

# *American Correctional Association*

## ACCREDITATION REPORT



### *Commission on Accreditation for Corrections*

**Palm Beach County Sheriff's Office  
Main Detention Center & West Detention Center  
West Palm Beach, Florida**

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



## American Correctional Association

206 N. Washington Street, Suite 200  
Alexandria, Virginia 22314  
703-224-0000 • Fax: 703-224-0010  
[www.aca.org](http://www.aca.org)

February 1, 2024

Palm Beach County Sheriff's Office  
Main Detention Center & West Detention Center  
West Palm Beach, Florida

Congratulations!

It is a pleasure to officially inform you that the Main Detention Center & West Detention Center was accredited by the Commission on Accreditation for Corrections at the American Correctional Association 2024 Winter Conference on January 6<sup>th</sup> in National Harbor, Maryland.

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

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

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

Sincerely,

Thomas Stickrath, Chairperson  
Commission on Accreditation for Corrections



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For Immediate Release

### **Main Detention Center & West Detention Center National Accreditation**

Thomas Stickrath, Chairperson of the Commission on Accreditation for Corrections (CAC), and David Haasenritter, Director of Standards and Accreditation, American Correctional Association recently announced the accreditation of the Main Detention Center & West Detention Center and was presented in conjunction with the American Correctional Association 2024 Winter Conference on January 6<sup>th</sup> in National Harbor, Maryland.

In presenting the award, Thomas Stickrath, Chairperson of the CAC, and Denise Robinson, President of the American Correctional Association (ACA), complimented the facility on their professional level of operation and their success in completing the accreditation process. The agency is one of over 1,300 correctional organizations currently involved in accreditation across the nation.

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

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

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



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

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

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

A handwritten signature in black ink, appearing to read 'David Haasenritter', with a long, sweeping flourish extending to the right.

David Haasenritter,  
Director, Standards and Accreditation Department  
American Correctional Association

## **Overview of the American Correctional Association**

The American Correctional Association (ACA) is a professional membership organization composed of individuals, agencies and organizations involved in all facets of the corrections field, including adult and juvenile services, community corrections, probation and parole and jails. It has thousands of members in the United States, Canada and other nations, as well as over 100 chapters and affiliates representing states, professional specialties, or university criminal justice programs. For more than 150 years, ACA has been the driving force in establishing national correctional policies and advocating safe, humane and effective correctional operations. Today, ACA is the world-wide authority on correctional policy and expected practices, disseminating the latest information and advances to members, policymakers, individual correctional workers and departments of correction. ACA was founded in 1870 as the National Prison Association and became the American Prison Association in 1907.

At its first meeting in Cincinnati, the assembly elected Rutherford B. Hayes, then governor of Ohio and later U.S. president, as the first president of the association. At that same meeting, a *Declaration of Principles* was developed, which became the accepted guidelines for corrections in the United States and Europe. At the 1954 annual Congress of Correction in Philadelphia, the name of the American Prison Association was changed to the American Correctional Association, reflecting the changing philosophy of corrections and its increasingly important role in society.

Since that time, ACA has continued to take a leadership role in corrections and work toward a professional unified voice in correctional policy. In recent years, one of the Association's major goals has been the development of national and international policies and resolutions of significant issues in corrections. Policies are considered for ratification at the Association's two annual conferences and ratified policies are then widely disseminated. Since its formation, ACA has also had a major role in designing professional standards, and more recently performance based standards and expected practices, for correctional organizations. Since the early 1980s ACA has been involved in a program of accreditation to recognize programs representing excellence in more than 20 different disciplines within the field, with emphasis on evidenced based practices.

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

## **Organizational Purposes of the American Correctional Association**

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

- *To provide a professional association of persons, agencies, and organizations, both public and private, who hold in common the goal of improving the profession of corrections and enhancing their contribution to that profession.*
- *To broaden and strengthen support for the Association's goals by advocating Association policies, resolutions, positions, and standards to policymakers and the public and by forming coalitions with other professional organizations sharing these goals.*
- *To develop standards for all areas of corrections and implement a system for accreditation for correctional programs, facilities and agencies based on these standards. Where feasible, standards shall be based on performance outcome.*
- *To conduct or sponsor corrections conferences, congresses, institutes, forums, seminars and meetings.*
- *To publish and distribute journals and other informative materials relating to criminology, crime prevention, and corrections and to encourage and stimulate research of these matters.*
- *To promote recognition of corrections as a profession, and those who work in corrections as professionals, and to ensure validity of that recognition by encouraging the recruitment and development of highly qualified corrections professionals, and by developing and implementing a certification program for corrections professionals*

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

## **Organizational Structure of the American Correctional Association**

### **Executive Committee**

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

### **Board of Governors**

ACA's bylaws vest control of the Association with a 19-member elected Board of Governors composed of the officers of the Association and five at-large members. The 19 elected governors shall general reflect the Association's composition. The following areas of practice shall be represented by at least one board member:

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

### **Delegate Assembly**

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

### **Committees**

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

### **Affiliates and Chapters**

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

## **Major Activities of the American Correctional Association**

### **Standards and Accreditation**

Perhaps ACA's greatest influence has been the development of Expected Practices and the accreditation process. ACA Expected Practices address services, programs, and operations essential to effective correctional management. Through accreditation, an agency is able to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Expected Practices set by ACA reflect practical up-to-date policies and procedures and function as a management tool for correctional agencies internationally. The Standards and Accreditation Department manage the expected practices for all standards manuals and the accreditation process.

### **Legislation**

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

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

### **Professional Development**

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

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

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



The department also offers correspondence courses to further professional development. More than 6,000 correctional personnel have completed or are in the process of completing ACA's self-instruction training program for correctional officers. This program, developed under the auspices of the National Institute of Corrections, provides 40 hours of basic training in accordance with ACA expected practices. A score of at least 80 percent on the comprehensive examination must be attained to achieve certification. The Association has similar courses available for correctional supervisors, juvenile caseworkers, and food service employees. Additional courses which cover report writing skills, correctional management skills, legal issues for probation and parole officers, and legal issues for correctional officers are also available.

### **Office of Correctional Health**

ACA's Office of Correctional Health serves ACA members, jurisdictions and its affiliates by supporting health services programs for the effective delivery of health to offender populations. We offer comprehensive services, support, and resources to help correctional facilities provide security and quality care for the offender population. The office is responsible for improving ACA's performance-based health care expected practices, trainings and the health certification program. The health certification program includes Nurse, Nurse Manager, Health Services Administrator and Correctional Behavioral Health.

### **Publications**

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

The following is just a few of the many publications that ACA offers:

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

*Correctional expected practices* are the most significant improvement in correctional programming. As the basis for accreditation, they give administrators a nationally recognized system for upgrading and improving their correctional services. The Association currently publishes over 20 manuals for every correctional discipline.

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

## **Conventions**

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

## **Contracts and Grants**

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

## **Overview of the Commission on Accreditation for Corrections**

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

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

The Commission is governed by a Board of Commissioners who reflect the Association's composition, including adult and juvenile components; the geographical distribution of its membership; and representation of ethnic and racial minorities, women, and management and non-management staff. The responsibility of rendering accreditation decisions rests solely with the Commission.

They represent the following specific categories:

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

### **Association Staff**

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

## **Auditors**

Auditors are corrections professionals who have been selected, trained, and certified by the Association. These individuals perform the field work for the Association which includes providing assistance to agencies working toward accreditation and conducting on-site audits of agencies to assess compliance with program requirements. In certain cases, when the Commission believes it necessary, they monitor agencies to ensure maintenance of the conditions required for accreditation. Teams of auditors, referred to as Visiting Committees, are formed to conduct compliance audits of agencies seeking accreditation and reaccreditation.

Auditors are recruited through announcements in prominent criminal justice publications, online and at major correctional meetings. Affirmative action and equal employment opportunity requirements and guidelines are followed in the recruitment of auditors. All auditors have a minimum of five years of corrections experience, have received a recommendation from an agency administrator, and have demonstrated knowledge in the substantive area(s) in which they are engaged to assist the Association. In addition, all auditors must successfully complete the auditor orientation course, participate in an ACA sanctioned training every three years (check out [www.aca.org](http://www.aca.org) for details on training dates and times) and be members of the ACA in good standing. All auditors are approved by ACA.

## **Performance Based Standards and Expected Practices Development**

Development of the traditional ACA standards began in 1974 with an extensive program of drafting, field testing, revising, and approving them for application to all areas of corrections. Since then, local, state, national, and international correctional facilities and programs have adopted the traditional standards, performance-based standards, and expected practices as outlined in ACA's accreditation manuals, for implementation through accreditation.

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

*Performance-Based Standards and Expected Practices for Adult Correctional Institutions,*  
*Performance-Based Core Jail Standards*  
*Performance-Based International Correctional Core Standards—Adult*  
*Performance-Based International Correctional Core Standards—Juvenile*  
*Performance-Based Standards for Adult Community Residential Services*  
*Performance-Based Standards for Adult Local Detention Facilities*  
*Performance-Based Standards for Adult Probation and Parole Field Services*  
*Performance-Based Standards for Correctional Industries*  
*Performance-Based Standards for Juvenile Correctional Facilities*  
*Performance-Based Standards for Therapeutic Communities*

*Performance-Based Health Care Standards for Adult Correctional Institutions*  
*Performance-Based Health Care Standards for Adult Local Detention Facilities*  
*Performance-Based Health Care Standards for Juvenile Correctional Facilities*  
*Standards for Administration of Correctional Agencies*  
*Standards for Adult Correctional Boot Camps Programs*  
*Standards for Adult Parole Authorities*  
*Standards for Correctional Training Academies*  
*Standards for Electronic Monitoring Programs*  
*Standards for Food Service Programs*  
*Standards for Juvenile Community Residential Facilities*  
*Standards for Juvenile Correctional Boot Camps*  
*Standards for Juvenile Day Treatment Programs*  
*Standards for Juvenile Detention Facilities*  
*Standards for Juvenile Probation and Aftercare Services*  
*Standards for Small Juvenile Detention Facilities*

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

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

Suggestions and proposals for revisions to the expected practices from the field and interested others are encouraged. The Standards and Accreditation Department has developed an on-line process specifically for this purpose. Proposals should be submitted via the ACA website.

## **Accreditation Process Descriptions**

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

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

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

### **The Visiting Committee Report**

The results of the compliance audit are contained in the Visiting Committee report. The finished report consists of a number of sections, which are compiled through an exchange of information between the Visiting Committee, the agency, and Standards and Accreditation Department staff. The report is sent to agency staff for review and distribution to the agency administrator. The completed Visiting Committee report is submitted to the Commission for consideration at the next regularly scheduled panel hearing.

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

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

*Agency Response*– The agency has three options for expected practices found in noncompliance: a plan of action; an appeal; or a waiver for the requirement of a plan of action request.

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

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

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

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

## **Accreditation Hearings**

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

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

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

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

### **Conduct of Hearings**

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

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



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

In final deliberations, the Commission panel:

- Ensures compliance with all mandatory expected practices and at least 90 percent of all other expected practices
- Responds with a formal vote to all appeals submitted by the applicant agency
- Responds with a formal vote to all requests for Waivers, and Plans of Action submitted by the applicant agency

At this time, the panel also:

- Assures that an acceptable Plan of Action will be submitted for every non-compliance finding, including those for which appeals of non-compliance and Waiver requests have been denied by the panel. In judging the acceptability of Plans of Action, the panel ensures that all of the information requested on the form is provided. Furthermore, the feasibility of plans to achieve compliance is considered, including specific tasks, time frames, and resource availability (staff and funding) for implementing proposed remedies.
- Addresses to its satisfaction any concerns it has with Visiting Committee comments about the quality of life in the facility or program, patterns of non-compliance, or any other conditions reviewed by the panel relating to the life, health, and safety of residents and staff
- For each application, a roll call vote to award accreditation, extend an agency in Candidate or Correspondent Status, or deny accreditation is conducted. The options for final action available to the panel are outlined in the next chapter.

- If the panel has deliberated in executive session, agency representatives are invited back into the meeting and informed of the panel's final decision and actions or recommendations on all other issues raised by the applicant. If accreditation has not been granted, the chairperson discusses with agency personnel specific reasons for the decision and the conditions of extension in Candidate or Correspondent Status and procedures for appeal.

## **Accreditation Decisions**

The decisions available to the Commission panel relating to the accreditation of an agency are:

- *Three-year accreditation award* based on sufficient compliance with expected practices, acceptance of adequate Plans of Action for all applicable non-compliant findings, (or approval of the Waivers of the requirement that a Plan of Action be submitted) and satisfaction of any other life, health, and safety conditions established by the panel.
- *Extension of the applicant agency in initial accreditation process* (initial accreditation only) for reasons of insufficient compliance, inadequate Plans of Action, or failure to meet other requirements as determined by the panel, the Commission may stipulate additional requirements for accreditation if, in its opinion, conditions exist in the facility or program that adversely affect the life, health, or safety of the offenders or staff. Extension of an agency is for a period of time specified by the panel and for identified deficiencies if in the panel's judgment, the agency is actively pursuing compliance.
- Continuation of accreditation in *Probationary Status* after reaccreditation hearings is considered when the panel specifies that compliance levels are marginal, there is a significant decrease in compliance from the previous audit (in the case of reaccreditation), or there are quality of life issues that would indicate continued monitoring. Probationary Status lasts for a specific period of time designated by the Commission to allow for correction of deficiencies. While an award of accreditation is granted, a monitoring visit *must* be completed, and the report presented at the next meeting of the Commission. At the end of the probationary status, another monitoring visit *MAY* be conducted to ensure that the deficiencies have been corrected. Following the visit, a report is prepared for review by the Commission at its next regularly scheduled meeting. The Commission again reviews the program and considers removing the probationary status or the revocation of accreditation. When the agency corrects the deficiencies within the probationary status period and the corrections have been verified and accepted by the Commission on Accreditation of Corrections by the Commission on Accreditation of Corrections, the agency resumes its status as an accredited agency.

- *Denial of accreditation* denies initial accreditation or removes the agency from Accredited Status (in the case of reaccreditation) and withdraws the agency from the accreditation program. Situations such as insufficient compliance, inadequate Plans of Action, failure to meet other requirements as determined by the panel or quality of life issues may lead to the denial of accreditation. If an agency is denied accreditation by the panel, it is immediately appealed to the full commission. If the agency is denied accreditation by the full commission, it is withdrawn from the process and is not eligible to re-apply (as an applicant) for accreditation status for a minimum of six months from the date of that panel hearing.

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

### **Appeal Process**

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

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

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

The procedures for reconsideration are as follows:

- The agency can submit a verbal appeal immediately to the Director of Standards and Accreditation or a written request for reconsideration within 30 days of the adverse decision stating the basis for the request.
- The Executive Committee of the Commission, composed of the officers of the Commission, reviews the request and decides whether or not the agency's request presents sufficient evidence to warrant a reconsideration hearing before the Commission. The agency is notified in writing of the Executive Committee's decision.

- If the decision is made to conduct a hearing, the hearing is scheduled for as soon as possible if the appeal is made verbally or if in writing, for the next full Commission meeting and the agency is notified of the date.
- The agency, at its option and expense, has the right of representation, including counsel.
- Following the hearing held before the Commission, the decision, reflecting a majority opinion, is made known to the agency immediately.
- Pending completion of the reconsideration process, the agency maintains its prior status.
- Until a final decision has been reached, all public statements concerning the agency's accredited status are withheld.

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

## **Accredited Status**

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

### **Annual Report**

During the three year accreditation period, the agency submits an annual report to the Standards and Accreditation Department. This report is due on the anniversary of the accreditation (panel hearing) date utilizing the template provided by ACA staff (also available at [www.aca.org](http://www.aca.org)). It contains the following information:

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

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

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

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

### **Critical Incident Report**

In addition to submission of the annual report, the agency is responsible for notifying Standards and Accreditation Department staff of any critical incident that has the potential to affect compliance or facility accreditation as soon as possible within the context of the event itself. This information is to be submitted to ACA as soon as possible within the context of the incident itself, using the Critical Incident Report template available at [www.aca.org](http://www.aca.org).

