

**Standards Committee Meeting Minutes  
Winter Conference 2025  
Orange County Convention Center  
Room 340 A/B  
Orlando, Florida  
January 10, 2025**

**Members Present**

Blessinger, Christine, Indiana  
Cadreche, Marina, Florida  
Clarke, Harold, Virginia  
Collier, Bryan, Vice-Chair, Texas  
Deshotels, Alexander, Louisiana  
Grande, Peter, Kansas  
Janes, Linda, Ohio  
LeBlanc, Christopher B., Louisiana  
Linthicum, Lannette, Texas  
Moores, Carol, New York  
Riggin, Viola, Kansas  
Santa, Colette, Massachusetts  
Sauls, Randy, Georgia  
Stickrath, Thomas, Ohio  
Stohr, Jennifer, Ohio  
Sweney, Chris, Ohio

**Members Absent**

Chambers-Smith, Annette, Ohio  
Koon, Ron, Georgia  
McFadden, Garry, North Carolina  
Strada, Frank, Tennessee

**Staff**

Robert Green, Executive Director  
Jeff Washington, Deputy Executive Director  
David Haasenritter, Director of Standards and Accreditation  
Terri Driskill, Sr. Accreditation Specialist

**Opening Remarks**

Bryan Collier, vice-chairperson of the committee, welcomed the committee members and guests. Introductions were made by the committee and attendees. He advised the committee the chair was not available for the Performance-Based Standards Committee. He expressed his gratitude to working group that developed the Performance-Based Standards and Expected Practices for Transportation of Inmates and the Performance-Based Standards Committee for reviewing them prior to the conference. He discussed the importance of this new manual, one that field really needs.

ACA President, Denise Robinson welcomed the committee members and guests to Orlando, Florida. She thanked the Standards Committee for all their hard work during her tenure as ACA President, which included several new and revised Standard Manuals. She also thanked the working group that developed the Performance-Based Standards and Expected Practices for Transportation of Inmates. What they accomplished to make our community, staff and inmates safe in such a short time period was due to a lot of hard work, and the final product is amazing.

ACA Executive Robert Green thanked everyone for their attendance and noted how greatly appreciated their presence and participation. Special appreciation for all the work that has been done as our president noted. The Blue-Ribbon committee on the transportation of inmates spent an incredible amount of time and work on the transportation manual, and today this committee will review the final expected practices and hopefully approve a new Standards Manual. This manual is important. Transportation of inmates is one of the most dangerous tasks corrections and law enforcement officers perform. Think about all the times when staff go beyond the walls, especially into harm's way not protected by our fences, our walls and the response of our brethren around the facility. Thank you to all of you on the Performance-Based Standards Committee for all the work the last two years.

Commission on Accreditation for Corrections Chair, Tom Stickrath, reported there will be 179 panel hearings conducted during this conference. These will include 22 international hearings, 19 initial accreditation hearings and two monitoring visit hearings. Mr. Stickrath thanked the committee for their excellent work and support in the accreditation process.

David Haasenritter, Director of Standards and Accreditation reported there will be all day training for Accreditation Managers with breakout sessions specific to prisons, jails juvenile and international. Tuesday there will be auditor training sessions for new and existing auditors. Immediately following the conference further training will be provided for new international auditors in a nearby facility. `1

Mr. Collier discussed the meeting agenda. A motion was made and was seconded to approve the August 2024 Standards Committee Meeting Minutes. The motion was approved unanimously.

A motion was made and seconded for discussion of Old Business, Committee Reports/Proposals and the proposed expected practices additions/deletions/revisions

The meeting was adjourned.

## **Section 2**

### **Old Business**

## **Section 3**

### **Reports from ACA Committees**

#### **Blue Ribbon Transportation Committee**

**Committee Members:**

Charlee Eric Riley, Ohio Department of Rehabilitation and Correction

Jack Randy Sauls, Georgia Department of Corrections

Bill Lewis, Texas Department of Criminal Justice

Elias Diggins, Denver Sheriff's Office

Wes Kirkland, Florida Department of Corrections

Jennifer Stohr, Alvis Inc.

