

2025 CORRECTIONS ACCREDITATION POLICY AND PROCEDURES



Washington Association of **SHERIFFS & POLICE CHIEFS**

The purpose of this document is to provide those agencies seeking Accreditation and re-Accreditation with an overview and understanding of the Accreditation program offered by WASPC; and, to provide an understanding of the standards under which Accreditation occurs.

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Preface to Accreditation Standards Manual

This Standards Manual is the cornerstone publication of the Washington Association of Sheriffs and Police Chiefs accreditation program. The standards are dynamic, that is they are constantly being reviewed, updated, added to, or deleted as necessary to ensure contemporary standards and practices.

It is the intent of the Washington Association of Sheriffs and Police Chiefs that the standards in this manual speak to the “what” should be done and leaves the “how” to be done to the agencies as they prepare for accreditation. The manual consists of standards that are designed to provide flexibility to all law enforcement agencies, regardless of type, size or structure.

Other publications are under development that will outline the accreditation process, provide information on how to successfully negotiate the self-assessment phase, and outline the roles and responsibilities of accreditation assessors. Additional information on law enforcement accreditation in Washington State can be accessed on the web site for the Washington Association of Sheriffs and Police Chiefs at www.waspc.org.

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Accreditation overview

WASPC has maintained an operational accreditation program since the 1980's and a jail accreditation program since 2014. The purpose of law enforcement agency accreditation is to professionalize the law enforcement industry by providing a review process for agencies to be certified as operating under industry best practices and standards.

WASPC's Accreditation program began to take form in the late 1970's, when local visionary law enforcement leaders began collaboratively developing "standards" and policies to make policing practices in Washington State more professional and consistent. The initially developed standards would ultimately become the foundation WASPC's Accreditation program which continues to evolve to this day, being updated as needed.

Today, the program is overseen by the WASPC Professional Services Committee, Accreditation Commission, and WASPC Executive Board. The membership wanted the program to reflect the highest professional standards of policing yet be financially accessible to any member agency that desired to earn it. The main differences between previous WASPC Accreditation programs and the current program are:

1. All standards are "have-to practices" as determined by law or a universal practice within the profession.
2. The number of standards is less than 180 but all are mandatory for every agency.
3. The dominant verification method by the assessors includes the examination of written documents, observations, and interviews with the agency employees. Assessors review agency files for policies and procedures as well as documentation showing agency compliance with adopted policies and procedures. WASPC staff conduct a site visit where they interview agency members to gather additional information and evaluate the agency's compliance with the standards in person.

The Professional Services Committee is responsible for maintaining WASPC Accreditation standards, directing assigned staff and oversight of the program. The Accreditation Commission is responsible for reviewing Accreditation on-site reports and making recommendations to the Executive Board on whether an agency should receive WASPC Accreditation. The WASPC Executive Board is responsible for conferring Accreditation to Washington law enforcement agencies.

Benefits of Accreditation:

- To increase public confidence in the agency.
- To increase credibility.
- To provide systemized agency self-assessment.
- To broaden perspectives.
- To intensify administrative and operational effectiveness.
- To ensure recruitment, selection, and promotion processes are fair and equitable.
- To strengthen understanding of agency policies and procedures by agency personnel.
- To improve agency morale and pride.
- To decrease susceptibility to litigation and costly civil court settlements.
- To potentially reduce risk exposure.
- To provide state and local recognition of professional competence.

Overview of Accreditation process

The Accreditation process occurs in seven phases: interest and initiation; self-assessment; virtual file review; site visit; Accreditation Commission review; executive board approval; and award.

In the interest and initiation phase, agencies work with the Association's Director of Professional Services to express interest and discuss next steps as they move forward with the accreditation process. At this point, the agency is encouraged to initiate self-assessment and begin overlaying the WASPC Accreditation standards with agency policy, customs, and practices. The WASPC Director of Professional Services may assign an accreditation mentor to the agency to provide them with support and assistance as they move forward with Accreditation.

WASPC accrediting agencies are required to use PowerDMS to construct their accreditation files and manage the accreditation process. PowerDMS is a digital file management program which streamlines the Accreditation process for agencies, the Accreditation manager, the mentor, and assessors. Accrediting agencies are only required to purchase the PowerDMS Accreditation module but may elect to purchase a much broader suite of services. Grant funding may be available by WASPC for agencies initiating the Accreditation process. See the Director of Professional Services for more information on grant funding.

In the self-assessment phase, agencies assess their ability to meet all WASPC Accreditation standards addressing major law enforcement areas as established by the association's Professional Services Committee. Major areas include emphasis on:

- Goals and Objectives
- Role and Authority
- Use of Force
- Management, Staffing, Organization and Utilization of Personnel
- Records Management
- Information Technology
- Health and Safety
- Fiscal Management
- Recruitment and Selection
- Training
- Performance Evaluation
- Code of Conduct
- Internal Affairs
- Agency Facilities
- Admission and Release
- Inmate Management
- Inmate Communication
- Security and Control
- Inmate Services
- Inmate Health Care
- Sanitation and Maintenance
- Inmate Programs and Activities
- Gender Identity
- Americans with Disabilities Act (ADA)

- Prisoner Security
- Emergency Response
- Prison Rape Elimination Act (PREA)

During the self-assessment phase, agencies gather proof of their ability to meet the standards and proof of the agency's institutionalization of the standards. The proofing process can be complex which is why all Accreditation managers should attend the Accreditation Training before they begin working on the process. If not assigned initially, agencies are assigned a mentor during this phase who assists them with many aspects of the Accreditation process. The mentor also provides guidance to the agency Accreditation manager and assists with developing a timeline for success.

The mentor approves the agency to move forward with the virtual file review. This review is conducted remotely by volunteer assessors trained in the WASPC assessment process. The assessors review agency files for pertinent policies and procedures as well as documentation (proofs) showing the agency is operating under the direction of those policies and procedures. As part of this review process, assessors are encouraged to recommend where other operational improvements can be made by the agency. Once completed, the agency's Accreditation manager works with WASPC staff to correct any identified standards found "in-progress" or "not in compliance" prior to moving forward.

Following the virtual file review, WASPC staff will conduct a final site visit to the agency. The purpose of this visit is to confirm agency proof of compliance with the Accreditation standards by interviewing staff and inspecting facilities. In many cases, the individual conducting the site visit will follow up on questions raised by assessors during final file review.

All current WASPC Accredited agencies are subject to re-accreditation every four years. Agencies will be notified of their upcoming re-accreditation by the Director of Professional Services in the fall prior to the re-accreditation year. Agencies will have from January 1st to October 31st of the re-accrediting year to successfully complete re-accreditation. Agencies are strongly discouraged from waiting until August or September to re-accredit. Extensions for re-accrediting agencies beyond October 31st will not be considered.

Those agencies not re-accrediting by October 31st are suspended the following year and must re-apply as a new accrediting agency the second year. During the file review process, the previously suspended agency is considered a new accrediting agency and must supply contemporary proofs for each standard that occurred within the year leading up to the virtual file review. Any new Accrediting agency is subject to the WASPC Accreditation standards in effect at the time of the assessment.

Results of the virtual file review, site visit, and suggestions for improvement are compiled in a final Accreditation report. Non-compliance issues must be reconciled before the agency's presentation to the Accreditation Commission.

In the Accreditation Commission review phase, the WASPC Director of Professional Service and the agency representative appear before the Accreditation Commission for determination if they have met all WASPC standards. Attendance in front of the Commission is required by all agencies seeking Accreditation. When evaluating an agency's suitability for Accreditation, the findings of the Accreditation Commission are final.

In the Executive Board review phase, the WASPC Executive Board reviews the findings of the Accreditation Commission and confers the Commission's findings as a final decision.

In the Award phase of the accreditation process, the agency is presented with a plaque for successfully achieving the professional standards as outlined in the Washington Association of Sheriffs & Police Chiefs' Law Enforcement Accreditation Program. Presentation of Accreditation plaques occur at the Association's semi-annual conferences.