## **Monitoring Visits**

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

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

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

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

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

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

## **Revocation of Accreditation**

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

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

Accreditation is revoked for the following reasons:

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

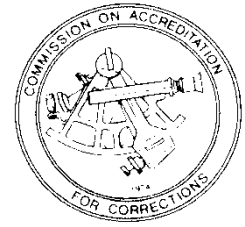
Standards and Accreditation Department staff notify the agency in writing of the specific reasons identified by the Commission for the revocation hearing.

## **Expiration of Accredited Status**

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

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





## **Visiting Committee Report and Hearing Minutes**

### **CONFIDENTIALITY**

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

**COMMISSION ON ACCREDITATION FOR CORRECTIONS**

**STANDARDS COMPLIANCE REACCREDITATION AUDIT**

Palm Beach County Sheriff's Office  
Main Detention Center and West Detention Center  
West Palm Beach, Florida

October 11-13, 2023

**VISITING COMMITTEE MEMBERS**

Susan Lindsey  
Chairperson

Natasha Reese  
ACA Auditor

Tara Taylor  
ACA Auditor

**A. Introduction**

The reaccreditation audit of Palm Beach County Sheriff’s Office Main and West Detention Centers was conducted from October 11-13, 2023, by a three-member visiting team: Susan Lindsey, Chairperson, Tara Taylor, Member/Healthcare, and Natasha Reese, Member. This audit was conducted based on the Performance Based Standards for Adult Local Detention Facilities Fourth Edition, and the 2016 ACA Standards Supplement.

**B. Facility Demographics**

Rated Capacity: Main Detention Center (2,166)

West Detention Center (988)

Actual Population: Main Detention Center (1240)

West Detention Center (661)

Total 1,991 on October 11, 2023

Average Daily Population for the last 12 months: 1884

Average Length of Stay: 36 Days

Average Sentence Length: 63 Days

Security/Custody Level: Maximum: Maximum: 1,380 Medium: 445 and

Minimum: 283

Youthful Offenders/ Juvenile 25\* as of October 11, 2023

Age Range of Offenders: Youngest:15 years. Oldest:73 years as of October 11, 2023

Gender: Male (90%) and Female (10%)

Full-Time Staff: (1093)

(37) Administrative, (229) Support, (13) Program, (604) Security, (210) Other

***\*Other: contract staff for Trinity Food Services and Wellpath***

**\* Juveniles are held and kept separate by sight and sound. Unlike Youthful offenders, they are ordered to be held in this facility by the Court due to more serious charges but are not charged as adults.**

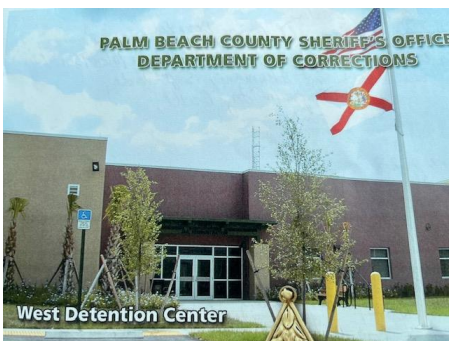
**C. Facility Description and Program Description**

Palm Beach County Sheriff’s Office (PBSO) operates two local detention facilities located forty-five miles apart but managed by the same Administration under the authority of the Palm Beach County Sheriff’s Office. Initially constructed in 1983, the facility underwent renovation in 1993 (Main Detention Center) and more recently in 2011 (West Detention Center) including both old and new construction.



The **Main Detention Center** located at 3228 Gun Club Road West in Palm Beach, Florida 33406 is within 3-5 miles of the Palm Beach International Airport and fifty-six miles from the Fort Lauderdale/Hollywood International Airport. It is among multiple government buildings within the Court complex that includes the Palm Beach Sheriff's Office, with professionally maintained park-like grounds. MDC encompasses 835,000 square feet on a 52.8-acre parcel of land. The South Tower, one of three adjacent buildings, is a twelve-story high rise liner structure constructed of steel in 1993 at a cost of \$52 million dollars. Originally constructed in 1983 with a bed capacity of 822, the six story East and West Towers flank the South Tower to complete the Main Detention Center.

The total bed capacity of Main Detention Center is 2,166 which includes infirmary and special management housing. It is a maximum-security facility with the greatest security capabilities used to house high risk inmates and inmates who need special medical and/or mental health care. The inmate/detainee population is comprised of pre-trial, and county sentenced adult male and female offenders. Male and female youthful offenders and detainees are also housed in this facility, although female numbers are so low that, unlike for males, there is not a female youthful offender housing unit, but are also kept separate in sight and sound from adults in single cells. The average population of MDC for 2022 was 1225 inmates and detainees. WDC also operates a home weekender program in which inmates are sentenced by County judges to one day or weekends in jail.



The **West Detention Center** (WDC), depicted above, is located at 38811-Wheeler Way Belle Glade, Florida 33430, near the Everglades, approximately forty-five miles from West Palm Beach, Florida. The facility initially opened in 1983 and closed temporarily to accommodate a renovation project that enlarged the housing area. In the summer of 2010, WDC again closed all housing units due to the jail expansion project. On April 9, 2011,

the West Detention Center completed the new construction annexation of additional buildings with a current bed capacity of 998, including an infirmary and special management housing, with custody levels ranging from minimum to maximum. The 2022 average daily inmate population for the West Detention Center was 647 pre-trial and county sentenced adult male and females. No juveniles/youthful offenders are housed at this facility.

The facility utilizes direct supervision and although there is programming at the Main Detention Center, West Detention Center is program-oriented hosting a substance-abuse program in a therapeutic environment, a variety of social service programs, and programs to assist inmates to be prepared for their return to the community.

The two facilities together provide educational programs including GED Preparatory Coursework, and the Exceptional Student Program (ESP); Self Help Groups such as Alcoholics Anonymous, Narcotics Anonymous, and Another Way providing substance abuse education and General Programs to include HIV/AIDS Counseling, Voter's Program, Social Security Program, Medication Assisted and Peer Support Treatment Program (MAPS) in a therapeutic environment, Reading Library and Electronic Law Library, Religious/Faith Based Services, Juvenile Life Skills Program,. Bus Pass Program, Pre-Release Services, Offenders in the Re-entry Program, and Video Visitation.

Both the same Administrative and training staff manages facilities. Volunteers and two Chaplains also provide counseling and religious services in both facilities. Educational staff who are provided by the local school jurisdiction also serve both facilities, which have the capability of conducting testing on-site and issuing high school diplomas upon completion of requirements. Programs are detailed further in this report.

Palm Beach County Sheriff's Office has correctional contracts with Trinity Services Group for preparation of all food services and Keefe Group for commissary services at both facilities. A third contract is with Wellpath for medical, mental health, and dental services. They provide direct services at the medical infirmaries at the Main and West Detention Centers as well as four units of in-patient mental health care located at the Main Detention Center.

The mission of the Palm Beach County Sheriff's Office Department of Corrections is: "To provide a safe, secure environment for our staff and inmates by ensuring the maintenance of order within their facilities at all times. The functions of the department directly support our community and the citizens of Palm Beach County through providing safe, effective, and efficient correctional services in support of the goal of successful, productive offender reentry into society."

Palm Beach Sheriff's Office Main and West Detention Centers have been accredited through American Correctional Association since 1984. Both facilities were accredited through NCCHC, National Commission on Correctional Health Care in April 2021 and achieved the FCAC Florida Corrections Accreditation Commission achieving the Excelsior Award for achieving eleven successful reaccreditations. Staff also reported the

facilities were last audited for PREA reaccreditation in 2023 and are awaiting further review.

#### **D. Pre-Audit Meeting**

The team met on October 10, 2023, at the selected hotel in Palm Beach, Florida to discuss the information provided by the Association staff and the Palm Beach Sheriff's Office Main and West Detention Centers. The meeting included the Accreditation Team to review materials received and devise the best plan for the tight time frame given their two full standalone facilities, forty-five miles apart, with the same administrative and management staff. In attendance were Captain Meredith Scott (Corrections Standards and Staff Development Commander), Lieutenant Willie Morris, Sergeant Michael Altemari, Sergeant Charlene Forde and Joy Ozelie, Medical Inspector comprising the facility accreditation team.

The chairperson divided standards into the following groups:

Standards #4-ALDF-1A-01 through #4B-09 to Susan Lindsey, Chairperson  
Standards #4-ALDF-4C-01 through #4D-28 to Tara Taylor, Member/Healthcare  
Standards #4-ALDF-5A-01 through #7G-01 to Natasha Reese, Auditor

#### **E. The Audit Process**

##### **1. Transportation**

Two of the team members drove to the audit; the third member was transported by Captain Meredith Scott, ACA Accreditation Team Commander. She also provided daily transportation to and from the hotel and to both facilities on the first day and the Main Detention Center on the second and third days of the audit.

##### **2. Entrance Interview**

The visiting team arrived at 8:00 a.m. on October 11, 2023, at the Main Detention Facility, one of the two included in this audit, but under the same administration. Key staff including Colonel Alfonso Starling met them at the facility entrance. Colonel Starling welcomed them on behalf of Sheriff Bradshaw. He stated that they value the outside eyes and recommendations of the team. Not only do they strive to meet best practices, but also believe that they should continually seek to improve and accomplish even better practices.

He asked the audit team to introduce themselves and each member described their careers in Corrections and audit experience.

The following persons were in attendance:

Colonel Alfonso Starling

Major Michael Devoter Chief of Operations  
Major Darlyn Morris, Chief of Security  
Captain Meredith Scott  
Captain Kimberly Kinsey  
Captain Ronald Wilson  
Captain William Kinsey  
Captain Elicer Ramos  
Captain Robert Tutko  
Captain William Pinto  
Captain John Cardarpoli  
Lieutenant Willie Morris, Accreditation Manager  
Lieutenant Camay Curry  
Lieutenant Jeffery Swain  
Lieutenant William McClain  
Lieutenant Barrington Buckle  
Sergeant Michael Altemari  
Sergeant Charlene Forde  
Sergeant Berthony Lorfilms  
Sergeant Jermesha Peete  
Sergeant Manuel Castillo  
Sergeant Stephen Sales  
Corporal John Hoffman  
Deputy Ashley Davis  
CSP Charlene Crayton  
CS Ebony Jenkins  
Juna Thomas, Division Manager  
Stephanie Peskowitz, Division Manager  
Sally Josef, Section Manager  
Tiffany Wagner, Section Manager  
Roderick White, Section Manager  
Joy Ozelie, Medical Jail Inspector  
Ruth Marcellino, Mental Health Counselor  
Dena Paquette, Food Service Site Director  
Nicholas Fricke, HSA, Wellpath  
Lisa Poulos, DON, Wellpath  
Chadia Morcos, M.D., Wellpath  
Jaime Russo, Administrative Secretary

Via zoom, the following staff were in attendance, many from the West Detention Center:

Lieutenant Lawanda Freeman  
Sergeant Tangernika Ramcharitar  
Lynette Sanchez, Unit Manager  
David Eberhart, Unit Manager  
Tara Price, Unit Manager  
Tamara Starks, Unit Manager

Faryl Morris-Thomas, Contracts Manager  
Maribell Williams, Supervisor  
Patrice Culler-Everett, Administrative Secretary

The Chairperson thanked the accreditation team for their transportation and a helpful meeting at the hotel and dinner afterwards. She expressed the appreciation on behalf of ACA for their continuing to seek accreditation and noted the facility's continuous accreditation since 1984. The benefits, as they know, extend from a well-trained, professional staff to a safe and healthy environment that improves quality of life for both staff and detainees/residents, and reduces turnover and litigation, to name a few. In this time of challenge, exacerbated by COVID which increased staff shortages throughout the Country, the goals of accreditation - efficient and effective operations- are more important than ever.

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The audit schedule was also discussed at this time. An immediate concern was the brief time frame for conducting complete tours in two standalone facilities forty-five miles apart, review of standards files representing three years for two facilities, and the conducting of interviews in two-and one-half days. It was decided that the two facility tours would be conducted back-to-back on October 11, 2023, and the next day would be dedicated to files and interviews, with the third day left for reviews and questions prior to the closing. Each day the team would meet with designated staff to update them on the status of the audit and any concerns.

Three scribes were assigned who took notes as auditors separated after viewing the main aspects of the facility.

### 3. Facility Tour

The team toured the two facilities beginning with the Main Detention Center from 8:30 a.m. to noon; followed by travel and a tour of the West Detention Center from 1:30 p.m. to 6:00 p.m. Additional tours of the Main Detention Center were conducted on each day of the audit in view of the two separate and distant facilities. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Colonel Alfonso Starling  
Major Michael Devoter Chief of Operations  
Major Darlyn Morris, Chief of Security  
Captain Meredith Scott, Standards and Staff Development  
Sergeant Michael Altemari, Standards and Staff Development  
Sergeant Charlene Forde, Standards and Staff. Development  
Lieutenant Willie Morris, Standards and Staff Development  
Joy Ozelie, Medical Inspector, Standards and Staff Development



Additional staff as follows joined the team throughout the tour depending on the location and facility. ACA notices were conspicuously posted in public, program spaces, housing, and administration.

It should be noted that the level of preparation in both facilities was exceptional. In each department, representative staff welcomed the team and provided detailed reviews of their operations. Staff was clearly proud of their areas and displayed professionalism and knowledge of their duties, which were conducted as a cohesive team.

MAIN DETENTION CENTER October 11, 2023, A.M.

Main Entrance Security	CSP Joseph Chapple III and Deputy Marvin Marty
Key Control	Deputies Keith A. Davis Jr. Craig A. Knowles-Hiller
CERT Security Team	Leslie Dennard, Correctional Support Personnel
Main Detention Security	Rebecca Perry, Correctional Support Personnel
Inmate Management	Captain Kimberly Kinsey, Deputy John Hoffman, Sergeant Melissa McClain, Lieutenant Jeffrey Swain
Inmate Records	Juna Thomas, Division Manager, Unit Manager Lynette Sanchez, Gloria Moreno-Hernandez, Supervisor
Inmate Classification	Sergeant Tangernika Ramcharitar, Deputy Glennette Willingham, Lieutenant Camay Curry, Deputy Lisa Mirambeau, Deputy Kennibah Malone
Inmate Release	Deputy Shandia Waters, Deputy Latonja Washington
Inmate Booking	Melissa Lewis, Supervisor, Deputy Sheriff J. Pedersen, and Sgt. M. McClain
Inmate Property	Teri Bonan, Supervisor, Unit Manager Robert Edgar, Donna Delia, Supervisor
Food Service	Dena Paquette, Food Service Director, Dorothy Young, Assistant Food Service Director, O. Campbell, Food Service Supervisor
Laundry	David Eberhart, Unit Manager, Sally Josef, Section Manager
Quartermaster	Tiffany Wagner, Section Manager, Dionan Stephens, Correctional Support Personnel, Lydia Taylor, Correctional Support Personnel
Housing	Accreditation Team
Programs	Accreditation Team
Recreation	Accreditation Team
Commissary	Accreditation Team
Visitation	Accreditation Team
Library	CSP Walker, CSP Mitchell, Supervisors Jackson and Starks

MAIN DETENTION CENTER October 12, 2023

Youthful Offender Dormitory Day shift Deputies D. Anthony and D. Porter  
Youthful Offender School Audit Team/ Two Teachers  
Restrictive Housing Audit Team, Night Shift Deputies

WEST DETENTION CENTER October 11, 2023, P. M.