Orchid Powell, ACA

Jeff Washington ACA

David Haasenritter, ACA

They had collected transportation policy and procedures from 17 counties, state and military adult and juvenile facilities and agencies. They received two after action reports from agencies that had a transportation incident and received two presentations on transportation incidents, the results of the investigations and the actions taken by those agencies due to the incidents. While doing all this work, committee members were still working at their current jobs, including one member having to move over a thousand inmates due to a hurricane.

Initially the committee identified 140 expected practices covering subjects like transportation administration, contracting, planning, security, safety, equipment, training and health care. These were reduced to 117 expected practices were submitted to the standards committee They will have presented to the Performance-Based Standards Committee at the Winter Conference in Orlando January 2025. Additionally, the committee presented a special workshop on the expected practices, how they were developed and on some of the recent incidents that influenced the committee.

**B. Contracting for Transports**

Written policy, procedure and practice provide that contracted transportation services comply with established facility/agency transportation policies. Excludes community emergency medical ground/air transports.

Comment: Contracted transportation agencies should be required by contract to meet department facility/agency transportation policies.

Protocols: Written policy and procedure. Contract

Process Indicators: Contracts, contract evaluations and reviews. Interviews

**FOR ACA STAFF USE ONLY- Transportation 2025-005**

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**Action taken by the standards committee:**

**Approved**      Denied      Tabled      Referred to:

## Transportation 2025-024

Written policy, procedure and practice provides that firearms, chemical agents and less than lethal devices utilized during ~~for~~ transportation are inventoried at least month to verify their condition and expiration dates.

Comment: Written policy should specify who has access to the depository where the security equipment is stored.

Protocols: Written policy and procedure. Inventory forms. Inventory schedule.

Process Indicators: Armory records. Completed inventory forms. Facility records and logs. Observation.

### FOR ACA STAFF USE ONLY- Transportation 2025-024

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#### Action taken by the standards committee:

Approved as amended above    Denied    Tabled    Referred to:

**GPS Tracking Systems**

Written policy, procedure and practice provides that a global Position Systems (GPS) or other location tracking system is used to account for the location of all transport vehicles.

Comment: None

Protocols: Written policy and procedure.

Process Indicators: Transportation records. GPS activity reports

**FOR ACA STAFF USE ONLY- Transportation 2025-048**

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**Action taken by the standards committee:**

**Approved**      Denied      Tabled      Referred to:

**Escort procedures (contact/cover officer, elevators, etc.)**

**Escorts in Buildings with Elevators**

Written policy, procedure and practice require transport staff to utilize an empty elevator. In the event another individual enters the elevator, the staff and inmate shall immediately exit and wait for the next available empty elevator. Elevators containing community members shall not be used to transport inmates.

Comment: None

Protocols: Written policy and procedure.

Process Indicators: Interviews. Observation. Incident Reports.

**FOR ACA STAFF USE ONLY- Transportation 2025-060**

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**Action taken by the standards committee:**

**Approved**      Denied      Tabled      Referred to:

## Transportation 2025-065

Written policy, procedure and practice require that the institution have communication with the attending health care providers regarding the inmate's health care concerns and supervision requirements. Communication between the facility primary community referral center regarding inmate care should occur at least annually.

Comment: Communication between facility and primary community referral center provider should occur to assist with security and public safety. Sometimes communication may be required for specific inmates.

Protocols: Written policy and procedure. Agreement, Memo of Understanding

Process Indicators: Communication records between facility and primary community referral center Health Records. Interviews.

### FOR ACA STAFF USE ONLY- Transportation 2025-065

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#### Action taken by the standards committee:

Approved Denied Tabled Referred to:

## Transportation 2025-104

Written policy, procedure and practice require that all staff who may transport inmates will complete initial transportation specific training (~~initial and annual~~). Transportation specific training is provided to ensure transporting officers understand the policies, procedures, and guidelines for the safe and secure transportation and/or transfer of inmates outside the facility.

Comment: Agency policies and procedures regarding inmate transportation must be reviewed and understood prior to undertaking transportation officer duty into the community. Training provides for consistent application of the policies and procedures and a review of any transportation incidents during the previous year.

Protocols: Written policy and procedure. Training curriculum. Training plan for staff who may transport inmates.

Process Indicators: Initial and annual training records.

