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<b>Compliance Monitoring Program</b>	<b>ACA Standards: 2-CO-1A-20, 2-CO-1A-22, 4-4017, 4-4423, 4-ACRS-7D-02, 4-APPFS-3D-08, 4-APPFS-3D-09</b>		
<b>Joe M. Allbaugh, Director Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Compliance Monitoring Program

### I. Policy

The Oklahoma Department of Corrections (ODOC) will monitor compliance with agency policy and procedures and national correctional standards, provided by the American Correctional Association (ACA), through an internal auditing process. These assessments provide a valuable mechanism for self-evaluation, improvement of correctional management and best practices, and enhance accountability within the agency. (4-4017)

### II. Purpose

The purpose of this procedure is to provide guidelines and outline responsibilities for the administration of the compliance monitoring program in ODOC.

### III. Definitions

#### A. Procedures Officer/Designee

The employee designated to coordinate the compliance monitoring program within the facility/district and provide ongoing monitoring of processes implemented at the facility/district as outlined in policies and procedures.

B. Compliance Reference Handbook

A reference handbook developed and maintained by the director of the Auditing and Compliance Unit to provide specific guidelines and an overview of the compliance monitoring process for ensuring compliance with policy, procedure and national standards.

C. Auditing and Compliance Unit

The Auditing and Compliance Unit administers and directs the compliance monitoring program for the agency. This includes development of goals and objectives to successfully accomplish the mission of the agency; providing liaison functions with departments and agencies within the State of Oklahoma and on a national basis.

The unit develops and evaluates policy and procedure to ensure compliance with agency operations, national standards, and state and national codes and regulations. The unit also develops guidelines and provides interpretation/clarification for competency requirements in order to implement and direct the agency's compliance efforts.

D. Competencies/Audit Instrument

A competency requirement is a statement that defines a required or essential condition to be achieved or maintained as outlined in policy/procedures. The audit instrument contains the required competencies, determined to be essential for maintaining compliance levels with agency policy/procedure and/or directives.

E. Compliance

The agency/facility/district conformation with each element of the required competency.

F. Director of Auditing and Compliance

The designated ODOC staff who is assigned the primary responsibility to monitor and evaluate agency/facility/district compliance with policy, procedures, and national standards through internal audits.

G. Operational

An internal operational audit conducted by the Auditing and Compliance unit staff to determine if national correctional standards, policy,

procedures, health, sanitation, life/safety, environmental, and custody/control requirements are being met. These inspections result in a report to the facility heads and affected senior/executive staff.

H. Electronic Compliance File

Documentation, provided in an electronic format, which is presented by the facility/district to demonstrate practice in determining compliance/non-compliance with each applicable standard.

I. Response to Non-Compliance/Plan of Corrective Action

A response to a non-compliant finding on an agency competency requirement that specifies how compliance will be attained through a plan of corrective action. Plans will identify the area of responsibility, the affected procedure, action take/required to be in compliance, and the date of completion or anticipated date of completion. Findings noted for competency requirements that are found noncompliant and are beyond the facility's control, do not require plans of corrective action.

IV. Compliance Monitoring Program

The director of the Auditing and Compliance Unit will administer the compliance monitoring program through the facility/district head and appropriate regional director/director.

A. Operational Monitoring (2-CO-1A-20, 2-CO-1A-22, 4-4017, 4-ACRS-7D-02, 4-APPFS-3D-08, 4-APPFS-3D-09)

Auditing will be conducted at each facility/district as directed by the director of Auditing and Compliance. A schedule will be published with the dates of the projected annual audits by January 1 of each year.

1. Inspections Instruments (2-CO-1A-22, 4-4423)

The Auditing and Compliance Unit maintains guidelines/audit instruments for the inspection and review process. These instruments will be reviewed at least annually and routinely updated as policy, procedure, and national standards are revised and published. Inspections will be planned, conducted, reported and will address correctional best practices, to include the following:

- a. Administration and management, including fiscal activities, personnel management, training, canteen operations, and citizen advisory activities;
- b. Physical plant compliance with building and life/safety codes, environmental conditions, general conditions of confinement, security aids, equipment, sanitation and hygiene;

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- c. Facility operations including: custody/control, safety and emergency procedures, visiting program, transportation, tool control, inmate telephone system, special management, rules and discipline and inmate responsibilities and associated rights;
- d. Facility services including: food service operations, health care, social services, programs for reception/orientation, release/reentry and classification systems (4-4423);
- e. Inmate programs, to include work and correctional industries, academic, vocational, library services, recreation, volunteer and faith-based programs;
- f. Overall staff and inmate quality of life; and
- g. A review of documentation/evidence provided to the accreditation file for determining compliance levels for each standard requirement.
  - (1) For consistency throughout the agency, each file will be identified according to the applicable standard number.
  - (2) File construction and format will be in accordance with the accreditation reference handbook.
  - (3) Checklists are developed to demonstrate the key facets of each electronic file requirement, to include rules of protocols (written guidelines) and process indicators (documentation of practice).