During the re-accreditation phase, agencies repeat the entire process. The re-accreditation process is significantly less cumbersome if agencies institutionalize the Accreditation philosophy and keep agency policies, procedures, and records up to date. To maintain Accreditation, agencies must be re-accredited every four years. For additional information on the re-accreditation process refer to Accreditation Committee Responsibilities and Procedures #9 on page 13.

The Association also acknowledges CALEA accredited agencies who have met all WASPC Accreditation standards and awards recognition to those agencies that successfully prove compliance. CALEA agencies seeking WASPC affiliate status must comply with all WASPC standards including those that have annual requirements. CALEA affiliate agencies must successfully complete a virtual file review of outstanding WASPC standards before the next WASPC semi-annual conference following the date that they receive CALEA accreditation award. Agencies moving to WASPC Accreditation, and away from CALEA, are treated as a new accrediting agency and must successfully complete a full assessment covering all WASPC standards. All CALEA agencies, regardless of the status they are seeking, must work closely with the Director of Professional Services as they navigate the differences between CALEA and WASPC Accreditation.

The cost of Accreditation is based on agency size and ranges from \$1500 to \$3500 per year and agencies are invoiced annually. The WASPC Executive Board wants to ensure the cost is not an obstacle for agencies seeking Accreditation and grant funding may be available for those agencies that are starting the process. Upon successfully achieving Accreditation, newly accredited agencies are billed the full annual amount if accrediting in the spring conference, and ½ the annual amount if accrediting in the fall conference.

WASPC Accreditation Mentorship Program

To further develop consistency amongst volunteer assessors and mentors, the Accreditation Mentorship Program was established in 2023. The program consists of four levels of designation:

- Apprentice Assessor
- Certified Assessor
- Apprentice Mentor
- Certified Mentor

Participation in the Accreditation Mentorship Program is voluntary. Individuals who wish to become certified are required to apply to WASPC for review. Attendance at an Accreditation seminar is required for those who wish to pursue certification. Apprentice assessors are required to participate in five (5) file reviews within twenty-four (24) months. A certified assessor is required to satisfy the requirements of an apprentice assessor as well as participate in three (3) additional file reviews. To maintain certified assessor status, individuals will be required to participate in two (2) file reviews each year following the award of their initial certification.

Certified assessors who apply and meet the requirements will receive a paper certificate presented during the Professional Services Committee meeting during the WASPC Spring and Fall conferences. Recipients will be notified prior to the conference to ensure availability of attendance.

To attain apprentice mentor status, individuals must satisfy the requirements to attain certified assessor. In addition, they must manage at least one (1) accreditation or re-accreditation process for their employer agency. They must also participate in five (5) file reviews before submitting their application for apprentice mentor.

Certified mentors must have achieved the designation of apprentice mentor. Additionally, they must participate in five (5) file reviews for re-accrediting agencies with at least one (1) of those being a newly accrediting agency. Certification must be achieved with thirty-six (36) months of application, and mentors must supervise at least one (1) accrediting or re-accrediting agency per year to maintain certified mentor status.

Chief Executive Considerations for Accreditation Success

1. Commitment is everything. You must be totally committed to the effort and the outcome because, like everything that has meaning, the Accreditation process is not easy, and it will take committed work by a dedicated team of people. Every agency has a pace to achieve accreditation and the time it takes for an agency to become Accredited is different from agency to agency. One agency who “lives Accreditation” may complete the Accreditation program in 180 days (about 6 months), while another agency may take several years, especially if infrastructure changes are needed.
2. Download the WASPC Standards from the WASPC website. The Accreditation standards are updated annually with a new edition published on January 1st each year. Standards are updated by the Professional Services Committee and approved by the Executive Board and are intended to reflect the evolution of the profession and to keep the program current. The agency is held to the version of the Accreditation standards in effect at the time they successfully complete the file review portion of the assessment.
3. Familiarize yourself with the standards to get a snapshot of what the Accreditation program is asking for. Agencies should attempt to understand why the standard exists and what it is ultimately attempting to do to protect or direct the agency and/or its members. It is likely that you are already doing what most standards ask for but reviewing them will provide a foundation for your questions and give you a good impression of the areas that need addressing.
4. Plant seeds. Plant the idea of Accreditation with key department leaders and those with influence in the agency. This can prevent surprise and organizational resistance.
5. Keep your elected officials informed and solicit their commitment. Accreditation is often widely accepted, if not popular, with elected officials because it is easy for them to comprehend. Meeting the highest industry standards makes sense to elected officials and the public and helps highlight the professionalism of your agency.

6. Contact WASPC. Notify the Director of Professional Services that you want to pursue Accreditation. The Director will advise you of the resources available to you and assign your agency an accreditation mentor. Once you have completed the file review sign a contract with WASPC, and your commitment becomes formalized.
7. Mentoring. All currently accredited agencies can supply support and help you in the Accreditation process. There is no need to pursue agency Accreditation alone and working with a mentor is not only required, but it also makes the process much easier. The WASPC Director of Professional Services will work with you to assign a mentor. A current mentor list is available on the WASPC website.
8. Identify an Accreditation Manager. This is the point person for your agency's Accreditation effort and is a critically important selection. Successful Accreditation Managers: (1) know the agency well; (2) have a track record of getting projects done that meet your expectations; (3) are team leaders who can delegate, motivate others, create teams, and get tasks done; (4) are willing to learn, ask questions, and find resources. The surest way to stall your accreditation effort is to change managers during the process. Some agencies have used their "up and coming" leaders as Accreditation Managers. Who you pick as the Accreditation Manager will set the tone for success and must have the interest and aptitude to do the work. History has shown that selecting the "right person" for the job is exponentially better than using someone temporarily on light duty or assisting someone who has no interest in Accreditation.
9. Train the Accreditation Manager. Training for Accreditation Managers is offered by WASPC during the year. The next level of training for the Accreditation Manager is to work as an Accreditation assessor for WASPC. Just having an Accreditation Manager witness or participate in an on-site assessment is an excellent training experience. The WASPC Director of Professional Services can assist you with this opportunity.
10. Present the Accreditation program to your command and supervisory staff, and then include the union leadership and all agency staff. Successful Accreditation processes must include all levels and divisions of the agency by information sharing and delegating standards out to employees. Though it may seem easier to have the Accreditation process be "top down" and completely done by the Accreditation Manager, the result fails to lift the whole agency, and the process becomes only an event, rather than a way of doing business.
11. Policy Modification Authority. The Accreditation Manager you select should have the skills to facilitate changes to department policy and/or practice to institutionalize Accreditation into your agency. Streamline the policy revision process where policy can be modified to meet the standards and train your

personnel to the new standards. If the process for policy modification is too complex, the Accreditation process may stall.

Accreditation Managers Considerations for Success

1. Assess where the gaps are. This is determining where the agency's practices and policies are not aligned. Though it can be done by the Accreditation Manager, it is often done more thoroughly, successfully, and quickly by a small group of supervisors or field training officers. The gap assessment becomes the central task list of attaining Accreditation. Do not begin file construction until your policies and practices are in alignment with the accreditation standards.
2. Start a tracking system. Successful Accreditation managers create an excellent tracking system to keep track of the standards achieved, ones in progress and who is working on them. The tracking process can be facilitated by the use of Power DMS.
3. Research policy and practice to meet the standard. Though it is likely most of the standards will not need any work on your part because you are already doing them. When you find a "gap" needing filled, find the best policy or practice to close the gap. Borrow and modify policies from other accredited agencies. Be cognizant of copyright protected content.
4. Implement. Policy modifications or updates require distribution and acknowledgement by affected staff.
5. Focus on performance to meet the standards. This means the on-site assessors will verify compliance with many standards by reviewing the proof in the file, interviewing staff members, and taking agency tours of your facilities. All employees will need to know your policies and practices. Therefore, the training of staff is vital.
6. PowerDMS. All WASPC Accrediting agencies must use PowerDMS for Accreditation purposes. PowerDMS makes file construction much easier than the former "paper system" used prior.
7. Keep Accreditation relevant. Do this by imposing short timelines for tasks and having many people involved in the work. Keep Accreditation on the agenda for all staff and team meetings. Consider using a large bulletin board accessible to all employees to show the effort's progress. Plan for distractions while not losing momentum on Accreditation. It is critical that the organization's Accreditation Manager and Policy Administrator, if the not the same person, maintain close communications on policy updates to ensure updated information does not conflict with Accreditation Standards.