### FOR ACA STAFF USE ONLY- Transportation 2025-104

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**Action taken by the standards committee:**

Approved as amended above    Denied    Tabled    Referred to:

## Transportation 2025-105

Written policy, procedure, and practice provide that officers **who may transport inmates** ~~assigned to transportation unit~~ receive specialized transportation training annually. At a minimum, this training covers the following areas:

- ~~*Evasive Driving*~~
- Firearms (loading/unloading, safeguarding weapon from inmate access, qualification)
- Behavioral Intervention continuum in community
- **Agency authorized** Less than lethal (chemical and decon, electronic disablers, electronic restraints)
- Wear of body armor
- First aid
- **Agency authorized** Straight jacket, hand irons, leg irons, belly chain, large security chain, medical *alternative* restraints
- Vehicle PMCS
- Chase vehicle procedures
- Strip search, detection equipment
- Actions if attacked by active shooter

Comment: Training content and hour requirement determined by transportation supervisor based upon the needs of the unit.

Protocols: Written policy and procedure. Job descriptions. Training curriculum. Training records forms and formats.

Process Indicators: Personnel records. Training records.

### FOR ACA STAFF USE ONLY- Transportation 2025-105

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The above proposed revision, addition, or deletion would also affect the following manuals:

TBD

**Action taken by the standards committee:**

**Approved as amended above** Denied Tabled Referred to:

## Transportation 2025-118

Written policy, procedure and practice require, **an annual** multidisciplinary meeting to include the health authority or designee, who should coordinate with inmate transportation to find ways to optimize the efficiency of medical care provided on-site.

Comment: Communication between facility and health care primary health care provider should occur to assist with security and public safety. Sometimes communication may be required for specific inmates. Such efficiencies could include tele-med, virtual treatment options, mobile units on site.

Protocols: Written policy and procedure. Agreement, Memo of Understanding

Process Indicators: Health Records. Transportation medical statistics. Virtual treatment statistics. Interviews.

### FOR ACA STAFF USE ONLY- Transportation 2025-118

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#### Action taken by the standards committee:

**Approved as amended** Denied      Tabled      Referred to:

## **Section 4**

# **Proposals for Standards Revision**

**Submissions for Expected Practice Revisions**  
**ACA Winter 2025 Conference**  
**Orlando, Tennessee**  
**January 9, 2025**

**KEY**

**ACA File Number** (*Order in which the submissions were received*)

**Manual:** *Manual in which the change is being proposed*

**Expected Practice No:** *Expected Practice to which the change is being proposed*

**Agency /Facility:** *Agency or facility submitting the proposed change*

**Facility Size:** *Size of the agency/facility proposing the change*

**Accredited:** *Whether or not the submitting agency/facility is accredited*

**Proposal Type:** *Type of proposal (addition of a new expected practice, deletion of the current expected practice, revision of the current expected practice, or clarification of the existing expected practice or comment)*

**Existing Expected Practice:** *The expected practice printed in the manual or Supplement as it currently stands. For example:*

**Blacked-out text** *indicates text in the existing expected practice that has been removed in the proposal.*

**Proposal:** *The proposed change to the existing expected practice. For example:*

**Highlighted Text** *indicated new or revised wording to the existing expected practice in the proposal.*

**Comments:** *Comments from the field regarding the proposed revision. These comments generally indicate whether the commenting entity agrees or disagrees with the revision.*

**Name:** *Name of person submitting the revision*

**Title:** *Title of person submitting the revision*

**Email:** *email address of person submitting the revision*

**Contents:**

<b>ACA File Number</b>	<b>Expected Practice</b>	<b>Type</b>	<b>Page</b>
ACA File No. 2025-001	5-ACI- 2A-03	Revision	58
ACA File No. 2025-002	ACI Outcome Measure 6A-15	Revision	60

**Manual:** Adult Correctional Institutions  
**Edition:** 5th  
**Expected Practice Number:** 5-ACI-2A-03  
**Agency/Facility:** Maine State Prison  
**Facility Size:** 1000+  
**Accredited (yes or no):** Yes  
**Proposal Type (addition, revision or deletion):** Revision

**Existing Expected Practice Language:**

Equipment, supplies and materials for health services are provided and maintained as determined by the health authority.