## 2. Reporting

A written report will be prepared outlining or delineating the findings of the inspections and submitted to the facility/district head. The report will include the date the inspection occurred, who participated in the inspection (audit team members and work location), the requirement/competency reviewed, and the outcome/finding of the requirement/competency and, if found noncompliant, the evidence reviewed resulting in the finding.

- 3. The facility/district head will submit plans of corrective action as outlined in Section III. item M. of this procedure to the Auditing and Compliance Unit upon receipt of the report.
- 4. Reassessment for National Standards

Upon receipt/review of the response to the finding, the director of Auditing and Compliance may determine the need to reassess areas found noncompliant to reevaluate the current compliance level. The assessment will include reviewing the implementation of the plans of corrective action response or review of information provided for a finding.

5. A copy of all audit reports and plans of corrective action will be submitted to designated executive/senior staff for review and/or closure.

#### V. Audit Protocol

The facility/district head is responsible for representing the facility/district, conducting the tour, responding to the audit team and attending all audit activities throughout the audit. In addition, the facility/district head will:

1. Provide full support and cooperation to the auditors including access to all property, records, staff, and inmates/offenders;
2. Ensure that, barring any emergency, the audit is given priority for its duration;
3. Ensure that key staff are available for the duration of the audit. Key staff are those most familiar with or assigned responsibility for any given operation or program area. If the primary staff member is not available, a secondary staff person, who is comparably qualified, must be available to assist the auditor(s); and
4. Provide timely initiation and completion of appropriate corrective actions as required.

#### VI. Ongoing Monitoring of Compliance

The facility/district will develop procedures which outline the process to maintain and monitor operations to ensure continual efforts to maintain compliance with applicable national standards and policy/procedure.

##### A. Agency Policy/Procedure

The Auditing and Compliance Unit will review all new and revised policy and procedures to ensure national standards are included and communicate with the respective executive/senior staff member to resolve any issues related to the standards' requirements.

##### B. Revisions to Electronic File Competency Requirements

The director of Auditing and Compliance will communicate changes in national standards to the agency director, affected executive/senior staff,

facility/district heads and the procedures officers/designee when impacting a significant agency process/system.

C. Facility Procedures Officer/Designee Responsibilities

The procedures officer/designee will:

1. Coordinate all audit activities within the facility/district;
2. Serve as the point of contact for the electronic file review leading to the development of necessary field memorandums, best practices and compilation of electronic files;
3. Assist the facility head with development of plans of corrective action for noncompliant findings during operational audits;
4. Provide training to staff on the compliance monitoring process;
5. Conduct inspections utilizing a team concept. Internal inspections will be “user friendly” and not designed to accent negative findings;
6. Maintain electronic files for each inspection review; and
7. Participate in audits of electronic files as assigned by the director of Auditing and Compliance through the facility/district head.

VII. Compliance Managers/Compliance Review Specialists

The operational/health services audits will be conducted utilizing the Auditing and Compliance team. The director of Auditing and Compliance will determine competencies for the compliance managers/compliance officers/administrative programs officer II.

A. Conduct of Auditing and Compliance Staff

1. The assigned compliance manager or designee will plan, direct and provide oversight of the compliance review specialists/team members throughout the duration of the audit. All audit team members will conduct themselves and adhere to the following:
  - a. Conduct themselves in a professional manner in accordance with [OP-110215](#) entitled “Rules Concerning the Individual Conduct of Staff.”
  - b. Maintain an independent attitude so that conclusions and recommendations are accepted as objective and unbiased.
  - c. Exercise good professional judgment in assessing the various operations and programs.

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2. Compliance review specialists will determine compliance levels by:
  - a. Reviewing evidence and/or documents, files and records;
  - b. Interview staff and/or inmates/offenders;
  - c. Observing staff and/or inmates for required processes (i.e.; caustic issuance, tool rooms);
  - d. Consult with the assigned compliance manager/designee and the facility/district head for review of non-compliant findings;
  - e. Deficiencies reported will include, but are not limited to:
    - (1) Deviations from policies, procedures, regulations, or national standards;
    - (2) Weakness in internal controls;
    - (3) Lack of quality controls;
    - (4) Failure to observe accepted standards or adhere to established procedures;
    - (5) Failure to meet objectives; and/or
    - (6) Perceived need for improvement in operations or programs.
  - f. Auditing and compliance staff will provide additional assistance to a facility/district requesting collaboration in obtaining compliance.

#### VIII. References

Policy Statement No. P-130100 entitled "Department of Corrections Annual Inspections and Monitoring"

Compliance Reference Handbook

#### IX. Action

The director of Auditing and Compliance is responsible for compliance with this procedure and for the annual review and revisions.

Any exception to this procedure will require prior written approval from the agency director.

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This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-130101 entitled "Compliance Monitoring Program" dated December 8, 2016

Distribution: Policy and Operations Manual  
Agency Website