8. Do in-house assessments. Take a team of supervisors and go through all the standards, interviewing employees, observing practices, and looking at files to determine if all the standards are met.
9. Participate in another agency's assessments. One of the best ways to learn what to expect is to experience other agencies' work during the file review process as an observer. Coordinate with the WASPC Director of Professional Services to observe these processes.

What to Expect During the Process

1. Schedule the date with WASPC. The dates of the Virtual File Review are mutually agreed upon between you, your mentor and WASPC. Once the virtual assessment is complete, the Director of Professional Services will finalize dates, if necessary, for an additional review of any standards that were found "in progress" or "not in compliance" with the Accreditation Manager. Once those standards are corrected, WASPC staff will schedule an on-site inspection of the agency.
2. Have sufficient staff available to answer questions without impacting the services on the public. Avoid having the assessors wait for extended periods of time for staff members to return phone calls. The on-site assessor will want to meet with critical staff, as well as patrol-level personnel, for short interviews.
3. The team leader will keep you informed. One of the key roles of the WASPC staff is to keep the agency Accreditation Manager informed of the assessment's progress, particularly if there are concerns. Ensure contact numbers are available for critical staff prior to the start of any file review.
4. Closing out the Assessment. Following the on-site visit, WASPC staff will provide the agency executive and any other invited agency employees with a summary of the assessment findings.
5. Final Report. WASPC staff will compile the assessment team's final report to the agency CEO, normally within seven (7) days of the on-site visit. This report will also be forwarded to the Accreditation Commission before they are scheduled to meet. Review the report carefully and communicate any concerns or questions to WASPC staff prior to the Accreditation Commission meeting.
6. The Accreditation Commission. The Accreditation Commission will meet at the Spring and Fall WASPC conference to consider awarding WASPC Accreditation to the agency. The agency executive is required to be part of the process and must attend this meeting. They may choose to speak or make an appeal about any of the assessment team's findings. If the Commission agrees with the findings of the report, the recommendation for Accredited status will be forwarded to the

WASPC Executive Board who confers the action of the Commission. All appeals are handled by the Accreditation Commission.

7. WASPC Conference. The award will be given at the semi-annual conference banquet. It is appropriate that the Chief Executive and the Accreditation Manager receive the award on the agency's behalf. Accreditation remains in effect for four years.
8. Celebrate. Consider presenting the award plaque to your elected officials or citizens at a public meeting with the media present. The local print media are usually particularly good at covering these events. Consider having a reception with the agency's team and honor the Accreditation team for their work. Take the accreditation plaque on the road as a topic to speak to service organizations and neighborhood groups. Put the plaque in a prominent place for the public to see. You may want to display "State Accredited Agency" on your letterhead, business cards and/or patrol vehicles.
9. Be a Partner and Mentor. Use your lessons and experiences to help your neighboring agencies, continue to live the Accreditation standards, and participate on assessment teams as the program continues to grow.

Accreditation Annual Report

To help each accredited agency be successful, they are required to complete an annual reporting survey that will be distributed on March 1st of years 1, 2 and 3 of the re-accrediting cycle. The final year of the Accreditation cycle involves the assessment and thus an annual report is not required. The survey must be returned to the WASPC Director of Professional Services by May 1st of each reporting year. Results of the survey will be reported to the WASPC Accreditation Commission at the spring conference. Completion and return of the survey are mandatory to maintain Accredited status.

Accreditation Commission Responsibilities and Procedures

The Accreditation Commission meets during the WASPC Spring and Fall Conferences to review Accreditation reports submitted by the Director of Professional Services. During the Commission meeting, the Director of Professional Services presents the final report from all Accrediting agencies.

The Accreditation Commission is a nine (9) member panel consisting of the following:

- Police chief – 2 positions
- Sheriff – 2 positions
- Accreditation Manager – 3 positions
- Jail manager – 2 positions

All positions are required to be associated with a currently Accredited agency.

The WASPC Executive Board makes appointments to the Accreditation Commission. Terms are for three years and are at staggered expirations to provide process consistency

and ensure experience on the Commission. A list of current Commission members is available on the WASPC website. The chairperson of the Commission is selected from the Commission Members and is elected annually. The WASPC Director of Professional Services provides staff support for the Commission.

The Commission is not a file assessment entity and will not review files for compliance with standards. The Commission reviews the reports of the assessment team to determine compliance with the Accreditation process, complete the necessary reports, and answer any unresolved issues or findings.

If there is a dispute between the assessment team and the agency seeking Accreditation which cannot be resolved through the Director of Professional Services, the Commission will hear appeals concerning compliance/non-compliance with the standards set forth in the WASPC Standards Manual. The decisions of the Accreditation Commission are final.

Once the process has been verified and any appeals resolved, the Commission makes recommendation to the WASPC Executive Board to confer Accreditation Status upon the requesting agency.

Professional Services Committee Responsibilities and Procedures

The Professional Services Committee meets during the WASPC Conferences but may also meet periodically during the year to review standards, provide training or to review assessment schedules and procedures. To ensure that the Accreditation Program remains a viable gauge of professional standards, the Committee reviews and recommends updates of Accreditation standards to the Executive Board.

The committee philosophy is:

1. Accreditation is a voluntary program.
2. Accreditation is intended to be the minimum professional standard for Washington State law enforcement agencies.
3. Accreditation should be accessible and affordable to any Washington State law enforcement agency.
4. All standards are mandatory and apply to all agencies. Some standards have multiple parts or bullets – each must be proved.
5. The origins of the mandatory standards are requirements by state or federal law, universal recommendations of practice by the WASPC Loaned Executive Management Assistance Program (LEMAP), universal standards from other state accreditation programs, or as proposed by the WASPC membership. The threshold to become an accreditation standard is the “necessity of practice by every agency”

- or “universal have-to.” Standards are reviewed and adopted using a formal and accessible process during the Professional Services Committee meetings. Standards may also be derived from Presidential Executive Orders or WASPC Model Policies.
6. The standards are not intended to dictate what practice, policy, or guidelines an agency should do or have. The intent is to ensure the agency’s work is reasonable, appropriate, and defensible as it meets the standard’s requirements.
 7. Purpose statements in standards are intended for guidance and clarification only. They are not required, but agencies should expect the standards’ requirements to be interpreted according to the listed purpose.
 8. Absent unusual circumstances, new and updated standards are published on January 1st of each year. An agency that is undergoing accreditation or re-accreditation, and is under contract, is responsible for the standards in effect on the date the agency successfully completed their file review. Clarification of timelines and the appropriate version of standards is available by contact the Director of Professional Services.
 9. During the initial agency on-site, proof from the most current year will be inspected for compliance. Agencies seeking re-accreditation will be expected to provide proof of compliance from the period between their last accreditation on-site and the reaccreditation on-site, which is normally four years. In the event a standard asks for compliance with an audit or the production of an annual report, the most current copy of the audit/annual report will suffice as proof in the accreditation file. The agency must also have available for assessor review, proof of compliance for each year between on-site assessments for all standards requiring annual work.
 10. Accreditation is available to all WASPC agencies.
 11. The duration of an agency’s accreditation is four years.

Director of Professional Services Responsibilities

1. WASPC’s Director of Professional Services is responsible for being the primary WASPC management contact for agencies considering accreditation. As part of this role, they will:
 - a) Assign resources and advice to agencies initiating the accreditation process.