**Proposed Language:**

I don't wish to have the language changed. I'm asking that the standard be removed from the 2A section and placed back in the medical section, Chapter 6, which is where it was located in the 4th edition. I don't see that health services' equipment, supplies, and materials have anything to do with Building and Safety Codes, Physical Plant.

**Comments (Justification):**

I don't see that health services' equipment, supplies, and materials have anything to do with Building and Safety Codes, Physical Plant.

**Name:** Wendell Atkinson  
**Title:** Accreditation Manager  
**Email:** wendell.atkinson@maine.gov

**COMMENTS:**

*After working with Wisconsin DOC engineers for the new prison. I believe the health service equipment, supplies and material will relate with the physical plant and building code. For example, the compressor and vacuum for the dental chair location and the pipes that connect. The dentist office that should has a direct vision to the inmates. The x-ray machine location which should have separation wall etc. I would recommend keeping this statement in the original place.*

*Dr. Lee CDO Wisconsin BOP*

*Given that equipment, materials and supplies for this standard mean more than basic inventories, I support leaving the standard where it has been placed. This standard addresses many areas to include x-ray equipment and oxygen containers which should be inspected and/or periodically tested as well as secured away from offenders. Routine equipment checks fall under the umbrella of physical plant when contracts are secured for outside party certification or inspections.*

*Additionally, many correctional institutions also employ x-ray type scanners for personnel entry and mail/packages screening. These machines should also be inspected and periodically examined.*

*This standard may be better addressed as a modification which would require equipment inspection/certification for all types of equipment that could pose a health hazard.*

*Catherine Price  
Statewide Compliance and Accreditation Manager  
Georgia Department of Corrections*

**FOR ACA STAFF USE ONLY- ACA File No. 2025-001**

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The above proposed revision, addition, or deletion would also affect the following manuals:

TBD

**Action taken by the standards committee:**

**Approved**      Denied      Tabled      Referred to:

**Standard to be moved to Medical Section 6 of the ACI Manual**

**Manual:** Adult Correctional Institutions

**Edition:** 5th

**Expected Practice Number:** Outcome Measure 6A-15

**Agency/Facility:** This revision request is submitted by the ACA Dental Committee.

**Facility Size:** N/A

**Accredited (yes or no):** Yes

**Proposal Type (addition, revision or deletion):** Revision

**Existing Expected Practice Language:**

The number of **completed dental treatment plans within** the past twelve (12) months divided by the average daily population during the reporting period.

**Proposed Language:**

The number of **offenders having a dentist encounter in** the past twelve (12) months divided by the average daily population during the reporting period.

**Comments (Justification):**

The following points are submitted in support of this revision request. First, the current outcome measure does not define a completed dental treatment plan. They can be provisional or comprehensive, and the complexity varies greatly by offender and can involve anywhere from one to more than 32 procedures. Also, many offenders release before their treatment plan is completed which means care they received is not included in this outcome measure. Second, the Dental Committee has heard from accredited agencies that the number of completed treatment plans is difficult to count because completion is not commonly documented in dental records. The proposed outcome measure will utilize routine dental record information. In conclusion, the Dental Committee has extensively discussed this subject and respectfully submits this proposal in the belief it will be a more useful metric for assessing Expected Practices.

**Name:** James H. Clare, DDS MPH

**Title:** Chair, ACA Dental Committee

**Email:** james.clare@dac.nc.gov

**COMMENTS:**

*The shift from measuring ‘completed dental treatment plans’ to tracking ‘dental encounters’ is a necessary and practical adjustment. It provides a more accurate and inclusive metric that accounts for the varying complexity of dental care and ensures that all offender interactions with dental providers are captured. This change addresses the limitations of the current measure, particularly for cases where treatment plans remain ongoing or are interrupted due to release or*

*transfer. Using dental encounters as a metric aligns better with routine documentation practices and offers a clearer reflection of access to care within the correctional system*

*Dr. Dominique Juste*

*Director of Correctional services for NYS*

*Dental treatment plan completed is always recorded in my organization. It is always comprehensive/periodic; the patient is not drop off the list until all the treatment is completed. Sick call patients are priority, in which there is no waiting list maintained, treated as soon as possible. There is disparity when comes to outcome measures on the treatment plan completed as there is less available time devoted to completing a treatment plan versus the overwhelming sick call (emergency, with pain) patients. Percentile is low for treatment plan completed.*