Key Control Joseph Chapple and Marvin Marty  
CERT Team DSKeith Davis  
Quartermaster Tiffany Wagner, Section Manager, Maribel Williams, Supervisor  
Training Daisha Miller, FTO Trainee  
Inmate Records Olian Benitez-Pintos, Support Personnel, Monica Flores, Erico Sandlin, Support Personnel, Edgar Roberts, Unit Management  
Recreation Audit Team  
Restrictive Housing Audit Team  
Contract Compliance Tamara Starks, Unit Manager, Roderick White, Section Manager  
Food Service Debra Consoli, Trinity Food Service Manager  
Inmate Management John Hoffman, Corporal, Kimberly Kinsey, Captain, Classification Mosley Williams, Deputy, Lt C. Curry; Sgt. Ramcharitar, Deputy Willingham  
Security Raymond Love, Deputy, Kevin Wright, Support, Judith Del Mastro, Support, Elroy Battles, Deputy, Lindsley Denis, Deputy, Myles Horst, Deputy, Fred Gordon, Deputy, Captain William Kinsey  
Re Entry Mr. White, Re Entry Section Manager, Mrs. Starks, Unit Manager  
Program: Another Way, Maps Mrs. Price  
Religious Programming Chaplain Altermease H. Kendrick

ADMINISTRATIVE (Both Facilities)

Training Complex Sergeant Castro  
PBSO Fleet Management/ Maintenance Jeffrey Hawthorne, Division Manager  
Correctional Support Personnel Charlene Crayton  
Administrative Support Patrice-Culler Evertt

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

**Security:**

The Main Detention Center is immediately adjacent to the Palm Beach Sheriff's Office and proximal to the Courthouse for easy movement of detainees and inmates. There is also a courtroom that utilizes videoconferencing within the jail next to Intake. Both reduce concerns with movement of detainees and inmates. Although PBSO Detention Staff transport detainees and inmates, it is typically limited to medical purposes, as the Sheriff's Office is responsible for transportation to and from other facilities or other areas. Another benefit of this location is additional law enforcement assistance through PBSO and other agencies when needed.

The fleet is managed by PBSO staff. A telephone interview with the PBSO fleet manager revealed the Sheriff's Office fleet includes 3,000 vehicles. The transportation department is responsible for ensuring the inspection and maintenance of all vehicles by mileage or date, whichever occurs first, not less than annually. Any vehicles with concerns are reported when returned or when they meet the driver, and the keys are removed until it is determined to be safe. The fleet includes 177 vehicles utilized by the Detention Centers including nine buses, sixty-five sedans, 61 SUV's, twenty-six vans, five pickup trucks, two trailers, and nine mules/forklifts.

The Main Detention Center is comprised of a high-rise tower flanked by two smaller towers; these concrete structures provide a secure perimeter for the facility as recreation yards and programming are internal. A twelve-foot chain link fence with interlaced razor wire and barbed wire surrounds the outer area of the secure perimeter. Perimeter control is accomplished by security staff who monitor fixed cameras located at all points including the kitchen sally port. The perimeter is also physically checked by assigned perimeter officers who rove at least once per shift.

The West Detention Center is also secured by a twelve-foot exterior chain link fence with double strands of razor ribbon. Central Control maintains visual observation through strategically placed cameras. They monitor and approve movement entering and exiting the transport and delivery sallyports, with the same security procedures as MDC including perimeter checks.

Staff is assigned to the main control center at the front entrance twenty-four hours per day. There are cameras with 30-day visual recordings in each as follows:

MDC	Inside	274	Outside	16	Total	290
WDC	Inside	251	Outside	22	Total	273

Entry into the detention centers is through electronic doors which separate the secure facility from the administrative/public entrance. Upon arrival, two deputies require proper photo identification, and all property is checked through x ray. There is also a body scanner utilized before allowing entry into the secure facility depicted below at the Main Detention Center.



Security staffing of the two facilities is as follows:

- Three shifts: 8 a.m.- 4 p.m., 4 p.m.-12:00 a.m., and 12:00 a.m. - 8: 00 a.m. A single Major total oversees both facilities security operations.
- Staff must arrive 20 minutes in advance for shift briefings.
- Four captains are assigned.
- Sixteen lieutenants are on one of the three shifts.
- 579 sworn deputies and 228 unsworn deputies as of October 11, 2023
- All detention officers are required to complete a six-month training Academy prior to assignment which adds to the difficulty of filling vacancies. Training is through FDLE approved curriculums which include working with youthful/juvenile offender population. Non-sworn staff complete a four-month training.
- All staff including security complete mandatory in-service training which incorporates the requisite ACA topics including emergency preparedness, bloodborne pathogens, and violence in the workplace, sexual harassment, and use of force.
- All detention officers are required to be” sworn” and firearm qualified and requalified annually.
- Non-sworn staff assist in the areas that do not require direct contact with inmates/detainees. An example is the control units within the housing areas with responsibility for monitoring cameras, contact for emergencies such as fires or other assistance, and formal counts that occur 3 times per day.
- Perimeter and transporting officers are required to be qualified with rifles which are provided at the armory. However, since most transports are for medical appointments or emergencies, the type of weapon is dependent on the circumstances.

A sergeant, eight CERT team members and one CERT K9 comprised of staff are utilized for higher security situations such as cell extractions. There is a complement of officers on site; five on day shift and four on others; all are on 24-hour call. They receive monetary compensation and must have experience and additional training which meets ACA standards. A representative from PBSO attends JTTF meetings and shares information with specific detention staff.

A canine program is operated, fully managed by a CERT team member who provides care of one Shepherd who is boarded at his home. Searches are only for identifying narcotics which are conducted throughout the facility and parking lot at least weekly. Both policy 521.02 and practice should be expanded to include documentation of routine as well as exceptional care per expected practice/standard language in 4-ALDF-2C-02.

Control centers are staffed by non-sworn staff which contain minimal security equipment. Sworn officers routinely carry radios with call buttons, handcuffs, O.C. spray and cut down knives. Sworn security staff are all assigned a Glock semi-automatic weapon which is kept locked outside the secure facility.

The main control centers have the capability to operate elevators, which in MDC's high-rise building is essential. Movement is monitored via CCTV cameras cited above throughout the facility. Maximum security inmates are in restraints when moved requiring two officers. Central control maintains visual monitoring of all movement allowing electronic access once the individual(s) are identified. Both facilities have restraint chairs including in intake and at the Mental Health Unit at MDC.

The inventory of the main and central control units were checked and matched to up-to-date logs. Post orders are automated and were verified by logs to be signed as required. Armory inventory included three shotguns, gun cleaning kits, O.C. spray cannisters that are weighed to ensure effectiveness, Pain Compliance gel, rifles, shotguns, Glock 22's, Reloads and Emergency AED's. As all officers are assigned weapons, they pick up hospital bags before conducting medical transports. Additional equipment needed for higher risk situations is obtained outside the facility, if required, including tasers and batons, with training and approval.

Facility protocol and practice requires the arresting or delivery officer to fully search inmates/detainees and inventory their property prior to entering the electronic door to intake. Thirty-two-gun lockers are in the sallyport as well as state of the art gun unloading barrels. Property is sealed in a tamper proof bag with an excellent system for verifying and securing contents which are organized and electronically retrieved upon release. The tour of property management and operation was very impressive!

Intake is well organized with staff assigned to stations where the various requirements are accomplished. A body scanner is utilized as they enter the secure facility. Providing the detainee exhibits cooperative behavior, they are allowed to sit in an open area where they await a screen with names of inmates appearing when it was their turn for the various functions, to be interviewed or processed. There are adequate holding cells with clear visibility for staff. Inmates/detainees are allowed unlimited fifteen-minute telephone calls at the expense of the facility to make the necessary contacts with family or arrange for bail. This reduces population and is an applaudable practice.



LANGUAGE LINE



CREOLE

HANDBOOK

After they are processed, which includes interviews and PREA questions, fingerprinting, searches, medical screening, and pre-classification, they receive housing assignments within one to eight hours depending on the volume. Orientation is accomplished timely with hard copies of the inmate/detainee handbook in English, Spanish and Creole (see above). A specially equipped phone is available for hearing impaired inmates and a language line (above) is available for all other languages if needed. Releases are conducted in the same area after meeting all requirements of the pre-release checklist which includes full review of legal authority to release and the lack of any warrants or detainers.

The work of processing 22,000 detainees/ inmates within 2022 and daily release is quite a challenge. All aspects, including transportation, operate twenty-four hours per day. Staff estimated there are at least fifty-three intakes per day. Their operation was smooth and comprehensive, terrific teamwork and excellent job!

Both Main Detention Center and West Detention Center utilize Seimens/keytrak electronic key access by digital identification with stations next to the secure entrance. Emergency keys are secured proximal to various areas in the facility for quick access. Take home keys are restricted to the Colonel, Major, and Shift Commanders or their designers and are kept secure. There are certified advanced locksmiths who oversee key control in both facilities. They were present on both tours to explain their processes. They can cut keys and repair them on site as needed; the room is locked with access only by the locksmiths and key administrative staff. Discussion with security staff throughout both facilities indicated they are prepared to open doors electronically and manually in an emergency.

Tool control was well documented throughout both facilities. Tools are shadowed and logged in and out; inventories matched usage. Kitchens contain knives but they are only used by staff/contractors and are kept secured behind locked cages and documented on shadow boards and logs.

The only concern was that tool carts used by maintenance staff are not inventoried at the initial security entrance and are allowed to proceed to the area where work is performed where the inspection is conducted. The team recommended that given the potential for error- a missing tool- there should be an itemized inventory upon entering that is rechecked upon exiting the facility.

The security staff of both detention centers are to be commended for the level of safety within the facility which was confirmed by inmate, detainee, and employee interviews. In a facility with 22,000 intakes/releases (2022), the challenge is constant, and they are working well as a team to accomplish this sense of safety and support within the two facilities.

### **Environmental Conditions:**

The entrance road is shared by multiple government offices including the Palm Beach Sheriff's Office. The road and grounds are managed by an outside vendor and are professionally landscaped with trees and native plants. Mast lighting provides sufficient visibility and security for both facilities.

The administrative entrance and spaces of both facilities were clean and well maintained. There is ample office space and conference rooms as well as male and female restrooms for staff and visitors. It was noted that staff decorated their offices with personal items, and many displayed motivational signage.



Both facilities have thermostatically controlled air conditioning and heating except for the laundries and quartermasters' offices which have (see left) portable air conditioning machines. Staff stated that during hot weather it is necessary to stand in front of the machine to cool down which disrupts the work which requires them to move back within these large rooms to cool off. Auditors found temperatures to be pleasant throughout both facilities in the mid-October sub-tropical climate.

Environmental testing was conducted during the cycle by a certified inspector which met standards as follows:

LIGHTING/LUMENS

**Main Detention Center**      July 28, 2022

East Tower: Under Construction

West Tower:

Single cell      21.8 ft. candles

Day room      52.3 ft. candles

Bath area      26.3 ft. candles

South Tower:

Single cell      21.6 ft. candles

Day room      35.8 ft. candles

Bath area      26.3 ft. candles

**West Detention Center**      May 26, 2022

D-Pod:

Delta 1:      Dorm 45.2 ft. candles      Dayroom 45.9 ft. candles

Delta 2:      Dorm 32.9 ft. candles      Dayroom 49.8 ft. candles

Delta 3:      Dorm 45.4 ft. candles      Dayroom 39.6 ft. candles

Delta 4:      Dorm 36.6 ft. candles

E-Pod:

Echo-1      Dorm 22.8 ft candles      Dayroom 26.6 ft. candles

Echo-2      Dorm 42.0 ft candles      Dayroom 33.9 ft. candles

Echo-3      Dorm 40.1 ft candles      Dayroom 30.5 ft. candles

Echo-4      Dorm 50.1 ft candles      Dayroom 38.5 ft. candles

F-Pod:

Foxtrot 1      Single Cell: 48.4 ft. candles      Dayroom 38.0 ft. candles

Foxtrot 2      Single Cell: 46.0 ft. candles      Dayroom 35.7 ft. candles

B-Pod:

Bravo-1      Single Cell: 47. ft. candles      Dayroom 72.8 ft. candles.

Bravo-4      Single Cell: 64.5 ft. candles      Dayroom 64.4 ft. candles.

A-Pod:

Alpha-2      Single Cell: 49.8 ft. candles      Dayroom 66.9 ft. candles

Alpha-4      Single Cell: 42.4 ft. candles      Dayroom 89.1 ft. candles



SOUND

**Main Detention Center**      May 24, 2023

East Tower: under construction

South Tower:	West Tower:
Single cell 49.2 DBA	Singe Cell 52.6 DBA
Day Room 48.4 DBA	Day Room 65.9 DBA
Dormitory 53.9 DBA	Dormitory 63.1 DBA
Bath Area 58.1 DBA	Bath Area 52.8 DBA

**West Detention Center**      April 21, 2023

Delta:	Delta 1	Delta 2	Delta 3	Delta 4
Bunk Area:	68.7 DBA	69.8 DBA	69.2 DBA	68.4 DBA
Day Room:	69.6 DBA	66.2 DBA	67.7 DBA	69.7 DBA
Multi-purpose Room	64.3 DBA	64.9 DBA	68.7 DBA	69.6 DBA
Interview Room	63.2 DBA	65.2 DBA	59.8 DBA	59.6 DBA

Echo:	Echo	Echo 2	Echo 3	Echo 4
Bunk Area:	68.8 DBA	68.6 DBA	67.3 DBA	69.5 DBA
Day Room:	69.7 DBA	68.4 DBA	68.2 DBA	69.7 DBA
Multi-purpose Room	67.6 DBA	68.4 DBA	66.7 DBA	65.2 DBA
Interview Room	61.5 DBA	65.8 DBA	65.7 dba	67.3 DBA

Bravo:	Bravo 1	Bravo 2	Bravo 3	Bravo 4
Single Cella:	60.2 DBA	57.4 DBA	62.5 DBA	62.5 DBA
Day Room:	68.4 DBA	68.2 DBA	67.8 DBA	68.1 DBA
	Bravo 5			
Sleeping Area:	65.4 DBA			
Day Room:	67.2 DBA			

Foxtrot:	Foxtrot 1	Foxtrot 2	Foxtrot 3	Foxtrot 4
Single Cell Area:	63.7 DBA	65.2 DBA	67.3 DBA	69.5 DBA
Day Room:	65.2 DBA	65.0 DBA	68.2 DBA	69.7 DBA
Multi-purpose Room	63.7 DBA	65.2 DBA	66.7 DBA	65.2 DBA
Interview Room	54.2 DBA	58.9 DBA	65.7 dba	67.3 DBA

Jail Main Hallway      68.7 DBA

AIR CIRCULATION

May 31, 2022

## **MAIN DETENTION CENTER**

Air flow tests were conducted throughout the facility reflecting 2,490-6,463 CFM with 4.1 to 6.63 air changes per hour.

## **WEST DETENTION CENTER**

Air flow tests were conducted throughout the facility reflecting 2,490-6,463 CFM with 4.4 to 6.63 air changes per hour.

Water is provided by Palm Beach City Water. Water quality reports were on file for both 2021 and 2022 which indicated zero water quality violations. The 2023 report was not yet due. Water was checked throughout the facility and reached appropriate temperatures although some required several minutes to warm up due to distance from the heating source.

Detainee/inmate housing areas toilets, sinks, and showers met required ratios. There was a concern that in the restrictive housing unit only two showers are utilized as these are the only ones that lock. There are two additional showers that staff claimed are used when population exceeds the ratio (1/8), and staff are added while they shower. Restrictive housing may contain thirty-two inmates. However, inmate/detainee interviews confirmed that all are receiving showers if desired at least three times per week and there were no complaints in this regard. It was suggested that they consider the addition of locking devices to expand the ratio of usable showers without quiring additional staff, especially in view of staff shortages and overtime.