- b) Coordinate the revision and update of standards forwarded to the Professional Services Committee and the WASPC Executive Board for review and approval.
- c) Recruit and assign Accreditation Mentors and Assessors and ensure the Accreditation page of the WASPC web site is current.
- d) Schedule the virtual file review and site visits for agencies seeking accreditation and re-accreditation, assemble the assessment team, complete the final report, and brief the Accreditation Commission on team findings.
- e) Coordinates training of Assessors and Accreditation Managers.
- f) Administer Mentor / Assessor Certification Program

Commonly Asked Questions

Q: How labor intensive is the program?

A: The process may be challenging and takes a commitment of time, effort, and determination on the part of agency seeking accreditation. The level of difficulty depends on an agency's level of preparedness and commitment going into the accreditation process. Mentors and WASPC Staff are available to offer guidance to agencies seeking accreditation.

Q: Can I review the standards before committing to a contract?

A: Absolutely! Standards are part of this document and are available on the WASPC website for your review.

Q: Is there someone who has gone through the accreditation process I can work with?

A: Yes, WASPC requires participation of a mentor in the accreditation process. A roster of accreditation mentors is available on the WASPC website, and the Director of Professional Services will assign each agency a mentor.

Q: What if I am too small to get accredited?

A: Standards are designed to be Law Enforcement "Best Practices" for all Washington state agencies – large or small – so long as they can comply with all of the WASPC accreditation standards.

Q: What if our department is a contract City Police under a Sheriff's Office?

A: The contract police will be treated as a “stand-alone” agency and can apply for accreditation so long as it can show compliance with all the standards by itself and/or in conjunction with the home agency.

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SECTION I—ADMINISTRATIVE STANDARDS

Chapter 1—Goals and Objectives

- 1.1 The agency has written vision and mission statements that defines the agency's role.
- 1.2* The agency has written goals and objectives that are reviewed and updated at least annually and are available to all personnel.

Chapter 2—Role and Authority

- 2.1 The agency has a policy that requires all Corrections personnel to support, obey and defend the Constitution of the United States and the Washington Constitution and the laws of Washington and the governmental subdivisions.

Purpose: *To ensure that all sworn Corrections personnel take an oath of office and that a part of the oath includes either the IACP adopted Canons of Ethics or XX Code of Ethics, or NSA adopted Code of Ethics of the Office of Sheriff.*

- 2.2 Statutory authorization for the agency to perform correctional services is identified by the laws of the state of Washington and/or local ordinance.
- 2.3 The agency has policies specifying legal requirements and procedures for any physical arrest completed with or without an authorized warrant.

Purpose: *To ensure arrests are made in compliance with all statutory and constitutional requirements.*

- 2.4 The agency has policies assuring compliance with all applicable state and federal constitutional requirements for in-custody interviews or interrogations including:
 - Interviews and interrogations
 - Access to counsel

Chapter 3—Use of Force

- 3.1 The agency has a policy directing personnel to only utilize that force necessary to effect lawful objectives and authorizing use of force options and their appropriate application. The policy outlines that the use of restraint devices beyond compliant cuffing is a use of force. (RCW 9A.16)
- 3.2 The agency has a policy governing the use of warning shots.
- 3.3 The agency has a policy governing the use of non-lethal weapons and to reference the inmates jail file for contraindicators if the force is anticipated.

- 3.4 The agency has a policy requiring the request for appropriate medical aid after the use of force by personnel when an injury is known, suspected, or is alleged.
- 3.5 The agency has a policy requiring personnel to submit a use of force report to the agency chief executive officer or designee, whenever personnel use any use of force as defined by the agency.
- 3.6 The agency has an officer involved/deadly force response policy that includes steps for first responders and includes a comprehensive independent investigation **and** review of the incident. DO we want to include something about the Unanticipated Fatality Review in this area?

Purpose: *To ensure the agency has in place a formal response, review and investigative process for officer involved use of force incidents that result in injury or loss of life.*

- 3.7 The agency has policy that addresses authorized weapons and ammunition which shall be carried and used on-duty. The requirement includes non-lethal weapons.

Purpose: *To ensure the agency establishes rules for the possession and storage of non-lethal weapons, firearms and ammunition.*

Chapter 4—Management, Staffing, Organization, and Utilization of Personnel

- 4.1 The agency has procedures for situations including the following:
- Absence of the chief executive officer
 - Exceptional situations involving personnel of different units/functions engaged in a joint operation
 - Routine, day-to-day operations.
- 4.2 The agency has a policy that requires personnel to obey any lawful order of a superior officer and also addresses conflicting or unlawful orders.
- 4.3* The agency has a policy that requires an annual analysis and management review of the following. These reviews must be signed by the facility's chief executive officer:

- Use of force events
- Internal investigations
- PREA allegations and investigation
- Do we want to include a review of grievances as they can be a source of information to systems and processes

Purpose: *It is the intent that agencies require administrative review of these incidents. Additionally, an annual overall review and analysis of all incidents shall be conducted and can be used as an early warning system. Agencies should address policy, procedure, training and/or personnel issues*

that are identified. Final reports will be reviewed and approved by the agency's chief executive officer.

- 4.4 The agency has a system of written directives that includes procedures for developing, approving and disseminating directives to all personnel. The system will include:

- Methods for tracking changes and archiving prior versions of policies
- A process that confirms receipt of directives by affected personnel

Purpose: *To ensure the agency has a consistent and current policy and procedures manual that provides clear employee performance expectation and constraints. A system of written directives provides command direction to the agency and its personnel relating to their duties and responsibilities. That system should allow for quick access and retrieval of agency policies, procedures, rules, and regulations.*

Chapter 5—Records Management

- 5.1 The agency has a standardized jail records management system.

Purpose: *This standard requires a uniform records management system for the corrections agency. This will ensure that the agency has a consistent process to record corrections incidents and activities such as report writing, property management, and inmate tracking.*

- 5.2 The agency has policies governing its compliance with all rules for ACCESS participation, to include:

- The agency must show 100% compliance and/or has made corrections to comply with any ACCESS/CJIS findings from the previous triennial audit.

- 5.3 The agency physically protects the privacy and security of agency records in a manner that assures that only authorized personnel with the appropriate need and right to know can access those records.

- 5.4 The agency complies with Washington State law governing dissemination of records.

Purpose: *To ensure that the agency is in compliance with the Washington State Public Records Act, RCW 42.56. Policy governing compliance as well as common practice should be demonstrated.*

- 5.5 The agency complies with Washington State law governing preservation and destruction of records.

Purpose: *To ensure that the agency is in compliance the Preservation and Destruction of Public Records Act, RCW 40.14. Policy governing compliance as well as common practice should be demonstrated.*

- 5.6 The agency has guidelines to address the release of public information.

Purpose: Agencies should clearly identify who is authorized to release public information and what type of information the agency is comfortable with releasing through a public information officer or other means.

Chapter 6—Information Technology

- 6.1 Access to the agency's computer system is secure with restricted access to those who are authorized and have passed a background investigation.
- 6.2 The agency can show 100% compliance or that it has made corrections to comply with any ACCESS/CJIS findings from the previous technical triennial audit and/or FBI audit.

Purpose: To show that the agency is complying with requirements to provide a safe and secure environment for the transmission of ACCESS data.

- 6.3 The agency has policies governing appropriate use of agency technology.

Purpose: Agencies need policies to address appropriate use of technology to define what acceptable practice for that agency is.

- 6.4 Each fixed or mobile workstation has an up-to-date copy of agency-approved, security software installed and running while the equipment is in use.
- 6.5 Electronic information is routinely backed-up at least once per week and that back-up data is kept in secure storage and is completely destroyed when no longer needed.

Purpose: Agencies should protect their data. Backing up a system on a regular basis is recommended. Proper data destruction so that it doesn't become available to unauthorized users is required.

Chapter 7—Health and Safety

- 7.1 The agency has written guidelines that inform employees of the threats and hazards associated with airborne and blood borne pathogens and other communicable diseases (RCW 70.48.480).
- 7.2 The agency provides personal protective equipment to minimize exposure to potentially infectious material including sharps.
- 7.3 The agency provides adequate body armor and requires its use while assigned to field duties or high-risk situations.
- 7.4 The agency provides reflective clothing and requires its use while assigned to field duties.

