family Visitation Offerings	Enhanced Family Visitation Offered	+ Higher	- Lower		N/A	N/A	

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## BIOGRAPHICAL INFORMATION

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David lives in Dallas with his partner Anthony and their two dogs, LuLu and Peanut.