Cells contained beds at appropriate heights from the floor in single and double bunks, storage, and a place to sit/write, as well as a toilet and washbasin. Dayrooms were toured in both facilities and contained tables with attached stools, flat screen televisions, board games, and book carts.

**Standard 4-ALDF-1A-17 continues to be non-compliant as the East and West tower dayrooms in the Main Detention Center contain eight square feet rather than twelve feet of transparent glazing. This is the older of the two facilities constructed originally in 1983 and renovated in 1993. Inmates and detainees did not complain about lighting in the dayroom, and per above, lighting met foot candles in all areas which were tested in 2022.**

Some of the smaller cells were stated to be continually limited to only one occupant although they were double bunked. Otherwise, some cells would not meet sixty square feet unencumbered square footage for inmates held more than ten hours in cell per standard #4-ALDF 4-1A-10. It was recommended that the facility maintain documentation to establish that these cells are used only as single cells and routinely include a memorandum of compliance. ACA considers double bunks as fillable at any time; thus, the Commission could rule otherwise.

The team visited the Quartermaster's (Warehouse) which are large, well organized and managed by the same individual who also has a supervisor and staff in both the Main and West Detention Centers. Their review of operations was quite impressive which included an automated system for ensuring the facility tracks needed property and ordering/ procuring them timely.

Generators are provided by an outside contractor and maintained monthly by TAW Power Systems. Annual testing was conducted in June 2022 and June 2023. These are inspected weekly and serviced with EPS testing once per month per manufacturers requirements. Emergency protocols are well defined and included in policy. Proof of annual training was provided and corroborated by interviews with staff. Among these were Fire Safety Emergency Procedures, the facility Fire Plan, Escape Plan, Riot Control, Hunger Strikes, Hostage Plan, Hurricane Plan, Bomb Threat, and Emergency Evacuation.

### **Sanitation:**

Detainees/inmates are responsible for cleaning their immediate housing areas. Trustees are assigned to assist throughout the facility. Jani King was recently contracted to clean public areas and inspections indicated they are doing a respectable job. It was pointed out that the legal decisions restricting detainees from voluntary jobs has impacted the cleaning of the facility, and contractors have a larger responsibility than before.

There is daily inspection by housing or other deputies, weekly inspections by rank, and monthly inspection by a qualified fire and safety officer to ensure all areas of the facility are clean and maintained. The daily inspections are monitored by lieutenants; commanders inspect weekly. Repairs that are needed are reported during these inspections and are accomplished by maintenance on a schedule that is prioritized. The inspections team also conduct monthly inspections to ensure all needed repairs and concerns are resolved.

Inspection of the public, administrative, programs and housing areas indicated the facility is clean and well maintained. Shower rooms and bathrooms were inspected for signs of mold or "old" dirt; none was found. There were no smells of unclean areas, no signs of trash or vermin. Both facilities are contracted through Turner Pest Control, who provides routine services but will respond quickly to any concerns. There were no complaints about pests from staff or inmates/detainees.

Mixing stations were available throughout the facility to automatically dispense properly diluted chemicals for cleaning. Caustics were controlled and documented with SDS logs available and updated. Eye wash stations were also available and functioning where appropriate.

**Fire Safety:**

The entire facility is designated as a non-smoking facility stated in a prominently displayed sign at the entrance.

Both facilities are protected by automated fire alarm systems, sprinkler systems, and smoke detectors. Every staff member is expected to conduct fire safety inspections each shift. The shift sergeant also conducts two rounds of inspections per zone each day or six per day. A qualified fire and safety officer inspects monthly and documents any concerns in reports which were reviewed. Fire drills are conducted on each shift with three teams and at least one fire drill per shift every month. Interviews conducted throughout the audit indicated that inmates, detainees, contractors, and employees recalled full fire drills during the last quarter.

Fire extinguishers were observed throughout the facility, and each indicated they were inspected in the last 30 days. Prominently displayed lit/Neon exit signs signaled the exits and evacuation plans were posted, although these were small and could be increased in size and number in some hallways to ensure all visitors and staff can easily identify and follow the exit plan. Some employees could be new hires or there could be visitors who need direction in an emergency.

SCBA's were also available in both facilities for staff protection in the event of smoke. The kitchen hood suppression systems were in place and hoods and equipment appeared to be clean and free of grease buildup. Caustics were controlled as verified during the tours. Furnishings including mattresses are purchased with appropriate fire-retardant specifications.

Auditors reviewed three years of annual inspections by the Palm Beach County Fire Rescue which is located a few miles from the Main Detention Center. Inspections were conducted on 5/11/23, 5/17 /22, and 5/5/21(MDC), and 3/13/23, 2/17/22 and 2/4/21 (WDC).

West Detention Center had one recommendation which was cleared on 2/17/22. Main Detention Center had violations to be corrected by 5/21/21. Ceiling tiles and assemblies were cited and cleared by 5/6/21.

The local fire department, Palm Beach County Fire Rescue is able to provide assistance within eight minutes. During the last cycle, neither of the two fires required their assistance. The two fires listed in the significant incident reports were minor mechanical malfunctions and quickly extinguished.

**Food Service:**

All food service operations in both facilities are contracted through Trinity Services Group. Staffing is as follows:

Main Detention Center  
Director  
Manager  
8 Food Service workers

West Detention Center  
Director  
Manager  
14 food service workers

Food services operate two shifts, from midnight to 8:00 p.m. They are assisted by thirteen trustees in the Main Detention Center and by eighteen trustees in the West Detention Center. Although trustees are medically cleared and trained prior to assignment, there was discussion regarding the lack of a pre-employment physical/medical clearance for Trinity Food Service Staff.

**Standard #4-ALDF-4A-13 Mandatory Standard states:**

**“There is adequate health protection for all inmates and staff in the facility... adding in the first bullet: “where required by law all persons involved in the preparation of the food service receive a pre-assignment medical examination.”**

Administration confirmed through Trinity that although they receive TB tests, they do not receive a pre-employment physical examination. They produced the relevant Florida food service statute and pointed out that there is neither a stated legal requirement nor the lack of a requirement, which the Chairperson reviewed with them and agreed. After discussion with ACA, it was determined that “staff” implies employees and not contractors, and Trinity is a contractor. However, in view of the purpose of the standard, protection of staff and inmates, and the requirement that inmates and staff are medically cleared, this area merits further consideration in the opinion of the visiting team.

Inspection of the kitchen reflected that it was clean and well maintained. The detainee’s bathroom was also clean. The only concern was the lack of hand soap (empty container) which is a food service operation is particularly important. Temperatures in the freezers and coolers were appropriate and documented. dishracks displayed clean trays that were randomly inspected. Dry storage/ caustics were well organized and secure.

Tool control was effective in both facilities through logs and shadow boards as well as locked cabinets. Auditors traced items not on the shadow board which matched the employee listed on the log. Although knives as well as dough cutters are used, knives are only used by Trinity Staff and are behind locked gates with proper documentation.

The facility food service directors produced a comprehensive food service manual with all dietary requirements, certification, and ongoing food service inspections/audits. Trinity has a certified dietician, whose license had not yet expired, responsible for routinely checking for adequate nutritional contents of all diets and proper food service operation.

There are three hot meals per day, or two hot meals and one with at least some hot items, meals per day. Inmates/detainees confirmed this in English and Spanish. Mealtimes are:

- Breakfast: 5:00 a.m. to 7:00 a.m.
- Lunch: 10:30 a.m. to 12:30 p.m.
- Dinner: 4:30 p.m. to 6:30 p.m.

The staff ensures that meals do not exceed fourteen hours by serving meals in the same rotation for breakfast, lunch, and dinner. The earliest times for each meal cut close to fourteen hours between dinner and breakfast but auditors were advised this is monitored and recorded. There were no complaints in this regard.

There is a four-week rotation utilized which was matched to the meals tasted by the audit team on October 11, 2023, and did not differ from the inmate/detainee meals that day. Meals are distributed to the housing areas in heated carts with temperature documentation and are consumed in the dayrooms or if in special housing, in cell. It included two hotdogs, bread, potatoes, pasta salad, pudding, and a beverage. The meal was tasty, of appropriate temperature and quantity and appeared quite nutritious.

Therapeutic Diets were checked in both facilities with current number/types below:

<u>Main Detention Center</u>		<u>West Detention Center</u>	
Cardiac	8	Cardiac	5
2500 Calorie	13	2500 Calorie	22
2200 Calorie	3	2200 Calorie	3
Vegetarian	8	Vegetarian	5
Vegan	7	Vegan	4
Allergy	32	Allergy	16
Kosher	220	Kosher	327
		High Calorie	22

Both facilities manuals contained thorough policy and procedure on special diets and documentation that ensures accountability. Excellent job! Lists were automated and pulled establishing the current date’s diet requirements and the names/locations of inmates or detainees.

Ten Trinity Food Service Operators are ServSafe Certified with one or more levels completed.

Both facilities food service operations are audited annually by the State of Florida Department of Health Count Health Department. In the Main Detention Center, there were a few minor violations cited in the annual audit reports dated 7/8/21, 7/11/22 and 4/28/23. These were corrected timely or onsite, and the facility passed the inspections. Included were a lack of hand wash at the sink in the prep area, mold in two ice machines, corrected onsite, appropriate temperatures for certain foods

(2021), and damaged floor between walk in cooler and freezer, behind the handwashing sink in main kitchen (repeated) which resulted in notification of the facility. In the West Detention Center, the annual reports dated 8/30/21, 1/26/22 and 5/15/23 also included minor violations in 2021 and 2023 but not 2022. The only violations cited related to the handwash stations lacking disposable hand towels and in 2023 only, dirt build up in the ice machine. Lighting (2023) was also of concern, noting fifty-foot candles shall be at surfaces where employees work with food.

In view of the concerns with handwashing areas (soap/disposable towels) in both facilities, it was recommended that they include a documented check of these areas in daily inspections. Also, the ice machine in both facilities was cited, and thus, it was recommended, should be specifically documented in weekly inspections to ensure they remain clean.

Commissary services are available through a contract with Keefe Group. The facility receives half the profits which they state are used solely for the benefit of inmates/detainees who can spend \$90 per week for food and \$90 per week also for clothing items. Orders are through kiosks in the housing units or if in special housing, by manual order form.

Food service provided by Trinity to detention center staff was impressive. In the Main Detention Center, staff and contractors enjoy a cafeteria served meal for \$5.00, a very reasonable price. Seating is in a large well-lit room with twelve tables and seating, microwaves, soda machines, and a flat screen television.

The outdoor seating area (see right) at Main Detention Center affords a top floor West Palm Beach view including Mar-a-Lago and the airport that during the last administration was used by Airforce One. Employees were viewed as relaxing in both areas, which has a positive effect on morale. There is a similar, smaller employee dining room in the West Detention Center which is also cafeteria style affording the same benefits.



### **Medical Care:**

Health services at Palm Beach Sheriff's Office Detention Facility are staffed with contract medical Wellpath. There is a combined two medical units, main unit, and West unit. The Medical units are both staffed 24 hours a day seven days a week. There is a twenty-five-cell infirmary, it is monitored by sight and sound between medical staff and security. Six single cell negative pressure cells and six observation cells. There are six exam rooms including one large waiting room with a restroom and water available. There is an exam room in SMU for nurse and provider visits. Telemedicine is available. There were six pregnant females at the

time of the review. The MDC has an in-house dialysis service (2 machines and 2-chairs) and contracted through the Physician Dialysis.

The facility conducts intakes and houses intersystem and intra-system transfers noting some have a history of high-risk behaviors and untreated medical and mental health illnesses and are more likely to have chronic illnesses and infectious disease. The medical staff are well trained, respectful, and caring. There is peer review evaluation, access to care meetings and CQI meetings that were reviewed. Facility medical utilizes language lines, video orientation, and sign language interpreters. There are electronic medical records currently being utilized. The DON is on call 24/7 along with the providers rotating on call schedules. Tele-med is utilized at this facility. Optometry services are contracted onsite, and ophthalmology services are contracted offsite.

Medical operates two 12-hour shifts from 6:00 a.m. to 6:00 p.m. and 6:00 p.m. to 6:00 a.m. Seven days a week. The Qualified Health Care Provider is on call after clinic hours seven days a week. There is a 20-minute staff briefing from oncoming shift to outgoing shift. The following employees supports the MDC medical: two (2) F/T Medical Directors, one (1) F/T Director of Nursing (DON), one (1) F/T Assistant Director of Nursing (ADON), one (1) F/T Health Services Administrator (RN-HSA), six (6) F/T Charge Nurses (RNs,), nine (9) F/T Registered Nurses (RNs), Eighteen (18) F/T Licensed Practical Nurses (LPNs), one (1) F/T Clinic Coordinator, one (1) F/T Medical Records Supervisor, six (6) F/T Medical Records Clerks, three (3) F/T Clerks-Admin., two (2) F/T Admin. Assistants (AAs), one (1) F/T Discharge Planner, one (1) F/T Medication Admin., four (4) F/T Certified Nursing Assistants (CNAs), one (1) P/T Registered Nurse (RN), two (2) P/T Licensed Practical Nurses 10 (LPNs), one (1) PRN Medical Director (MD), one (1) PRN Advanced Registered Nurse Practitioner (ARNP), sixteen (16) PRN Registered Nurses (RNs), nine (9) PRN Licensed Practical Nurses (LPNs) and two (2) PRN Certified Nursing Assistants (CNAs). The following active employees supports the WDC medical: nine (9) F/T Register Nurses (RN), ten (10) F/T Licensed Practical Nurses (LPNs), one (1) F/T Certified Nursing Assistant (CNA), one (1) F/T Admin. Assistant (AA), one (1) P/T Licensed Practical Nurse (LPN), three (3) PRN Registered Nurses (RNs), four (4) PRN Licensed Practical Nurses (LPNs), and two (2) Certified Nursing Assistants (CNAs) The following employees supports both the MDC and WDC medical: one (1) F/T Medical Director (MD), two (2) F/T Advanced Registered Nurse Practitioners (ARNPs), one (1) PRN Medical Director (MD), two (2) Advanced Registered Nurse Practitioners (ARNPs), and one (1) PRN Registered Nurses (RN).

Mental health services are provided through a contract with Wellpath. The following employees supports the MDC mental health services: one (1) F/T Director of Nursing (RN-DON), one (1) F/T LCSW-Mental Health Director, two (2) F/T MD-Psychiatrists, one (1) F/T Psychologist, two (2) F/T Licensed Mental 14 Health Counselors (LMHCs), ten (10) F/T Registered Nurses (RNs), ten (10) F/T Mental Health Technicians (MHTs), one (1) F/T Certified Nursing Assistant



(CNA), one (1) F/T Admin. Clerk, one (1) F/T Mental Health Secretary, one (1) P/T Mental Health Technician (MHT), two (2) PRN Psychologists, three (3) PRN Mental Health Technicians (MHTs), two (2) PRN Registered Nurses (RNs), two (2) PRN Licensed Mental Health Counselors (LMHCs), one (1) PRN Licensed Clinical Social Worker (LCSW), and one (1) PRN Certified Nursing Assistant (CNA). The following employees supports both the MDC and WDC mental health services: one (1) F/T Psychologist, one (1) F/T Licensed Mental Health Counselor (LMHC), and one (1) contracted Psychiatrist (MD). The mental health services are provided 7 days per week.