Purpose: The agency provides OSHA approved reflective vests to increase the visibility of employees while exposed to traffic hazards.

- 7.5 The agency has procedures for disposal and decontamination when there is an event or contact involving biohazard material including blood or bodily fluids.
- 7.6 The agency has procedures for post-exposure reporting and follow-up after suspected or actual exposure to infectious diseases.
- 7.7 The agency requires all personnel to use safety restraint/seat belts while operating all agency vehicles.
- 7.8 The agency has a policy requiring first aid supplies are readily available in the jail at all times, first aid supplies are inspected at least monthly, and expired or depleted items are replenished.

Chapter 8—Fiscal Management

- 8.1 The Chief executive officer has authority to spend funds in the approved budget for day-to-day operation of the agency.
 - The Chief Executive Officer makes regular reviews of the agency budget.
 - The agency has a system for review and approval of expenditures.
- 8.2 The agency has a policy which governs the conduct of payroll activities, to include:
 - Requiring supervisory approval of all overtime.
 - Requiring non-exempt employees to complete a timesheet listing the number of hours worked during the pay period.
 - Requiring timesheets to be approved by a supervisor prior to payment.
- 8.3* The agency has a system to document and record the use of cash funds that include receipts, supervisory approval, and periodic audit.
- 8.4 The agency has a policy covering the financial method of maintenance, disbursement, and transfer of inmate trust funds for applicable transactions.

Chapter 9—Recruitment and Selection

- 9.1 The agency has written standards and hiring criteria for sworn and non-sworn employees and, if applicable, reserve, part-time, and limited commission personnel.
- 9.2 The agency requires that background investigations be conducted on each candidate prior to appointment.
- 9.3 The agency has a policy that requires a medical examination, including drug screening, be performed by licensed medical personnel for each candidate prior to appointment.

- 9.4 The agency requires that a licensed psychologist or psychiatrist shall conduct a psychological fitness examination for each candidate prior to appointment.
- 9.5 The agency requires a truth verification examination (polygraph or computerized voice stress analysis) be administered by qualified examiner for each candidate prior to appointment.
- 9.6 Applicant files are secured and available only to those who are authorized to participate in the selection process.
- 9.7 Employee personnel files are kept separate and secure from other files. Hiring files that include sensitive documents such as medical test results, psychological evaluations and polygraph results are kept separate from personnel files in secure locations.

Chapter 10—Training

- 10.1 The agency has a policy which requires all full-time and part time corrections officers to successfully complete the Washington State Criminal Justice Training Commission Corrections Officers' Academy and requires that they begin attending the academy within six months from their date of hire.
- 10.2 The agency has a policy establishing a formal on-the-job or field training program for all newly appointed officers that includes:
 - Field training officers who are specially trained for that purpose;
 - Regular documentation of the progress of the student officer; and
 - Requiring the student officer to successfully complete the training program prior to assuming corrections duties.
- 10.3 The agency maintains and updates training records for all employees.
- 10.4 The agency has a policy requiring the documentation of all formal training it conducts, to include:
 - Course content/lesson plans
 - Performance of the attendees, if measured
 - Credentials of the presenter or instructor
- 10.5* The agency has a policy that requires all members to successfully complete annual in-service training as required by the Agency and/or the Washington State Criminal Justice Training Commission.

***Purpose:** To ensure the agency is providing necessary and required training to all personnel in accordance with best practices.*
- 10.6 Personnel are required to demonstrate satisfactory skill and proficiency with agency authorized weapons before being approved to carry and/or use such weapons.

Purpose: *Corrections officers who carry and use agency-authorized weapons shall be required to demonstrate proficiency with the weapons.*

- 10.7 The agency has a policy requiring staff members who are designated as full-time supervisors or managers have earned the appropriate certification by the Washington State Criminal Justice Training Commission. (RCW 43.101.350)

- 10.8* The agency has a policy requiring that all personnel receive in-service training on the agency's use of force, de-escalation and deadly force policies at least annually.

Purpose: *All agency personnel who are authorized to carry weapons shall receive in-service training on the agency use of force and deadly force policies annually.*

- 10.9 In-service training for less-than lethal weapons shall occur at least once every two years.

Purpose: *Biennial in-service training is required for personnel who are authorized to carry and use non-lethal weapons.*

Chapter 11—Performance Evaluation

- 11.1* The agency has a policy that requires formal written review of the work performance of each employee and is conducted at least annually.

Purpose: *To ensure that regular evaluations of employee performance take place that includes identification of levels of performance, supervisory responsibility, and disposition of completed evaluations.*

- 11.2 The agency has a policy that requires the evaluation of the performance of all probationary employees periodically through their probationary period.

Chapter 12—Code of Conduct

- 12.1 The agency has a code of conduct that provides clear expectations for all employees and includes guidelines for speech, expression and social networking.

- 12.2 The agency has a policy prohibiting sexual and any other forms of unlawful or improper harassment or discrimination in the workplace. The policy provides guidelines for:

- Reporting unlawful or improper conduct, including how to report if the offending party is in the complainant's chain of command.
- The policy includes "whistleblower" protection.

Purpose: *To prevent discriminatory and/or harassing practices and ensure conformance with Title VII of the Civil Rights Act of 1964.*

- 12.3 The agency has written policy and procedure for responding to and investigating allegations of domestic violence involving employees.

Purpose: *To establish clear procedures, protocols and actions for reporting and responding to domestic violence involving agency employees and to thereby discourage and reduce acts of domestic violence by personnel. (RCW 10.99.090)*

- 12.4 The agency has a policy that provides officer wellness training and resources to all employees.

Purpose: *To provide resources encouraging the agency toward best practices that supports employees who may be experiencing stress, crisis, or other mental health challenges including substance abuse, suicidal ideation, and other reactions to trauma or tragedy.*

Chapter 13—Internal Affairs

- 13.1 The agency has a policy that requires the documentation and investigation of all complaints of misconduct or illegal behavior against the agency or its members.

Purpose: *To ensure procedures for the reporting, investigation, and disposition of complaints received against the agency or any employee of the agency.*

- 13.2 The agency has a policy that identifies which complaints supervisors investigate and which types are investigated by an internal affairs function.

- 13.3 The agency has a policy and procedures for relieving a member from duty during an internal investigation.

- 13.4 The agency has a policy that requires documentation of complainant notification concerning the disposition of their complaint.

- 13.5 The agency maintains records of complaints and dispositions in accordance with Washington State Retention Guidelines.

Purpose: *To ensure the agency retains complaint/disposition records for at least the minimum retention period appropriate for any particular complaint category.*

Chapter 14—Agency Facilities

- 14.1 The agency has a published telephone number that is answered by a trained employee during regular business hours.

- 14.2 In reception areas, employees are physically separated from the public by a physical barrier.

- 14.3 The agency has written policies for the use of authorized vehicles.

SECTION II—OPERATIONAL STANDARDS

Chapter 15—Admission and Release

15.1 The agency shall have written policies and procedures which address the requirements of the admission process, which are communicated to public safety agencies that commonly bring arrestees to the jail for booking and include:

- Medical, dental and mental health/suicide screening
- Identification of those with developmental disabilities and/or traumatic brain injuries.
- Determination of force used and duration during arrest

15.2 The agency shall have written policies and procedures requiring that inmates brought to the jail should be properly restrained.

15.3 The agency shall have written policies and procedures requiring all officers to remove and secure all firearms and other dangerous weapons before entering the jail.

15.4 The agency shall have a policy that states, before accepting custody of an inmate brought to the jail for booking, a reasonable attempt to determine that the inmate is being lawfully committed to the jail shall be made.

***Purpose:** Compliance with this standard is required to protect against liability for accepting custody of an inmate who cannot lawfully be committed or admitted to the jail.*

15.5 The agency shall have a policy that Juveniles shall not be confined in jails except in accordance with the provisions of RCW 13.04.116 and federal guidelines.