*Yes, it is good to have a measure to aim for.*

*Juana R. Cavinder, DDS, MPH HP*

*Chief Dental Officer*

*I agree with the proposed revision for reasons stated above.*

*Donna Woodruff, DDS*

*Assistant Dental Director, NC Department of Adult Correction*

*The completed routine care cases divided by the average daily population was originate and recommended to by Texas DOC. The point is to have some measurement for correctional dentist to measure the productivity. The measurement will also show how many patients had benefit from the correctional service. Understand the definition for completed treatment plan may be different from each dentist, but just to use "a dentist encounter" will open many questions.*

*Dentist is not similar to medical which prescribe medication. An encounter with just talk without any treatment, in most cases the inmate's patient will not have any benefit at all. In addition, "The number of offenders having a dentist encounter in the past twelve (12) months: does intake counts? If intake also count, this method will widely be giving faults information and not benefit to correction dentist nor the patients.*

*I would recommend redefinition of "completed treatment" plan or give credit for partial completed dental treatment, etc.*

*Dr. Lee CDO Wisconsin BOP*

*I support this recommendation as it better captures dental activity versus completed plans which as justified can be lengthy and hard to track between releases and or transfers.*

*Catherine Price*

*Statewide Compliance and Accreditation Manager*

*Georgia Department of Corrections*

*As a member of the dental committee, I fully support the requested revision from treatment plans completed to the number of encounters by the dental facility clinic. The treatment plan outcome measure was not and is not a viable measure due to the infrequency that treatment plans are completed in the system. The number does not correlate with the significant amount of treatment that is actually completed in the system without completing a specified treatment plan. The more viable alternative would be the encounter system which is already tallied in all of the systems facilities.*

*James E. Barron DMD  
Statewide Dental Director  
Georgia Department of Corrections.*

*This language is a more accurate metric for Expected Practices. It can translate to the jails as well, since offenders in jails typically are not housed long enough to have a comprehensive treatment plan, let alone a completed treatment plan.*

*Dr. David E. Donnelly - Ohio DRC Dental Director and ACA Dental Committee Member*

*I agree and support this proposal. Measuring the actual procedures performed gives a better understanding of the dental services being provided in our facilities.*

*Joy McDaniel, DMD ; Chief of Dentistry for WA State Dept of Corrections*

*I submit the following comments in support of the requested revision:*

*The goal for the existing measure, I believe, is to determine the patient population's access to dental care at the institution. Dental treatment plan is an outline of a process to address the patient's dental needs, and as well noted by Dr. Clare, this could be based on comprehensive, provisional, or episodic encounter findings. There are other complex factors that go into the formation of the dental treatment plan. This makes it difficult for auditors to determine what the treatment plan was based on, if the author of the plan is not available.*

*Most dental encounters in correctional settings involve episodic complaints and not patient returning for continuation of treatment based on prior findings or plan. Where dental clinical appointments are scheduled based on existing or returning patients, a "Bottle-Neck" is created making it difficult for new entrants to the system to receive timely and needed care.*

*Creating a dental treatment plan is not based on the length of time that the patient will stay with a clinic, but what the clinical findings show. In correctional settings such as Jails and Detention Centers where patients usually have short length of stay, completion of patient treatment plan may not be possible. The dental work done by the staff will not be accounted for if completion of the treatment plan is used as a measure of access to care.*

*Using the number of encounters per patient population, therefore, is a better measure of the patient population's access to dental care, as is done with other health care disciplines in correctional settings.*

*Thank you.*

*Michael Adu-Tutu, DDS, MBA, CCHP-A  
Corporate Dental Director, Centurion Healthcare  
Manager, Correctional Dental Provider Network, PLLC*

**FOR ACA STAFF USE ONLY- ACA File No. 2025-002**

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The above proposed revision, addition, or deletion would also affect the following manuals:

TBD

**Action taken by the standards committee:**

Approved      **Denied**      Tabled      Referred to:

The outcome measure 6A-15 was kept and a new outcome measure added as written in the proposal:

**The number of offenders having a dentist encounter in the past twelve (12) months divided by the average daily population during the reporting period.**