There is daily treatment team meeting (Mon-Fri) involving the mental health staff, unit nurse, Assistant Director of Nursing, and the Palm Beach Sheriff Office (PBSO) Zone Sergeant. This multidisciplinary treatment team approach is designed to promote the highest level of patient care. Mental health rounds are conducted in SMU daily. Inmates are screened within 14 days and evaluated 30/60/90 days or sooner if clinically indicated and are patient specific. Inmates may access mental health services via the sick call process. Staff members with concerns about an inmate's mental stability can refer the inmate for evaluation. An inmate may self-refer for a clinical interview to discuss mental health needs. All suicidal ideations are referred to mental health staff for monitoring or observation. There are five suicide observation/safe rooms (4-MDC and 1-WDC). There are available suicide garments. During the review period, there were twenty inmates' suicide attempts. Inmates requiring more intense treatment are referred and based on available beds at the South County Mental Health Center, Delray Beach, FL and the Treasure Coast Forensic State Hospital, Ft. Pierce, FL. Telepsychiatry is practiced at the MDC & WDC with an informed consent. There are approximately 1,177 inmates (MDC-955 and WDC-222) seen monthly by mental health and 799 inmates (MDC-575 and WDC-224) on psychotropic medications at the time of the review. The mental health units include Unit S3A-Males acute patients, suicidal patients and patients with acute behavioral issues and staffed with a Psychiatric RN and a Mental Health Technician 24 hours per day. Unit S2A-Male chronic patient stabilized but require mental health unit housing. There is nurse provider care, staffed by a Mental Health Technician 24 hours per day. Unit S3D-Female acute and chronic patients, suicidal patients, and patients with acute behavioral issues. Staffed by Psychiatric RN and a Mental Health Technician 24 hours per day. Unit S2D-Male mental health pre-housing quarantine unit and has a nurse provider 24 hours per day. 15 Inmates are provided information on enhanced victim services and a rape crisis hotline.

Dental care services at MDC and WDC are provided through a contract with Wellpath. The following employees supports the MDC and WDC dental: one (1) F/T Dentist and one (1) P/T Dental Assistant (DA). Remarkably the Dentist is also the Dental Hygienist. The Dentist visits the MDC four days per week (Mon, Tues, Thurs, and Fri) and the WDC one day per week on Wednesdays. Dental services include restoration, extractions, fillings, oral surgery, mouth guards and patient education/oral hygiene. The dental wait times for routine dentals are limited due to the COVID-19 pandemic. Emergencies are addressed within 24 hours. There are

nursing protocols for after hour emergencies. The inmates access dental health services through the sick call process. The average number of inmates seen monthly is 153 (MDC-103 and WDC-50). The MDC & WDC dentals has 4 Dental chairs (MDC-2 and WDC-2) and two (2) bite-wing analog x-ray MDC-1 and 1-WDC). ATTEST Biological Indicators are autoclaved and processed monthly for spore testing to monitor the efficacy of sterilization. Reports were reviewed and indicated fully functioning sterilization of instruments to prevent cross contamination and/or postoperative infections. Dental supplies and equipment services are through the Henry Schein. The Landauer dosimetry services, a radiation monitoring product (x-ray badges) are utilized to monitor the effectiveness and to make sure that work environment is free from the damaging effects of dental radiation. The dental chair traps are cleaned weekly. The facility practices amalgam collection and disposal to prevent contamination of local water sources. X-ray fixers and developers is disposed through a contracted vendor Chemical Pollution Control.

Wellpath medical clinic is equipped with the following:

- AEDs in every unit (inspected with pads current, not expired)
- Two EKG (inspected with the leads not expired)
- Two emergency bags (inspected with the contents labeled)
- Two stretchers for transport (inspected, in good condition)
- Two transport gurneys (inspected, in good condition)
- Two Respiratory cart (inspected, in good condition)
- Six safe cells (toilet and sink)
- Six negative pressure cells (toilet and sink)
- Twenty-five cell infirmaries
- One shower area
- Four eye wash stations
- Two refrigerators for medications (Flu vaccine, TB solution, Insulin)
- Two Lab refrigerator (lab specimens)
- Eighteen portable oxygen cylinders
- Six oxygen concentrators
- Two Medication room (Secured, inspected, counts completed)
- Two Pill line window

Each pod including SMU has an ADA accommodating Cell and bathroom. The dining room has wheelchair accessible tables. There are handicap accessible lockers, bunk beds with grab bars, volume control phones, TDD phones, and accessible day room tables. There are crutches, walkers, canes, and wheelchairs available for those who have ordered them from the Medical Provider.

The MDC & WDC, through the Wellpath, maintains affiliation agreements to provide inpatient medical services with the following hospitals: one. Wellington Regional Medical Center, Wellington, FL (ER) two. JFK Medical Center, Atlantis, FL 3. JFK Medical Center - North Campus, West Palm Beach, FL 4. Palms West Hospital, Loxahatchee, FL 5. St. Mary's Medical Center, West Palm Beach, FL 6.

Delray Medical Center, Delray Beach, FL The Palm Beach Fire and Rescue #33 (10-15 mins/1.8 miles) are used for medical emergencies. There is a provision for helicopter landing in the parking lot area for extreme emergencies. Non-emergent medical transportation is performed by facility staff to either a hospital or community provider for offsite consults.

All medical staff are trained in Basic Life Support (BLS), first aid and AED. All officers are also trained in Basic Life Support, first aid and AED. The officers are considered as first responders. All fit tests are current. In the event of a medical emergency, the treatment room is fully stocked with emergency equipment including a crash cart with appropriate medications, also intravenous fluids (IV) to treat and stabilize until the ambulance transports out. There were no medications or supplies found expired.

Sick call requests are obtained from the detainee by nursing staff daily and SMU sick calls are obtained at cell side daily during pill pass. The sick call visits for General Population are scheduled and seen usually within 24 hours. The same wait time is for SMU, usually within 24 hours after placing a sick call. The average monthly sick calls are 1,300.

Chronic Care is provided daily by appointment. Inmates are seen twice a year, education is provided, labs and medications are also provided. There are 524 with cardiac diagnosis, 685 with Hepatitis C, 130 with HIV and common chronic care illness Hypertension, Asthma, COPD, and Diabetes. There is an average of 1988 inmates on chronic care. Therapeutic Diets are prescribed through the Qualified Medical Provider and coordinated with Food Service and, there were 222 medical diets (130- MDC and 92-WDC). There were eighty-seven diabetics (22-insulin dependent diabetics and 78-non-insulin dependent diabetics) at the time of the review. Some insulin dependent diabetics are provided with midnight snacks. There is an insulin dependent commissary list that all insulin dependent diabetic inmates must follow.

Lab obtained for chronic care and other illnesses are drawn only, specimens are collected on site, spun, and sent out to Lab Corp and reports are received through phone/online within 24 to 48 hours. STAT labs are sent to the Lab Corp and results received through phone/online within 2-4 hours. Average monthly inmate lab tests are 215 (MDC-144 and WDC-68). Medigreen Waste Services, Goldenrod, FL is contracted to remove the biohazard and sharps waste for proper incineration as verified by manifests on hand. There is one specimen refrigerator with daily temperature checks.

In an emergency, the local hospital is available for lab drawing and immediate results. Routine and emergency radiological services (x-ray) are provided on-site through Portable Medical Diagnostics and result received online. MRI, CT scan and Ultrasound provided through a contracted hospital.

Medications are stored in a medication room that is secured with locks on the door as well as the medications cart, and controlled medications secured with triple locks. There is a refrigerator with vaccines, insulin, and TB solution. The refrigerator log was accurate and checked daily with the temperature reflecting correct temperatures. The count of scheduled medications was correct. The count for sharps, needles and instruments was also correct. There are two pill line windows, medications are administered twice a day seven days a week. General Population pill pass is 5:00 a.m. and 3:00 p.m. SMU pill pass is 4:00 a.m. and 1:00 p.m. All inmates are identified prior to receiving medications and oral cavities are examined for pills being stored in cheeks (Cheeking). Medications are ordered through the Diamond Pharmacy and delivered through FedEx. Stock, patient specific medications and bulk sharps are maintained. The backup pharmacy is the local CVS. A random inventory count on sharps and controlled medications was accurate. The dispensary has a refrigerator for the storage of medications with temperature log and inventory current. Basic medical supplies and materials are obtained through McKesson. The disposal and return of expired, unused, discontinued, and recalled, over-stocked medications including prescription (pills and liquids), and narcotics are arranged through the Diamond Pharmacy and the use of the Rx Destroyer. Records are maintained through the disposal process. Regular inmates are provided with 7-day supply of medications upon release, HIV inmates provided with 30-days, and chronic with 14-days, and the Discharge Planner connect inmates to the community for further assistance. The Diamond Pharmacy-Pharmacist and Dept. of Health audits the dispensary.

Infection control meetings are held quarterly. PPE is available for all staff and inmates. The facility does have a plan for the management of communicable diseases including education on prevention, diagnosis, treatment, and isolation. Covid-19 vaccines are available to all inmates, PPE is available and all FDOC inmates are screened on arrival. There is an infection control coordinator/HAS. All MRSA precautions are in place. Universal precautions are practiced throughout the facility. There is hand sanitizer available throughout the facility. There are first aid kits available on every unit, blood borne pathogen kits and eye wash stations throughout the facility. Communicable diseases are reported to the health department and treated at the facility by the provider. All inmates and staff and offered PPD annually. All fit tests are current on staff. Sanitation and housekeeping are provided using inmate assistance.

The SDS manual was available in the nurse's station. All caustic were stored appropriately with logs that were correct and all containers were labeled correctly. Dental is available five days a week, Tuesday through Friday from 8:00 a.m. to 3:00 p.m. There is one Dentist, four Dental Assistant, and one Dental Hygienist. Dental services are available and scheduled when inmates place a sick call. Dental Services include basic dentistry, fillings, extractions, root canal, oral cancer screenings, and oral hygiene education. Denture repair is provided, oral surgery is referred out. This auditor performed a random count and inspection of sharps, and instruments. All sharps and tool logs were correct. The dental unit was clean and

organized, there were eight dental chairs. Dental sterilization and spore testing is completed weekly. The dental wait time after submitting a sick call is usually seven days. Urgent requests are seen within 24 hours. There is a nursing protocol for dental emergencies also. Dental amalgam disposal is through the Waste-Wise disposal, and fixer/developer disposal is through Chemgon. Dental Chair traps are cleaned every two weeks. Supplies are ordered through Patterson.

Mental Health is provided and accessed by placing a sick call. Wait times are usually within 24 hours. There is one F/T Qualified Mental Health Professional, with a Tele-Med Psychiatrist. The mental health services are available Monday through Friday 8:00 a.m. to 4:30 p.m. and on call for crisis intervention. Weekly rounds are conducted in SMU. Inmates are evaluated as clinically indicated. Staff can also request an evaluation for an inmate. There are approximately 278 visits a month. All suicidal ideations, and suicide attempts are referred to mental health for monitoring and observation 1:1 in the infirmary safe cell. There are four suicide observation cells available. An inmate placed on suicide observation is provided with a smock. There are 377 inmates on anti-psychotic medications at this facility. The facility maintains a zero tolerance for sexual abuse and harassment. Inmates are provided information on enhanced victim services and a PREA hotline. Programs available are individual counseling, substance abuse, dual diagnosis, crisis intervention, multi-disciplinary teams, individual treatment plans. Severely developmentally and mentally disabled inmates are not housed at this facility.

Medical grievance is through centralized grievance boxes and reviewed by the HSA within 5 days. The medical reviewer recommended a separate box in the confinement area. There is a grievance coordinator. The facility averages 1-2 substantiated medical grievances per year mostly on medical co-pays, self-diagnosis, medication refills and specialty services. Most of the health concerns that were shared by the inmates at the end of the review were addressed by the medical team.

As captured in the Inmate handbook, co-pays are as follows:

“All inmates will be required to pay for certain self-initiated non referred (by a healthcare professional) and non-emergency care and treatment. Intake and intrasystem health screenings, medical histories and physicals, chronic illness, mental health services, referred illness and follow up care and medical emergencies (as determined by medical staff) are free of charge.” Fees apply to:

Nurse Clinic

Medical Clinic

Dental Clinic

Prescriptions except for chronic illness

Transportation to their own doctor upon approval

Reading classes (also available through Commissary)

It states also “No inmate will be denied medical care because of insufficient funds.”

**Recreation:**

Except for special housing, there are dayrooms adjacent to all housing which contain flat screen televisions, board games, and tables with attached stools.

General population cells provide large 30 x 30 square foot recreation yards accessible to detainees/inmates except for count and lockdown times. Special housing inmates/detainees must utilize individual recreation units which are scheduled and allow recreation at least one hour per day. Inmate interviews confirmed that at least this schedule was followed, and detainees and inmates in general population stated they are allowed abundant time to recreate daily. General population recreation yards contain basketball hoops and are sufficient for cardiovascular exercise.

Inmates are permitted to write as many letters as they wish. Outgoing privileged mail may not be opened but may be held for a reasonable period of time, not to exceed 72 hours, pending verification that is properly addressed to a person or agency referred to on the envelope. Due to concerns with contraband (narcotics) entering the facility through stamps and paper, the facility recently changed their policy to allow only postcard communication into the facility except for legal mail.

**Standard #4-ALDF-5B-05 indicates that “there is no limit to the volume of letters he/she can receive or in the length, language, content, or source of mail publications, except when there is reasonable belief that limitation is necessary to protect public safety or maintain facility order and security.”**

The introduction of drugs (contraband) into facilities through mail is a widespread problem across the Country. Many correctional facilities photocopy all mail other than legal mail or contract copying services to address this concern which has been tied to drug overdoses in some facilities. The Chairperson had not seen postcards replacing letters previously.

Team discussion resulted in a finding of compliance given the recent change and the security response that this was necessary in view of the largeness of the problem. There was discussion; the Commission may find this practice contradicts the expected practice in 5B-05. The facility stated they documented a reduction of contraband after changing the practice. However, there is concern that the facility-wide restriction may conflict with the intent of the standard which is an expected practice in ACI’s and ALDF’s as well as other residential facilities. It was noted that inmates are allowed to send letters of any length and there were no inmate complaints about the restriction to postcards.

## **Religious Programming:**

Two Chaplains provide faith services and oversee volunteers in both facilities. The Chaplain who was interviewed has been with the PBSO since 2018. They provide administrative and interpersonal support to inmates in pastoral care, religious teaching, conduct weddings, make death notifications, recruit, and coordinate volunteers, and provide religious reading materials.

Ninety-three volunteers are approved and are returning since the COVID restrictions lifted. Faiths/ organizations represented are:

Above and Beyond Community Church  
Belvedere Baptist Church  
Boca Raton Synagogue  
Christ Fellowship  
Catholic Diocese of Palm Beach  
National Church of God  
Church of Holy Ghost and Fire  
CIDRA Church  
Ephesus Seventh Day Adventist  
Faith Church  
First SDA Church of RB  
House of God International  
Iglesia Instrumento de tu Gloria (Spanish)  
Jehovah's Witnesses  
Isiah Ministry  
Lakeside Baptist Church  
Maramta SDA Church  
Ministry of God  
Mt. Zion Sanctuary  
No Walls Church Ministries  
Oasis Church International  
Recovery Church  
Reveal Fellowship  
Spanish River Church  
St. John's Missionary Baptist Church  
Youth For Christ

The Master Programming Schedule documented services as follows:

### **MAIN DETENTION CENTER**

#### **Monday**

5:00 p.m. to 6:00 p.m. Non-Denominational Services (females)  
6:15 p.m. to 7: 15 p.m. Non-Denominational Services (males)

7:30 p.m. to 8:30 p.m. Non-Denominational Services (males)

Tuesday

3:00 p.m. to 4:00 p.m. Bible Study  
4:30 p.m. to 5:30 p.m. Bible Study  
6:00 p.m. to 7:00 p.m. Catholic Mass (males)  
7:00 p.m. to 8:00 p.m. Catholic Mass (Juveniles)  
7:15 p.m. to 8:15 p.m. Catholic Mass (females)  
8:30 p.m. to 9:30 p.m. Spanish Service (Males)

Wednesday

9:00 a.m. to 10:00 a.m. Jehovah Witness (males)  
10:15 a.m. to 11:15 a.m. Spanish Service (females)  
11:30 a.m. to 12:30 p.m. Jehovah's Witness (females)  
5:00 p.m. to 6:00 p.m. Juvenile Religious Services

Thursday

10:00 a.m. to 11:00 a.m. Bible Study (Males)  
11:15 a.m. to 12:15 p.m. Bible Study (Females)

Friday

9:00 a.m. to 10:00 a.m. Hebrew Israelites (Males) all dorms  
10:15 a.m. to 11:15 a.m. Jewish Worship (Males) all dorms  
11:30 a.m. to 12:30 p.m. Jewish Worship (Females) all dorms  
1:00 p.m. to 2:00 p.m. Muslim Prayer (Males) all dorms  
2:15 p.m. to 3:15 p.m. Muslim Prayer (Females) all dorms

Saturday

9:00 a.m. to 10:00 a.m. Non-Denominational Juveniles

WEST DETENTION CENTER

Every Week	6:00 p.m. to 7:00 p.m. Jehovah's Witness
2 <sup>nd</sup> and 4 <sup>th</sup> Week	12:30 p.m. to 1:30 p.m. Jewish Services (males)
2 <sup>nd</sup> and 4 <sup>th</sup> Week	6:00 p.m. to 7:00 p.m. Jewish Services (females)
Every Week	7:00 p.m. to 8:00 p.m. non-denominational (females)
Every Week	10:00 a.m.- 11:00 a.m. Hebrew Israelites (Males)
Every Week	1:00 p.m. to 2:00 p.m. Muslim Prayer (Males)
Every Week	6:00 p.m. to 7:00 p.m. Muslim Prayer (Females)



Chaplains approve religious diets with change of religion as often as the detainee or inmate requests them. Auditors confirmed that Ramadan Diets are served at appropriate times, which occurred recently.