15.6 Persons brought to the jail who are urgently in need of medical attention shall not be admitted to the jail until given medical clearance for admission to the jail by a physician or other qualified medical professional.

15.7 A jail file shall be maintained for each inmate booked into the jail for the purpose of storing all official documents concerning the inmate.

15.8 The agency shall have a policy that provides an arrestee access to a telephone, as soon as possible after arrival at the jail.

***Purpose:** This guideline is necessary to comply with Superior Court Criminal Rules 3.1 (c) and the arrestee's constitutional right to counsel in criminal proceedings.*

15.9 The agency shall maintain a jail register, open to the public, consistent with the requirements of RCW 70.48.100.

15.10 The agency shall have written policies and procedures for the release of inmates covering bail/security release, preparation for release, the release

process, processing prison commitments, and transfer to other correctional facilities.

- Verification of identity
- Identification of outstanding warrants, wants, or detainers
- Verification of release documents and release arrangements

- 15.11 The agency has policies and procedures concerning the arrest or detention of foreign nationals.

Purpose: *To ensure compliance with Article 36 the Vienna Convention on Consular Relations that provides certain rights to foreign nationals when arrested, including access to the diplomatic representative of their country of citizenship.*

- 15.12 The agency has written guidelines for proper inventory and storage of inmate property.

Chapter 16—Inmate Management

- 16.1 The agency has policies and procedures for providing inmates the jail rules and regulations, including obtaining medical care, access to the courts and the grievance process. All written of audio or video rules and regulations are available during the inmate's confinement. Any materials are translated into those languages spoken by a significant number of inmates or provided in a meaningful way for those with disabilities.

Purpose: *Inmates cannot be expected to act appropriately and avoid misconduct if they are not provided a means of understanding which actions are required, permitted and which is prohibited. The rules should outline the inmate's rights, how to file grievances and make appeals. Typically, the jail rules and regulations are provided to the inmates through the use of an inmate handbook, video or digitally through kiosks.*

- 16.2 The agency has policies and procedures which provide for an objective inmate classification system, which identifies the:

- Appropriate level of custody and housing assignment
- Inmate's interest and eligibility to participate in available programs
- Process for review and appeal of classification decisions

- 16.3 The agency has designated staff who are trained and responsible for all aspects of the prisoner classification process.

Purpose: *Designating staff member(s) to administer the classification system is necessary to ensure that the classification process operates in a consistent and uniform manner, provides for separation of those with predatory behavior from those who may be victims, and provides a means to potentially reduce violence or the disruption of the safe and orderly operation of the facility(s)*

- 16.4 The agency has policies and procedures establishing an inmate grievance system with at least one level of appeal.

Purpose: *The Prisoner Litigation Reform Act requires that an inmate exhaust all administrative remedies before filing a lawsuit regarding their incarceration in that facility. Grievance mechanisms may address inmate concerns which might otherwise be aired through an inmate damage suit or class action challenge to jail conditions. Properly operated, the grievance system can also provide information from which the jail administration can evaluate the operational climate of the jail, and documentation generated by the grievance system provides.*

- 16.5 The agency has policies and procedures which establish an inmate disciplinary process, which promotes positive inmate behavior.

Purpose: *These policies and procedures identify the degrees or levels of discipline for major and minor rule violations, criminal offenses and outlines a due process mechanism and approved sanctions. Prior to the imposition of discipline, jail staff should consult with health services staff to assess the appropriateness of the discipline for inmates with cognitive or behavioral health conditions. This consultation should have the goal of determining the need for alternative discipline that holds the person accountable to their level of understanding, while maintaining safety and order for those housed, working in and visiting the facility.*

- 16.6 The facility has written guidelines for the proper handling of evidence.

- 16.7 The agency shall have a policy outlining restrictive housing of inmates. The policy shall include limits of isolated in-cell time to no more than 22 hours per day, defines who has the authority to order restrictive housing, provide limits on timeframes for the use of segregation, and provides criteria for a periodic review of the restrictive housing decision.

Purpose: *The goal of this type of housing is for the protection of the person, other inmates, staff or visitors and or maintaining order in the facility. Restrictive housing encompasses administrative or disciplinary segregation, or any other term that used that fits the following definition. For these standards, restrictive housing is the confinement of an inmate where the inmate is removed from the general inmate population and may not leave the room or cell as, which is different than general population housing. Jails should strive to place fewer inmates in restrictive housing and limit the time of placement, while avoiding the placement of inmates with disabilities in restrictive housing based solely upon their disability. Jails should consult with behavioral health care staff in placement decisions.*

Chapter 17—Inmate Communication

17.1 The agency has a written policy and procedures regulating the inmate personal mail system, which include:

- Inmates are allowed to send and receive personal mail.
- Rejected and non-approved personal mail.
- Handling and disposition of contraband discovered in inmate mail.
- Inmate to inmate correspondence within the jail or between jails/prisons.

Purpose: *Mail restriction may only be used as a disciplinary sanction for violations of the mail policy.*

17.2 The agency has a policy detailing how packages for inmates are sent or received.

17.3 The agency has a policy allowing publications within the following parameters:

- Safety, security, treatment goals, and space limitations may be legitimate reasons to limit the receipt of publications.
- Restricted publications include those publications of a sexually explicit, inflammatory, or other nature contrary to the safe operation of the facility.

17.4 The agency has a policy which provides inmates with an opportunity to purchase or procure writing supplies, to include stationery and postage and includes the following considerations:

- Procedures for handling the receipt of funds through the mail and the disbursement of inmate funds for the purchase of postage and related supplies.
- Procedures for the allowance of postage supplies for inmates who are indigent which include postage and supply limits, standards for indigence, preventing misuse of indigent supplies and any limits to the indigent mail system do not apply to the inmate's ability to send legitimate privileged mail.

17.5 The agency has a policy regulating the inmate privileged mail system.

- Inmates shall be allowed to send and receive privileged mail without restriction.
- Inmates shall be notified of what constitutes privileged mail as opposed to personal mail.
- If mail restriction is used as a disciplinary sanction, privileged mail shall not be restricted.

17.6 The agency has a policy outlining the handling and notification of inmates regarding rejected and non-approved privileged mail.

17.7 The agency has a policy allowing inmates to receive publications necessary to meet the due process rights of the inmate to include the operation of a law library or other means to satisfy due process requirements.

- 17.8 The agency has a policy regulating the inmate visitation system, which includes:

- Scheduling
- Screening of visitors
- Record keeping

Purpose: *Visitation with family, friends and members of the community, is an important means to facilitate an inmate's emotional stability, as well as to maintain their ties to family and the community. Visitation is also a critical issue related to facility security.*

- 17.9 The agency has policies addressing contact visits, escorted furlough visits, and other visiting issues having elevated security concerns.
- 17.10 The agency has a written policy covering professional visitors, which should include, but are not limited to, attorneys, clergy, counselors, educators and evaluators,

Purpose: *Professional visitors are highly utilized by jails to provide services not inherent to the facility staffing plan. Some of these professionals, such as attorneys, educators, and evaluators are mandated to have access to their clients by law. Since they are not trained security or support staff, it is important to maintain a consistent professional visitation policy which promotes safety and security while facilitating the needs of the inmates and the criminal justice system.*

- 17.11 The agency has a written policy regulating the inmate use of telephones, or communications devices for those with disabilities, which includes a notification to both the inmate and the person receiving that calls can be monitored and/or recorded.
- 17.12 The agency has a written policy stating inmate calls to attorneys and calls from attorneys to their clients are privileged and attorney client calls may not be monitored or recorded.

Chapter 18—Security and Control

- 18.1 The agency has written policies and procedures covering facility security and control systems.
- 18.2 The jail shall have perimeter lighting which illuminates the area surrounding the facility.
- 18.3 Access into the non-public areas of the jail shall be restricted and controlled to prevent unauthorized persons from entering into the secure areas of the jail.
- 18.4 All security doors should remain closed and locked when not in use.
- 18.5 All firearms, shields, chemical agents designed for mass application, less lethal weapons, and other weapons shall be stored in a secure location, except

when signed out to an officer for authorized use. The agency may permit approved chemical agent canisters worn on uniform belts.