**Offender Work Programs:**

All able-bodied county sentenced inmates are required to work and may be assigned to the work program. Detainees are not allowed to perform jobs and are only required to clean their cells and common spaces. Job assignment is based upon medical and security clearance, as well as job availability.

Work Assignments were documented as of October 11, 2023, as follows:

	<u>Main Detention Center</u>	<u>West Detention Center</u>
Kitchen: A.M.	13	12
P. M.	12	12
Laundry	10	7
Sewing and Repair		1
Programs	1	
Sanitation	4	2
Quartermaster	1	1
Infirmary	2	
Main Detention Center only		West Detention Center only
Floors	5	A Pod 2
South Tower	4	B Pod 1
Intake	3	
West 5 and 6	5	
South 12 Floors	3	

Trustees benefit from special housing and most receive gain time. They were pleased to work; detainees complained that they really wanted to work but were not allowed to volunteer. They stated it really helps time pass more quickly and gets them out of their housing area.

**Academic and Vocational Education:**

The Sheriff’s Office partners with the Palm Beach County School District to provide year-round education to juvenile inmates. The School District Staff includes a Principal, Assistant Principal, and five full-time teachers: Exceptional Student Teacher, Social Studies Teacher, Language Arts Teacher, Science Teacher, and Math Teacher.

Youth offenders who are housed in the Main Detention Center are required to attend school five days per week, and an example of the typical schedule, posted in the youthful offender dormitory, is depicted below. Auditors toured at 8:00 a.m. and observed detainees leaving their cells for class in the incorporated classroom below.

As two teachers began instruction the auditor was introduced and spoke with several of the students. They quickly pointed out that this was not a GED class; they were all there to obtain their High School Diploma, and multiple students were close to completion. One of the positive aspects of this audit was the high percentage of youthful offenders who complete their high school diplomas while at this facility which staff estimated at nine high school diplomas and five GED graduations per year. In addition, one inmate is currently enrolled in a college curriculum.



**INMATE PROGRAMS**  
 Juvenile Program Schedule  
 512A & 512B (Male), & W2M (Female)

DAY	TIME	PROGRAM NAME	LOCATION
Monday	8:00 am - 2:00 pm	Juvenile Education	512A & 512B Classrooms
	2:15 pm - 4:15 pm	Aggression Replacement Training	512A
	4:30 pm - 5:30 pm	Choice to Charge (C3) (Female)	W2M
Tuesday	8:00 am - 2:00 pm	Juvenile Education	512A & 512B Classrooms
	2:15 pm - 4:15 pm	Task Force	512A & W2M
	7:00 pm - 8:00 pm	Custody Service	512A
Wednesday	8:00 am - 2:00 pm	Juvenile Education	512A & 512B Classrooms
	2:15 pm - 4:15 pm	Aggression Replacement Training	512A
	4:30 pm - 5:30 pm	Non-Compliance & Strategy	512A
Thursday	8:00 am - 2:00 pm	Juvenile Education	512A & 512B Classrooms
	8:00 am - 2:00 pm	Juvenile Education	512A & 512B Classrooms
Friday	8:00 am - 2:00 pm	Juvenile Education	512A & 512B Classrooms
	2:15 pm - 4:15 pm	Aggression Replacement Training	512A
	4:30 pm - 5:30 pm	Choice to Charge (C3) (Female)	W2M
Saturday	8:00 am - 10:00 am	Recreational/Personal Activities	512A
	10:00 am - 12:00 pm	Recreational/Personal Activities	512A

Classroom activities are subject to change without notice. Inmate request for program access is required. Inmate request for program access is required. Inmate request for program access is required.

**Social Services:**

The Palm Beach County Sheriff's Office has a dedicated area in the Detention Center for programs such as Self Help Groups , Substance Abuse Education, Another Way Program, Medicated Assistance Program, Voter's Program and their newest program Paws and Stripes South Dog Vocational Program (New Therapy K9) The therapy K9 is used to give care, compassion and love to someone in distress, typically a victim or a witness who suffered a traumatic experience. The therapeutic program is being used to treat substance use disorders and other life problems.

The Drug and Alcohol Treatment Program Team includes a Unit Manager, Program Coordinator, and Clerical Specialist. Services are access through Inmate request and include the following:

**Medicated Assistance Program – MAPS (Therapeutic Community Program)**

A 12-week program at the West Detention Center. Available to any inmate struggling with a substance use disorder. The program provides medication services to support the recovery. In addition, the inmate will receive long-term transitional treatment after completing the 12-week program. Services are accessed through Inmate Request.

The clinical team is The Recovery Research Network/TRNN. Staff includes a TRNN Program Director, Therapist/Program Manager, two other therapists, intern, **Rebel Recovery** Chief Programs Officer, Program Manager and three Peer

Specialists. Clinical Social Workers lead live and group therapy and tele-counseling services. Participants had access to certified peer specialists to help guide transitioned to general population with an individualized plan for continued telehealth and medical services. Upon release, there is also an individualized plan for continued treatment in the community.

There are limited program slots: sixty-four for males and twenty-four for females. The program for males located in E-3; for females it is in the female dorm.

**Staying on Track Another Way Program:** The Another Way Drug Education Program provides a structured, positive environment focused on providing the education and direction for inmates to transition from substance abuse to drug-free, productive members of society. The staff includes a supervisor and two facilitators.

**The Staying on Track Aftercare Program** provides the Another Way program graduates with relapse prevention services. Every inmate who successfully completes the ANOTHER WAY Program will be enrolled in the Staying on Track Aftercare Program.

**Alcoholics Anonymous (AA) and Narcotics Anonymous (NA)** groups are available to male and female inmates. These meetings occur twice a month and are facilitated by community volunteers. Through the reading library, inmates can also access self-help books to aid their recovery.

**Voter's Program:** Inmates can request absentee ballots and voter registration forms.

throughout the year. Flyers are posted in the dorms. Inmates may register to vote at any time.

**Paw and Stripes South Dog Vocational Program:** Corrections Contract Compliance (Reentry Unit), Law Enforcement Therapy Dog Unit, and Big Dog Ranch Rescue will collaborate to implement a 12-week vocational training certification program. The program will run 3 to 4 days per week, with 6 to 8 hours of daily work. A "rolling start" for inmates is available and will not hinder the training of the inmates or dogs. The program teaches inmates the necessary skills to provide training to shelter dogs, which enables them to certify with the title and become Law Enforcement Therapy Dogs. Additionally, there will be a positive impact on the inmates, aiding them to grow social skills and a sense of self-gain to assist them in integrating back into society. The program will teach the inmates marketable skills that make them more employable and reduce recidivism.

Additionally, **Aggression Replacement Training** is provided for juvenile males from 2:15 p.m. to 4:15 p.m. on Mondays and Wednesdays.

The number and extent of programs in a detention center/jail where inmates/detainees typically have a short stay, PBSO Main and West Detention Centers are to be commended.

**Visitation:**

Only video visitation is provided in both facilities. Inmates are limited to receiving visits from those individuals—friends and family—whom they request and must submit their names for approval and addition to the Authorized Visitation List. All visitors are required to register either online or on a kiosk at the Central Video Visitation Center. Each visitor registers with a government issued picture ID. Visitors must follow the instructions of PBSO staff, or the visit will be terminated. Any violations of the rules will result in the termination of the visit and may result in the visitor being permanently barred from visiting. Special visits may be approved but are also through video visitation. Video visitation stations were viewed accessible to detainees and inmates including twelve stations in the restrictive housing unit adjacent to the control center.

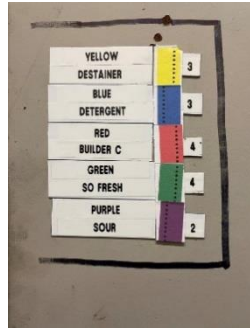
Attorneys may visit in person but must preschedule for prior approval. Such visits are conducted in designated areas near intake and allow for contact.

**Library Services:**

Books and library materials are provided through book carts in both facilities. The reading library includes 5,000 plus books and operates Monday to Friday 8:00 a.m. to 4:30 p.m. excluding holidays. The Master Program Schedule for Main Detention Center has the Mobile Book Cart scheduled for the 1<sup>st</sup> and 2<sup>nd</sup> Tuesday of the month. It also lists a Book Club on Tuesdays for juveniles from 2:10-2:55 p.m. In the West Detention Center, the Program Schedule indicates it rotates from 12-3 p.m. the second week of the month. Two book carts deliver books to both facilities, which upon request, includes self-help books. The selection changes weekly and detainees/inmates may request specific books. Carts were observed throughout housing locations as well as in restrictive housing.

The law library contains basic reference material and utilizes West Law Database to assist detainees/inmates who must request it by kiosk or if in restrictive housing by handwritten requests for assistance which are distributed and collected by housing deputies. There are no legal assistants utilized. The electronic law library is open from 8:00 a.m. to 4:30 p.m. Monday through Friday.

## Laundry:



Each facility operates full laundry services overseen by a Laundry Manager who supervises staffs in the Main and West Detention Facilities. His leadership of his “laundry team was evident. He praised his laundry team in both facilities; both were very well organized, clean, smooth operations. The left diagram is an example of the chemical inventory he devised.

The MCD laundry includes six staff and ten inmate workers. It contains four washers and three dryers (one for repair) which are large capacity. These include a 125-pound washer, an 80-pound washer, a 400-pound dryer, a 200-pound dryer and one 125 capacities, and three 80-pound capacity dryers. The schedule is 6:00 a .m.to y2:30 p.m. The WDC laundry is smaller and includes two staff and seven inmate workers. There are five washers: one four-hundred-pound washer, one three hundred-fifty-pound washer, two two-hundred-pound washers and two sixty-pound washers. The four dryers included three two-hundred-pound dryers and one one-hundred-pound dryer. The organization and management of the laundry was excellent.

There is a weekly exchange of inmate/detainee clothing and linens. During the tours and inspections, all clothing and bedding were in decent shape. Ample supplies of inmate clothing and bedding were also viewed in both quartermasters’ sections in the Main and West Detention Centers.

## F. Examination of Records

Following the facility tour, the team proceeded to the (MDC – Classroom E) to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

### 1. Litigation

The PBSO Detention facility administrative staff indicated there have not been any consent decrees, class action lawsuits or adverse judgments during this three-year audit cycle.

### 2. Significant Incidents/Outcome Measures

Significant Incident Measures and Outcome Measures were reviewed on October 12, 2023, with key security and health care audit staff present. Despite the large volume of intakes- 13,000 to 22,000 inmates/detainees per year- some of the statistics seemed high. After this discussion, they interpret the definitions liberally in some categories resulting in higher numbers. Some statistics were revised; fires were reduced to two, as they did not meet the definition/ damage. Disturbances are still higher than the intended measure since cells or small areas were included such

as cell extractions. The counting of disturbances which do not impact major portions of the facility and/or require extraordinary measures, should be revised for ACA significant incident reports, which may be different than other measures used by the facility. Nevertheless, the overall statistics document the effective security operations that were viewed throughout the audit.

One fire occurred in each of the two facilities in 2021 and 2022, but both were minimal and extinguished quickly without Fire Department assistance, reflective of adherence to Fire and Safety protocol. Two suicides occurred prior to the rating period, and one occurred after the report but prior to the audit. Two of these were detainees who had not disclosed any concerns; the third had been held in observation due to opiate detoxification and released based on medical judgment. One suicide by hanging occurred in a general population shower. During the tour, deputies demonstrated their cut down knives which they carry throughout both facilities to reduce response time and save lives. Despite the unfortunate loss of life, admissions include many detainees who are opiate addicted and have mental health concerns that are not disclosed or identified.

Outcome Measures were reviewed by the Chairperson and Healthcare auditor and found to be consistent with the population demographics and mission of the two facilities. Contraband is not typically found at intake as PBSO requires a full search in the sallyport as well as accounting of all property with documentation prior to entry into the secure area. The number of incidents of staff acting in violation of policy (7C-1) divided by total staff which equated to 20-22% each year, was later discussed. Upon consulting with Internal Affairs, they reported the figures are accurate and encompass a broad spectrum of violations, ranging from minor infractions, such as the use of profanity to more serious cases involving the Use of Force. The audit team notes that the count is of incidents and as some may be committed by the same officers do not necessarily represent that percentage of staff. The statistics on improper use of force (found) were one per year. Use of Force statistics were extremely low (2B-3). It was suggested that they prepare to discuss the ratio and types of major versus minor violations prior to the panel hearing in case it is questioned.

Consistent with ALDF #4-1A-08, there is annual review of injuries in both facilities with analysis, graphs, and corrective action plans. In 2021, the Corrective Action plan called for attention to placement in lower bunks for inmates with a risk of falls. In the 2022 report, it was pointed out that as more MDC inmates are being transferred to WDC due to space and staffing shortages, there has been an increase in fights (increasing assaults in significant incident measures) and self-inflicted injuries in WDC. The Corrective Plan in 2022 was to increase camera installation and enhanced surveillance in 2023.

In response to this analysis, inmates with significant injuries have been re-educated on the importance of recreational safety, fall precaution guidelines, suicide prevention, and sexual assault/PREA standards. They plan for personal electronic

tablets for inmate population soon. Tablets will be preloaded with educational materials, books, educational videos, and games. Inmates will be able to send emails and make monitored phone calls, which changes are being implemented across both facilities.

As detainees are not allowed to work due to court decisions, those who exceed the normal short stay would benefit from the positive engagement which tablets could provide. This could also reduce suicide attempts and assaults. The PBCSO Detention Center staff have meaningful policy and practice to target areas of concern and for continuous improvement, which is a positive finding.

#### Departmental Visits

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

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Security	Major Darlyn Morris, Chief of Security
Operations	Major Michael Devoter Chief of Operations
Life Safety	Sergeant Michael Altemari, Standards and Staff Development
SIS and Outcome Measures:	Major Darlyn Morris, Chief of Security Captain Meredith Scott, Standards and Staff Development
Healthcare	Joy Ozellie, Medical Inspector, Standards Barry Bailey, Registered Nurse, Lyndsey Silva, Mental Health Tech, Pharmacy, Chadis Morcos, Wellpath M.D., West Infirmary, Moses Johnson, Oral Surgeon, Medical-Dental, Annesha Bruny  Registered Nurse, Medical Walk-In Clinic, Kathryn Cameron, Infection Control Nurse, Medical, Ruth Osborne, Medical Health Counselor, Mental Health Counselor, Mental Health, Pateshia Vickers, Registered Nurse
Canine Program	Deputy Gillis, CERT Team Member and Handler

All interviews were impressive in their details and honest descriptions. They related challenges and efforts to remediate concerns. These positive impressions were confirmed as auditors observed their positive interactions with staff and inmates.

4. Shifts

a. Day Shift: 8:00 a.m. to 4:00 p.m.

The entire team was present at both facilities during this shift: the West Detention Center from approximately 1:00 p.m. to 4:00 p.m.; at the Main Detention Center on October 11 from 8:00 a.m. to 12:30 p.m.; on October 12 at the Main Detention Center from 8:00 a.m. to 4:00 p.m. and on October 13, 2023, from 8:30 a.m. to 11:00 a.m.

The entire team was present at both facilities during this shift: the West Detention Center from approximately 1:00 p.m. to 4:00 p.m.; at the Main Detention Center on October 11 from 8:00 a.m. to 12:30 p.m.; on October 12 at the Main Detention Center from 8:00 a.m. to 4:00 p.m. and on October 13, 2023, from 8:30 a.m. to 11:00 a.m.

Both tours took place during this shift and staff in every department was extremely well prepared to fully review their operations and individual roles. They were also observed working throughout the facility demonstrating competence, professionalism, teamwork, and pride in their facility and satisfactory performance of duties.

Captain Meredith Scott is to be commended for the excellent preparation that enabled the team to visit two fully standalone facilities- their entire operations, including security, medical/healthcare, kitchens, laundries, quartermasters, intake, discharge, and programming- on such a tight schedule.

b. Evening Shift: 4:00 p.m. to 12:00 p.m.

The team was present at the facility during the evening shift at both facilities; West Detention Center on 10/11/23 and Main Detention Center on 10/12/23. The tour of the West Detention Center concluded at approximately 6:00 p.m.; and auditing at the Main Detention Center, at 7:30 p.m. An auditor also participated in the shift change mandatory briefing at 3:45 p.m. to 4:00 p.m. with oncoming security staff and ranking officers. A review of data and concerns was provided, overtime discussed, and sergeants discussed previous shift issues; training was conducted; and all command were able to speak on concerns.

The Chairperson visited the Restrictive Housing Unit during this shift and interviewed exiting/ oncoming staff regarding protocol and emergency procedures. Two of the officers were working double shifts. They responded comfortably to questioning including rotation of staff, initial and ongoing training, use of force/ intermediate weapons policy and practice including the demonstration of cut down knives they carry, promotional access,



quality of life issues for staff, video visitation, detainee/inmate recreation, overtime, and support from fellow and ranking staff. They were well-trained, enjoyed their careers at the facility, and felt safe and supported in their roles.

c. Night Shift: 12:00 p.m. to 8:00 a.m.

The team was present at the facility from 8:00 a.m. through 8:45 a.m. as some of the night officers worked a double shift. The Chairperson visited the Youthful Offender Dormitory and interviewed youth in their cells, and as they proceeded and participated in the daily school program. Officers related their training in managing this youthful population which is taught as included in the FDLE Florida Department of Law Enforcement Training curriculum. They related that only experienced officers work in this unit, and they are selected based on appropriate experience and interest in working with this population. They clearly enjoyed the challenge and engagement of this housing and program unit. The restrictive housing unit was also visited to speak with officers in Main Detention Center. As were the officers in the Youthful Offender Dormitory, well trained, professional, comfortable in discharge of their duties, and communicative regarding their roles and responsibilities.

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

The team reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found the following:

Standard #4- ALDF 1A-17 was the only non-compliant standard which continues to be non-compliant as described below.

**G. Interviews**

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

1. Offender Interviews

Thirty-four inmates/detainees were interviewed from Main and West Detention Centers in general population housing, programs/classrooms, administration, laundry, kitchen, youthful offender dormitory and female housing. The basic question, "Do you feel safe here?" was immediately responded to in the affirmative; further, they stated that staff would help them if needed. They stated they were typically treated with respect. Food was good; better than in other facilities if they were previously in custody. Some detainees wished they could volunteer for jobs to help pass the time and give them time out of their housing area. They all stated medical and dental care were available and

“good.” Religious programming was available, and they could see a Chaplain if it were requested. Some inmates/detainees recommended more programming at Main Detention Center. These interviews indicated a decent quality of life for inmates and detainees at both facilities.

## 2. Staff Interviews

Forty-seven staff and contractors from Main and West Detention Centers were interviewed from all areas of operation. They similarly reported feeling safe and also supported by fellow and ranking staff. Training was felt to be very adequate to perform their duties. The teamwork that was observed was particularly impressive. They were comfortable in discharging their duties. Discussion regarding sexual harassment indicated it is not tolerated.

Diversity was also observed from top rank to line staff, in sex, race, and ethnicity. Promotions were based on being openly announced and available to anyone meeting the qualifications. The final selection was thought to be about performance and qualifications and fair. Although overtime is required; multiple officers were working double shifts during the audit, there were no complaints and many officers volunteer to earn the time and a half pay. There is a fitness club they and their family members can visit for free. The cafeterias were relaxing with comfortable places to enjoy a meal or company.

The overall quality of life was particularly good for staff and contractors.

## H. Exit Meeting

The exit meeting was conducted at 11:30 a.m. in the administrative conference room with Colonel Alfonzo Starling presiding. Twenty-three staff members and contractors attended as well as twelve staff/contractors by zoom. In addition, Captain R. Tutko, PBSO Court Security also attended and represented the Sheriff’s Office.

The Chairperson thanked the entire staff for their openness and cooperation throughout the audit and in both facilities. She recognized Captain Meredith Scott whose preparation of the staff and easy to audit files in Power DMS made it possible to comprehensively audit two standalone facilities an hour apart in two ½ days. The ACA team members were all excellent and deserve commendation. She also thanked the administration for their engagement during the audit, as they remained with the team day and night to tour, answer questions, and provide perspective.

The healthcare auditor praised the medical, dental, and mental health care she audited in both facilities. There were no complaints in this regard. The third auditor also complimented programming and the various areas of focus in both facilities. She interviewed training staff and program staff as well as security and found them dedicated to satisfactory performance of their duties.

The chairperson related her review of Administration, Legal, Security, Environment and Safety, including key control, tool control, and found all of the areas in both facilities very professionally managed. Staff-contractors included- were proud of their areas of responsibility and were impressive in their presentations during the tours in both facilities. The food was good, so “Kudos” to Trinity, as inmates and detainees stated, and as tasted by auditors. She only regretted not having more to witness their excellent programs which are as varied or in depth in many detention centers, where population typically spends little time prior to release. However, her time in the youthful offender dormitory and observing their high school class was impressive. The local school district is valuable to this effort; so, thanks to them also.

Inmate, detainee, staff, and contractor interviews were conducted throughout the three days in both facilities and in all areas of operation. They all related feeling safe and supported. Operations are smooth and effective reflective of positive leadership which she observed from the communicative management team. Excellent job!

The findings of the team were reviewed with a reminder that these are the recommendations of the visiting team as the eyes and ears of the Commission on Accreditation. The final decision on each standard and the score as well as the decision on reaccreditation is accomplished by the Commission with the benefit of a detailed Visiting Committee Report at the panel hearing which is in January.

The findings were stated to be:

Out of sixty mandatory standards, all sixty were applicable and all sixty were found to be compliant for 100%. Out of 323 non mandatory standards, eleven standards were not applicable, and of the remaining 312, only one was found non-compliant. This standard related to the size of the transparent glazing in the dayrooms of an older part of the facility. There was applause and the Chairperson asked that the persons present thank every individual in both facilities who were not there to hear the results.

The chairperson explained the procedures that would follow the audit. She expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for their many impressive accomplishments. As stated by Colonel Starling, they should strive toward even further professionalism within the correctional field. Colonel Starling, Major Michael Devoter, the Detention Center Command Staff and Captain Meredith Scott thanked and praised their staffs for the results that they accomplished together. The exit interview concluded at approximately 12:30 p.m.

AMERICAN CORRECTIONAL ASSOCIATION  
AND THE  
COMMISSION ON ACCREDITATION FOR CORRECTIONS

**COMPLIANCE TALLY**

<b>Manual Type</b>	Adult Local Detention Facilities, 4 <sup>th</sup> Edition	
<b>Supplement</b>	2016 Standards Supplement	
<b>Facility/Program</b>	Palm Beach County Sheriff's Office Main Detention Center & West Detention Center	
<b>Audit Dates</b>	October 11 – 13, 2023	
<b>Auditor(s)</b>	Susan Lindsey, Chairperson, Natasha Reese, Member, and Tara Taylor, Member/Healthcare	
	<b>MANDATORY</b>	<b>NON-MANDATORY</b>
Number of Standards in Manual	60	323
Number Not Applicable	0	11
Number Applicable	60	312
Number Non-Compliance	0	1
Number in Compliance	60	311
Percentage (%) of Compliance	100%	99.7%
<ul style="list-style-type: none"> <li>• Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable</li> <li>• Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance</li> <li>• Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance</li> </ul>		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Main and West Detention Centers  
West Palm Beach, Florida

October 11-13, 2023

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliant

**Standard #4-ALDF-1A-17**

EACH DAYROOM PROVIDES A MINIMUM OF 12 FEET SQUARE FEET OF TRANSPARENT GLAZING WITH A VIEW TO THE OUTSIDE, PLUS TWO ADDITIONAL SQUARE FEET OF GLAZING PER INMATE WHOSE ROOM/CELL DOES NOT CONTAIN AN OPENING OR WINDOW WITH A VIEW TO THE OUTSIDE.

FINDINGS:

Transparent glazing in the East and West Tower is only eight square feet.

AGENCY RESPONSE:

Waiver Request

The facility was built prior to publication of this standard. Although these areas have only eight feet of transparent glazing rather than twelve, there are no negative effects regarding the use, or adequate lighting of the dayrooms. Correcting this deficiency would require massive outlay of funds and engineering costs and is just not feasible.

AUDITOR RESPONSE

The visiting team concurs with the above rationale for receiving a waiver, which was previously granted. Despite interviews with detainees and inmates throughout the audit, there were no complaints voiced in this regard. As indicated in the Environment section of this report, lighting was tested and found to meet ACA standards in all locations.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Palm Beach County Sheriff's Office  
Main and West Detention Centers  
West Palm Beach, Florida

October 11-13, 2023

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

**Standard #4-ALDF 4A-14**

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

FINDINGS:

Palm Beach Sheriff's Office does not grow its own food.

**Standard #4-ALDF 4D-04**

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

FINDINGS:

PBSO facilities have 24 hour a day medical staffing coverage.

**Standard #4-ALDF 4D-11**

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

- PEER SUPPORT AND EDUCATION
- HOSPICE ACTIVITIES
- ASSISTING IMPAIRED INMATES ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING • SERVING AS A SUICIDE COMPANION IF

QUALIFIED AND TRAINED THROUGH A FORMAL PROGRAM THAT IS PART OF A SUICIDE PREVENTION PLAN

- HANDLING DENTAL INSTRUMENTS FOR THE PURPOSE OF SANITIZING AND CLEANING, WHEN DIRECTLY SUPERVISED AND IN COMPLIANCE WITH APPLICABLE TOOL CONTROL POLICIES, WHILE IN A DENTAL ASSISTANTS TRAINING PROGRAM CERTIFIED BY THE STATE DEPARTMENT OF EDUCATION OR OTHER COMPARABLE APPROPRIATE AUTHORITY INMATES ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:
  - PERFORMING DIRECT PATIENT CARE SERVICES
  - SCHEDULING HEALTH CARE APPOINTMENTS
  - DETERMINING ACCESS OF OTHER INMATES TO HEALTH CARE SERVICES
  - HANDLING OR HAVING ACCESS TO SURGICAL INSTRUMENTS, SYRINGES, NEEDLES, MEDICATIONS, OR HEALTH RECORDS
  - OPERATING DIAGNOSTIC OR THERAPEUTIC EQUIPMENT EXCEPT UNDER DIRECT SUPERVISION, BY SPECIALLY TRAINED STAFF, IN A VOCATIONAL TRAINING PROGRAM

FINDINGS:

PBSO inmates are not utilized in any of the listed capacities.

**Standard #4-ALDF-5B-14**

WHEN THE FACILITY IS DESIGNATED TO OPERATE ANY TYPE OF PRETRIAL INTERVENTION SERVICE OR OTHER RELEASE PROGRAMS, ITS AUTHORITY AND RESPONSIBILITY ARE STATED BY STATUTE OR ADMINISTRATIVE REGULATION.

FINDINGS:

Palm Beach County Sheriff's Office does not operate any type of pretrial intervention service or programs.

**Standard #4-ALDF-5B-15**

WHEN A PRETRIAL INTERVENTION PROGRAM, DIVERSION PROGRAM, PRETRIAL RELEASE PROGRAM, OR SUPERVISED RELEASE PROGRAM IS CONDUCTED IN THE FACILITY, SUFFICIENT STAFF, SPACE, AND EQUIPMENT ARE PROVIDED TO SERVICE THE PROGRAM.

FINDINGS:

Palm Beach County Sheriff's Office does not operate any type of pretrial intervention service or programs.

**Standard #4-ALDF-5B-17**

WHERE WORK RELEASE AND/OR EDUCATIONAL RELEASE ARE AUTHORIZED, THE FACILITY ADMINISTRATOR HAS AUTHORITY TO APPROVE OR DISAPPROVE PARTICIPATION FOR EACH INMATE.

FINDINGS:

Palm Beach County Sheriff's Office no longer offers work release or educational release programs.

**Standard #4-ALDF-5C-13**

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

FINDINGS:

Palm Beach County Sheriff's Office does not operate industrial programs.

**Standard #4-ALDF-5C-14**

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

FINDINGS:

Palm Beach County Sheriff's Office does not operate industrial programs.

**Standard #4-ALDF-5C-15**

THERE IS A COMPREHENSIVE QUALITY CONTROL PROCESS.

FINDINGS:

Palm Beach County Sheriff's Office does not operate industrial programs.

**Standard #4-ALDF-5C-16**

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



FINDINGS:

Palm Beach County Sheriff's Office does not operate industrial programs.

**Standard #4-ALDF-7F-07**

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTION, TRAINING, STAFF SUPERVISION, FACILITY ORIENTATION, AND A DEFINITION OF TASKS, RESPONSIBILITIES AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING. VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

Palm Beach Sheriff's Office does not utilize volunteers in the delivery of healthcare.

## SIGNIFICANT INCIDENT SUMMARY

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

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

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

**Facility Name: Main Det Ctr and West Det Ctr Reporting Period: Nov '22 - Oct '23**

Incident Type	Months	Reporting Period												Total for Reporting Period
		Nov.	Dec	Jan.	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		3	3	5	1	1	5	2	0	1	3	5	/	29
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender / Offender	5	2	5	1	7	4	5	5	2	5	3	/	44
	Offender / Staff	0	1	2	2	1	0	0	1	0	1	0	/	8
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with a Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*														

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

Name of Facility: Palm Beach County Sheriff's Office Detention Facilities 2022  
 Number of Months Data Collected 12 months.