18.6 The agency has a policy covering the use of any Chemical Agents.

18.7 The agency has a written key control plan.

Purpose: *Key control plans should include, but not limited to, storage of keys, procedures for repair and maintenance of keys and locks, procedures for key inventory and state that inmates shall never be permitted to use, control, possess, or have access to jail or vehicle keys.*

18.8 Two sets of emergency keys which can be quickly retrieved and made available in the event of an emergency shall be available and stored in a secure location. One set shall be for the exterior of the facilities, secured and accessed by only the executive or thier designee in the event of an emergency; the second set shall be for interior or override systems, to be accessed by a supervisor or designee, in the event of an emergency.

18.9 The agency has a written tool and material control plan. Tools and material include maintenance tools, kitchen tools, cleaning compounds, flammable materials; and other items which in the possession of inmates are potentially hazardous.

18.10 The agency has written policies and procedures governing the surveillance and supervision of inmates. The surveillance and supervision policies and procedures shall include, but not be limited to:

- The jail shall be staffed 24 hours per day.
- In person observation on a frequent and irregular basis, at least once every 60 minute period.
- Provisions to cover cross gender supervision.

18.11 The agency shall have written policies and procedures governing searches of:

- Cells and other living areas.
- Visitors entering the secure portion of the jail.

18.12 The agency has policies for conducting strip and/or body cavity searches in accordance with RCW 10.79.

18.13 The agency has a plan for the control, discovery, and removal of contraband from the jail.

18.14 The agency shall provide notice to persons entering the facility that certain items are prohibited inside the jail and that they are subject to search.

18.15 The agency has a policy requiring searches of vehicles before and after transporting inmates.

18.16 The agency has a policy outlining actions in response to criminal acts committed in the jail, identifying which agency will handle criminal investigations and procedures regarding the protection of crime scenes and the preservation of evidence.

Chapter 19—Inmate Services

19.1 The agency has a policy which outlines how inmate access to :

- Communicate with counsel.
- Access and communicate with the courts.
- File legal proceedings.

Purpose: *Inmates in disciplinary or administrative segregation shall be allowed to communicate with the courts in a manner consistent with that available to other inmates.*

19.2 The agency has a policy covering the inmate use of paper, envelopes, postage, and pencils to ensure adequate access to courts and counsel.

19.3 The agency shall adopt a policy and procedures to provide inmates access to legal materials and includes provision for those inmates unable to use them.

Purpose: The agency/facility must provide legal materials and provide accommodations for those not able to effectively use them due to limitations with literacy, inability to speak or read English and mental limitations.

19.4* The agency shall have a policy regarding food services for inmates, which addresses:

- Providing a nutritionally balanced diet, annually reviewed by a qualified nutritionist or dietician;
- Required sanitation standards; and
- Special, religious and therapeutic diets

19.5 The agency has a written policy and procedures regarding the operation of a commissary for inmates.

19.6 The agency has written policies and procedures regarding laundry services for inmates.

19.7 The agency has a written policy outlining the process to allow inmates to vote in elections. Determination of whether an inmate has the right to vote shall not be determined by jail officials. The determination of voting registration and balloting shall be the county or city election official or designee's responsibility.

Chapter 20—Inmate Health Care

- 20.1 The agency has a written agreement with one or more health authorities licensed in the State of Washington to furnish health care services within the jail.

Purpose: *For small jails without in-house medical services, a memorandum or letter from their local medical treatment facility or doctor's office indicating that treatment facility or doctor's office provides services to jail inmates, as needed, will meet this standard.*

- 20.2 The agency shall maintain access copies of the current licenses of in-house contracted or city/county medical staff.

- 20.3 The jail has written health services procedures which are reviewed by a licensed health care professional who should have correctional experience.

Purpose: *The procedures should cover, at a minimum, the following: medical screening; health appraisal; physical examinations; necessary medical, behavioral, and dental services; emergency medical, behavioral (mental health and substance use disorders), and dental services; suicide prevention services; notification of next of kin in cases of life threatening illness, injury or death; prenatal, peripartum, and postpartum care; delousing procedures; communicable disease; infection control; and pharmaceutical control.*

- 20.4 The agency has a policy requiring inmate medical screening at intake by a health care professional or employs a process that has been approved by a health care professional with corrections/jail experience when the screening is done by corrections staff. The screening shall include screening for traumatic brain injury and/or developmental disability in order to comply with RCW 70.48.245.

Purpose: *The screening should be a visual screening and include completion of a medical screening form covering current illnesses and health problems, including infectious disease; medications prescribed or recommended to taken and special health needs, including allergies; inquiry into any cough, lethargy, and weight loss; behavioral conditions and mental state, to include past and/or current suicidal tendencies; notation of observable deformities or injuries; skin and body condition, such as rashes, needle marks; and drug and alcohol use, to include date and time of last use and any previous signs or symptoms of withdrawal*

- 20.5 The agency has a policy that all inmate medical records are kept confidential and separate from the inmate's custody record. Medical records are maintained in accordance with the state retention schedule.

- 20.6 The agency maintains access to 24-hour emergency medical, dental, and behavioral health care services, including on-site first aid, AED, basic life support, and transfer to community-based services.

- 20.7 The agency shall have on duty at all times at least one staff member trained in the delivery of emergency first aid, CPR and use of an AED.

- 20.9 The agency has a written agreement with a licensed dentist to provide necessary dental care.
- 20.10 The agency has a policy stating that medications will be administered according to the directions of a physician or other licensed prescribing authority under WA state law.
- 20.11 The agency has a policy requiring inmate health record information be provided to health care providers, upon request of a physician or medical facility, for continuity of care purposes in accordance with the Health Insurance Portability and Accountability Act (HIPPA).
- 20.12 The agency has a policy and procedure for communicable or infectious disease prevention guidelines in accordance with RCW 70.48.480.

Purpose: *The policy should include a review of test results by a physician or ARNP; are kept confidential and exempt from release, except as required by law; and become a part of the inmate medical file.*

- 20.13 The agency has a policy addressing the transfer of an inmate with a serious health condition to other facilities, and includes:
- A requirement for a health care summary report or similar document listing, at a minimum, all current diagnosis and medications prescribed, which is sent with the inmate or transmitted to the receiving facility upon intake; and
 - When available at the facility, provide a minimum of three (3) days' dosage of medication for inmates taking prescription medication for a serious health condition, unless declined by the receiving facility.

Purpose: *If any medical record is sent with the inmate, the documents should be placed in a sealed envelope marked, "Confidential Medical Information". For these standards, a serious health condition is defined as an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity; or continuing treatment by a health care provider.*

- 20.14 The agency has a policy requiring pregnant inmates receive prenatal, peripartum, and postpartum access to care. Pregnant inmates are eligible for work details as determined by the health care authority.
- 20.15 The agency has a policy requiring the maintenance of inmate hearing aids, eyeglasses, dentures and other equipment deemed medically necessary.
- 20.16 For jails who do not use licensed medical staff to deliver and administer medications or medication assistance for inmates, the agency has a policy that meets the requirements of RCW 70.48.490.
- 20.17 The agency has a policy outlining the safe handling and storage of medications, including a locked, secure storage area where individual prescriptions, bulk, refrigerated and over-the-counter medications are kept, except while being dispensed.

Purpose: This does not apply to OTC's that are allowed for purchase from the commissary.

- 20.18 The agency has a policy requiring individual prescriptions be labeled in accordance with RCW 69.41.050
- 20.19 The agency has a policy outlining the safe handling and storage of syringes, needles, and other sharps.
- 20.20 The agency maintains a log (Medication Administration Records or MARs) of all medications prescribed to each inmate, which is part of the inmate's medical file.

Purpose: The log should include the inmate's name and prescription number; name and strength of medication; directions for use; initials or electronic signature of issuing person; amount of medication used; special instructions or limitations of use; if the inmate refuses medication during incarceration, or at the time of transfer or release, the refusal shall be documented in the log; and allergies.

- 20.21 The agency has a policy requiring the disposal of unused controlled and noncontrolled medications in accordance with the WA Department of Ecology's Interim Pharmaceutical Waste Policy, "Pharmaceutical Waste Management in Healthcare" or under WAC 173-303, if unused medications are not returned to the jail's contracted pharmacy for disposal.
- 20.22 The agency has a policy that meets the requirements of Wakefield v. Thompson, 177 F.3d 1160 (1999) for inmates being released from the jail to the community with a serious health condition requiring medication to manage their serious medical condition.

Purpose: The 9th Circuit held "that the state must provide an outgoing prisoner who is receiving and continues to require medication with a supply sufficient to ensure that he has that medication available during the period of time reasonably necessary to permit him to consult a doctor and obtain a new supply. A state's failure to provide medication sufficient to cover this transitional period amounts to an abdication of its responsibility to provide medical care to those, who by reason of incarceration, are unable to provide for their own medical needs". Jails may satisfy this by one of four different ways: (1) Provide a prescription from the jail prescriber at release; (2) Provide a supply of medication sufficient for the individual to obtain a prescription from their primary care physician; (3) Transport the released individual to a medical treatment facility so the individual is able to obtain medically necessary treatment; or (4) Document in the inmate's medical file that the inmate states he/she has access to their medication upon release.

- 20.23 The agency has a policy requiring a daily, two-person and documented inventory of controlled substances and requiring they are stored in accordance with WAC 246-865060 (3a-e).
- 20.24 The agency has a policy to resolve conflicts between custody and medical staff to ensure any conflicts do not impact health care delivery.

Purpose: *Medical decisions should be made by licensed medical personnel and should never be overridden by non-medical or custody staff.*

Chapter 21—Sanitation and Maintenance

- 21.1 The agency provides inmates with soap, toilet paper, toothbrush and cleaning agent, comb and for women, sanitary hygiene items.
- 21.2 The agency provides inmates the opportunity to shower a minimum of three times per week, including those inmates in segregation, except for inmates whose movement would result in risk to staff or self.
- 21.3 The agency has policy or written procedures governing pest control.
- 21.4 All living areas are equipped with toilets, sinks, showers and potable water.
- 21.5 The agency has policies or written procedures for handling and disposal of bio-hazardous waste materials and conducts staff training related to bio-hazardous materials, which conform to state law.
- 21.6 The agency has a policy outlining the control and the use of volatile, toxic and caustic materials which complies with state and federal law.

Chapter 22—Inmate Programs and Activities

- 22.1 The agency has written policies and procedures which provide the reasonable opportunity for inmates exercise and recreation at least one hour daily.

Purpose: The jail provides opportunity for inmate passive recreation which may include such things as library services, card and/or games, and television and/or radio. These services may be provided digitally through mounted or handheld devices.

- 22.2 The agency has policies and procedures that cover:
 - Procedures for the local educational district to provide for the educational services to inmates under the age of 18 or as required by state and federal law and include those with special needs. (RCW 28A.194)
 - Procedures for any educational programs that may be made available to inmates generally.
- 22.3 The agency has written policies and procedures for Reentry services and treatment programs for inmates atleast equal to the resources of the community and agency.
- 22.4 The agency has written policies and procedures regarding work programs for inmates, which include:
 - Eligibility
 - Facility work assignments
 - Discretionary work programs in and out of jail, as authorized.

Purpose: *Pretrial detainees may be permitted to work in the jail, but may not be required to work beyond performing routine housekeeping, such as cleaning their living area. The work environment for inmates must meet all safe workplace requirements in compliance with state law.*

- 22.5 The agency has a policy governing partial confinement programs in accordance with state law.

Purpose: *Work release is authorized for jail inmates by RCW 70.48.210 Electronic home monitoring is authorized by RCW 9.94A.731 and 9.94A.734.*

- 22.6 The agency has a policy providing access to religious activities for inmates and the opportunity for the exercise of their faith. Only compelling government interests shall limit:

- Inmate access to clergy, religious services/worship opportunities, and religious reading materials.
- Hair length and grooming.
- Clothing ,religious diets and religious paraphernalia.

- 22.7 The agency has a policy addressing the use of volunteers and community resources.

Chapter 23—Gender Identity

- 23.1 The agency has a policy establishing guidelines that make reasonable efforts to minimize privacy intrusions that may occur as a result of cross gender supervision. This was issue on last assessment with confusion of how it was addressed by Yakima. Add language about cross-gender viewing.

- 23.2 The agency has policies that address the housing, supervision, and management of lesbian, gay, bi-sexual, transgender, intersexed, and questioning (LGBTIQ) inmates.

Chapter 24—Americans with Disabilities Act

- 24.1 The agency has a policy concerning implementing the requirements of the Americans with Disabilities Act (ADA) and for evaluating ADA claims, which requires legal counsel review.
- A public entity (city or county) which employs 50 or more persons shall designate at least one staff member to coordinate its efforts to comply with and carry out its responsibilities under Title II of ADA.
 - Provide for prompt and equitable resolution of complaints alleging any action that would be prohibited by Title II of the ADA.

Purpose: *Title II, Part 35, Nondiscrimination on the Basis of Disability in State and Local Governmental Services applies to jails.*

Chapter 25—Prisoner Security

- 25.1 The agency has written policies and procedures for officers transporting prisoners.
- 25.2 The agency has written policies and procedures governing the purpose, function, and use of restraints, to include:
- The agency provides training in the use of restraints. Restraint devices include any device used to secure or control the hands, arms, feet, legs, head, or torso of an inmate. Restraints devices shall be authorized by the agency.
 - The use of restraints on pregnant inmates, in accordance with RCW 70.48.500, 70.48.501, 70.48.502, and 70.48.800.
 - Monitoring requirements for inmates in restraints.
 - Compliance with RCW 10.116 as applied to corrections facilities and employees.

Chapter 26—Emergency Response

- 26.1 The agency has written policies and procedures for response to emergency and non-emergency calls that occur within the Jail and include:
- Evacuation plans consistent with city/county Department of Emergency Management plans;
 - Man-made situations, including fires, inmate disturbances, hostage situations, escapes and attempts; and Civil or natural disasters, such as floods, earthquakes, chemical spills, weather related emergencies, and disruption of utilities or communications systems.
 - Evacuation, temporary housing and resources (to include but not limited to food, clothing, staff, correctional equipment, etc.) for the inmate population if jail facilities become unusable or uninhabitable. Plans, contracts or agreements may use existing agreements authorized under RCW 39.34.180 (Criminal justice responsibilities- Interlocal Agreements – Termination), or absent an agreement, RCW 38. 56 (Intrastate Mutual Aid). All plans and agreements shall be reviewed and authorized by the agency legal advisor.
- 26.2 The agency provides 24-hour communications between the facility and local emergency services.
- 26.3 The agency has a policy for requesting and responding to requests for mutual aid.
- 26.4 The agency has a policy authorizing the use of firearms and other emergency response weapons.

- 26.5 Agency policy outlines steps to control access in/out of the facility during and following an emergency. These steps:
- Have limited dissemination and are restricted to those with a need to know.
 - Include staff training on role/responsibilities during an emergency.

Chapter 27—Prison Rape Elimination Act (PREA)

- 27.1 The agency has a policy clearly prohibiting and setting a zero tolerance for the following:
- Sexual harassment by staff or inmates (WAC 392-190-056).
 - Sexual contact by staff or inmates (RCW 9A.44.010)
- 27.2 The agency has policies which implement the Prison Rape Elimination Act.

Purpose: *Given the emerging nature and requirements of PREA for Jails/Correction facilities, accrediting agencies are not required to complete a PREA audit to comply with this standard. However, they are expected to have required policies and practices in place to successfully navigate an audit if/when that time arrives.*