	2022	<b>ALDF Outcome Measure Worksheet</b>		
<b>1A</b>	<b>Outcome Measure</b>	<b>Numerator/Denominator</b>	<b>Value</b>	<b>Calculated O.M</b>
		<b>The community, staff, contractors, volunteers, and inmates are protected from injury and illness caused by the physical environment.</b>		
	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months.	<b>25</b>	
	divided by	Average number of Full-Time Equivalent (FTE) staff positions in the past 12 months.	<b>1122</b>	0.022
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	<b>2</b>	
	divided by	Average daily population in the past 12 months.	<b>1866</b>	0.001
	(3)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	<b>2</b>	
	divided by	The number of admissions in the past 12 months.	<b>22690</b>	0.001
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(5)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	<b>0</b>	
	divided by	The number of admissions in the past 12 months.	<b>22690</b>	0
	(6)	Number of sanitation or health code violations identified by external agencies in the past 12 months.	<b>4</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.002
	(7)	Number of health code violations corrected in the past 12 months.	<b>4</b>	

	divided by	The number of health code violations identified in the past 12 months.	<b>4</b>	1
	(8)	Number of inmate grievances related to safety or sanitation found in favor of inmates in the past 12 months.	<b>6</b>	
	divided by	The number of inmate's grievances related to safety or sanitation in the past 12 months.	<b>51</b>	0.118
	(9)	Number of fire code violations corrected in the past 12 months.	<b>0</b>	

	divided by	The number of fire code violations cited by jurisdictional authority in the past 12 months.	0	0
	(10)	Number of inmate injuries resulting from fires requiring medical treatment in a 12-month period.	0	
	divided by	The average daily population in the past 12 months.	1866	0
	(11)	Number of inmate injuries (other than by fire) requiring medical treatment in the past 12 months.	112	
	divided by	The average daily population of inmates in the past 12 months.	1866	0.060
	(12)	Number of staff injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population of staff in the past 12 months.	1866	0
	(13)	Number of staff injuries (other than fire) requiring medical treatment in the past 12 months.	2	
	divided by	The average daily population of staff in the past 12 months.	1866	0.001
	(14)	Number of inmate lawsuits related to safety or sanitation found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to safety or sanitation in the past 12 months.	0	0
<b>1B</b>		<b>Vehicles are maintained and operated in a manner that prevents harm to the community, staff, contractors, volunteers, and inmates.</b>		
	(1)	Number of vehicle accidents resulting in property damage in the past 12 months.	15	
	divided by	The average daily population in the past 12 months.	1866	0.008
	(2)	Number of vehicle accidents resulting in injuries requiring medical treatment for any party in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	1866	0.001
	(3)	Amount dollar of damage from vehicle accidents in the past 12 months.	12564.82	
	divided by	The average daily population in the past 12 months.	1866	6.734
<b>1C</b>		<b>The number and severity of emergencies are minimized. When emergencies occur, the response minimizes the severity.</b>		
	(1)	Number of emergencies, caused by forces external to the facility, which result in property damage in the past 12.	0	

		months.		
	divided by	The number emergencies.	<b>0</b>	0
	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(3)	Number of times that normal facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the	<b>0</b>	

		facility in the past 12 months.		
	divided by	The number of emergencies caused by forces external to the facility.	<b>0</b>	0
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months.	<b>3</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.002
	(6)	Number of injuries requiring medical attention that resulted from emergencies that were not caused by forces external to the facility in the past 12 months.	<b>136</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.073
	(7)	Number of times that normal facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	<b>3</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.002
	(8)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	<b>2</b>	
	divided by	The number of emergencies.	<b>3</b>	0.667
	(9)	Number of injuries resulting from fires requiring medical treatment in the past 12 months.	<b>0</b>	
0	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(10)	Number of fires that resulted in property damage in the past 12 months.	<b>2</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.001
	(11)	Amount dollar of property damage from fire in the past 12 months.	<b>0</b>	
	Divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(12)	Number of code violations cited in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0

	by			
	(14)	Number of incidents of inventory discrepancies in the past 12 months.	<b>28</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.015



2A	Outcome Measure	Numerator/Denominator	Value	Calculated O.M
		<b>The community, staff, contractors, volunteers, and inmates are protected from harm. Events that pose risk of harm are prevented. The number and severity of events are minimized.</b>		
	(1)	Number of incidents involving harm in the past 12 months.	<b>137</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.073
	(2)	Number of incidents in the past 12 months involving harm.	<b>137</b>	
	divided by	The number of admissions in the past 12 months.	<b>22690</b>	0.006
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of incidents in the past 12 months.	<b>111</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.059
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	<b>111</b>	
	divided by	The number of admissions in the past 12 months.	<b>22960</b>	0.005
	(5)	Number of unauthorized inmate absences from the facility in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(6)	Number of instances of unauthorized access to the facility in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
<b>2B</b>		<b>Physical force is used only in instances of self-protection, protection of the inmate or others, prevention of property damage, or prevention of escape.</b>		
	(1)	Number of instances in which force was used in the past 12 months.	<b>365</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.196
	(2)	Number of instances in which force was used in the past 12 months.	<b>365</b>	
	divided by	The number of admissions in the past 12 months.	<b>22690</b>	0.016

	(3)	Number of times that staff use of force were found to have been inappropriate in the past 12 months.	<b>1</b>	
	divided by	The number of instances in which force was used.	<b>365</b>	0.003
	(4)	Number of inmate grievances filed alleging inappropriate use of force in the past 12 months.	<b>41</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.022
	(5)	Number of grievances alleging inappropriate use of force decided in favor of inmate in the past 12 months.	<b>0</b>	
	divided by	The number of grievances alleging inappropriate use of force filed.	<b>41</b>	0
	(6)	Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months.	<b>365</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.196

<b>2C</b>		<b>Contraband is minimized. It is detected when present in the facility.</b>		
	(1)	Number of incidents involving contraband in the past 12 months.	<b>175</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.094
	(2)	Number of incidents involving contraband in the past 12 months.	<b>175</b>	
	divided by	The number of admissions in the past 12 months.	<b>22690</b>	0.008
	(3)	Number of weapons found in the facility in the past 12 months.	<b>220</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.012
	(4)	Number of controlled substances found in the facility in the past 12 months.	<b>45</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.024
	(5)	Number of controlled substances found in the facility in the past 12 months.	<b>45</b>	
	divided by	The number of admissions in the past 12 months.	<b>22690</b>	0.002
<b>2D</b>		<b>Improper access to and use of keys, tools and utensils are minimized.</b>		
	(1)	Number of incidents involving keys in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(2)	Number of incidents involving tools in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(3)	Number of incidents involving culinary equipment in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(4)	Number of incidents involving medical equipment and sharps in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
<b>3A</b>		<b>Inmates comply with rules and regulations.</b>		
	(1)	Number of rule violations in the past 12 months.	<b>3369</b>	
	divided	The average daily population in the past 12 months.	<b>1866</b>	1.805

	by			
	(2)	Number of assaults—inmate against inmate, inmate against staff in the past 12 months.	<b>197</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.106
<b>4A</b>		<b>Food service provides a nutritionally balanced diet. Food service operations are hygienic and sanitary.</b>		
	(1)	Number of documented inmate illnesses attributed to foodservice operations in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(2)	Number of inmate grievances about food service decided in favor of the inmate the past 12 months.	<b>10</b>	
	divided by	The number of inmate grievances about food service in the past 12 months.	<b>125</b>	0.080
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months.	<b>2</b>	
		Divided by number of violations cited by independent authorities in the past 12 months.	<b>2</b>	1
<b>4B</b>		<b>Inmates maintain acceptable personal hygiene practices.</b>		

	(1)	Inmate grievances regarding inmate access to personal hygiene decided in favor of the inmate in the past 12 months.	<b>5</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.003
	(2)	Number of inmate illnesses attributed to poor hygiene practices in the past 12 months.	<b>80</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.043
	(3)	Number of inmates diagnosed with hygiene-related conditions (scabies, lice, or fungal infections) in the past 12 months.	<b>80</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.043
	(4)	Number of inmate grievances related to hygiene found infavor of the inmate in the past 12 months.	<b>5</b>	
	divided by	The number of inmate grievances related to hygiene in thepast 12 months.	<b>46</b>	0.109
	(5)	Number of inmate lawsuits related to hygiene found infavor of the inmate in the past 12 months.	<b>0</b>	
	divided by	The number of inmate lawsuits related to hygiene in thepast 12 months.	<b>0</b>	0
<b>4C</b>		<b>Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timelyand efficient manner.</b>		
	(1)	Number of inmates with a positive tuberculin skin test inthe past 12 months.	<b>42</b>	
	divided by	The number of admissions in the past 12 months.	<b>22960</b>	0.002
	(2)	Number of inmates diagnosed with active tuberculosis inthe past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(3)	Number of conversions to a positive tuberculin skin test inthe past 12 months.	<b>42</b>	
	divided by	The number of tuberculin skin tests given in the past 12months.	<b>4331</b>	0.010
	(4)	Number of inmates with a positive tuberculin skin test who completed prophylaxis treatment for tuberculosis in thepast 12 months.	<b>0</b>	
	divided by	The number of inmates with a positive tuberculin skin teston prophylaxis treatment for tuberculosis in the	<b>0</b>	0

		past 12 months.		
0	(5)	Number of Hepatitis C positive inmates in the past 12 months.	<b>649</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.348
	(6)	Number of HIV positive inmates in the past 12 months.	<b>714</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.383
	(7)	Number of HIV positive inmates who are being treated with highly active antiretroviral treatment in the past 12 months.	<b>236</b>	

	divided by	The number of known HIV positive inmates in the past 12 months.	<b>714</b>	0.331
(8)		Number of inmates' diagnosis with an Axis I (excluding sole diagnosis of substance abuse) in the past 12 months.	<b>8681</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	4.652
(9)		Number of inmate suicide attempts in the past 12 months.	<b>11</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.006
(10)		Number of inmate suicides in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
(11)		Number of inmate deaths due to homicide in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
(12)		Number of inmate deaths due to injuries in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
(13)		Number of medically expected inmate deaths in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
(14)		Number of medically unexpected inmate deaths in the past 12 months.	<b>2</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.001
(15)		Number of inmate admissions to the infirmary (where available) in the past 12 months.	<b>1683</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	1.009
(16)		Number of inmate admissions to off-site hospitals in the past 12 months.	<b>185</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.099
(17)		Number of inmates transported off-site (via an ambulance or correctional vehicle) for treatment of emergency health conditions in the past 12 months.	<b>470</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.252

	(18)	Number of inmate specialty consults completed in the past 12 months.	<b>731</b>	
	divided by	The number of specialty consults (on-site or off-site) ordered by primary health care provider (MD, NP, PA) in the past 12 months.	<b>971</b>	0.753
	(19)	Number of inmate grievances about access to health care services found in favor of the inmate in the past 12 months.	<b>69</b>	
	divided by	The number of inmate grievances about access to healthcare services in the past 12 months.	<b>180</b>	0.383
	(20)	Number of inmate grievances related to the quality of health care found in favor of inmates in the past 12 months.	<b>53</b>	
	divided by	The number of inmate grievances related to the quality of health care in the past 12 months.	<b>176</b>	0.301
	(21)	Number of inmates' lawsuits about access to healthcare services found in favor of inmates in the past 12 months.	<b>0</b>	



	divided by	The number of inmate's lawsuits about access to healthcare services in the past 12 months.	<b>0</b>	0
(22)		Number of individual sick call encounters in the past 12 months.	<b>11844</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	6.347
(23)		Number of physician visits contacts in the past 12 months.	<b>11296</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	6.054
(24)		Number of individualized dental treatment plans in the past 12 months.	<b>1882</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	1.009
(25)		Number of hypertensive inmates enrolled in a chronic care clinic in the past 12 months.	<b>1835</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.983
(26)		Number of diabetic inmates enrolled in a chronic care clinic in the past 12 months.	<b>411</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.220
(27)		Number of incidents involving pharmaceuticals as contraband in the past 12 months.	<b>29</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.016
(28)		Number of cardiac diets received by inmates with cardiac disease in the past 12 months.	<b>192675</b>	
	divided by	The number of cardiac diets prescribed in the past 12 months.	<b>1835</b>	105
(29)		Number of hypertensive diets received by inmates with hypertension in the past 12 months.	<b>0</b>	
	divided by	The number of hypertensive diets prescribed in the past 12 months.	<b>0</b>	0
(30)		Number of diabetic diets received by inmates with diabetes in the past 12 months.	<b>43155</b>	
	divided by	The number of diabetic diets prescribed in the past 12 months.	<b>411</b>	105
(31)		Number of renal diets received by inmates with renal disease in the past 12 months.	<b>2310</b>	
	divided by	The number of renal diets prescribed in the past 12 months.	<b>22</b>	105
(32)		Number of needle-stick injuries in the past 12 months.	<b>0</b>	
	divided by	The number of employees on average in the past 12 months.	<b>188</b>	0
(33)		Number of pharmacies dispensing errors in the past 12 months.	<b>0</b>	
	divided by	The number of prescriptions dispensed by the pharmacy in the past 12 months.	<b>19652</b>	0

	(34)	Number of nursing medication administration errors in the past 12 months.	<b>9</b>	
	divided by	The number of medications administered in the past 12 months.	<b>969314</b>	0.001

<b>4D</b>		<b>Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.</b>		
	(1)	Number of staff with lapsed licensure and/or certification in the past 12 months.	<b>0</b>	
	divided by	The number of licensed or certified staff in the past 12 months.	<b>177</b>	0
	(2)	Number of new employees in the past 12 months who completed orientation training prior to undertaking job assignments.	<b>99</b>	
	divided by	The number of new employees in the past 12 months.	<b>99</b>	1
	(3)	Number of employees completing in-service training requirements in the past 12 months.	<b>177</b>	
	divided by	The number of employees eligible in the past 12 months.	<b>177</b>	1
	(4)	Number of MD staff who left employment in the past 12 months.	<b>1</b>	
	divided by	The number of authorized MD staff positions in the past 12 months. 4,8	<b>5.8</b>	0.172
	(5)	Number of RN staff who left employment in the past 12 months.	<b>33</b>	
	divided by	The number of authorized RN staff positions in the past 12 months.	<b>39</b>	0.846
	(6)	Number of LPN staff who left employment in the past 12 months.	<b>27</b>	
	divided by	The number of authorized LPN staff positions in the past 12 months.	<b>31.5</b>	0.857
	(7)	Number of medical records staffs who left employment in the past 12 months.	<b>4</b>	
	divided by	The number of medical records staff positions in the past 12 months.	<b>7.2</b>	0.556
	(8)	Number of alleged sexual misconduct incidents between staff and detainees in the past 12 months.	<b>41</b>	
	divided by	Average daily population in the past 12 months.	<b>1866</b>	0.022
	(9)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months.	<b>1</b>	
	divided by	Average daily population in the past 12 months.	<b>1866</b>	0.001
	(10)	Number of confirmed sexual misconduct incidents between staff and detainees in the past 12 months.	<b>1</b>	

	divided by	Average daily population in the past 12 months.	<b>1866</b>	0.001
	(11)	Number of confirmed sexual misconduct incidents between volunteers and/or contact personnel and detainees in the past 12 months.	<b>1</b>	
	divided by	Average daily population in the past 12 months.	<b>1866</b>	0.001
	(12)	Number of detainees identified as high risk with a history of sexually assaultive behavior in the past 12 months.	<b>373</b>	
	divided by	Average daily population in the past 12 months.	<b>1866</b>	0.199
	(13)	Number of detainees identified as at risk for sexual victimization in the past 12 months.	<b>1508</b>	
	divided by	Average daily population in the past 12 months.	<b>1866</b>	0.808
<b>5A</b>		<b>Inmates have opportunities to improve themselves while confined.</b>		

	(1)	Number of inmates who passed GED exams while confined in the past 12 months.	<b>0</b>	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	<b>926</b>	0
	(2)	Total number of grade levels advanced by inmates in the past 12 months.	<b>41</b>	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	<b>926</b>	0.044
	(3)	Number of certificates of vocational competency awarded to inmates in the past 12 months.	<b>0</b>	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	<b>926</b>	0
<b>5B</b>		<b>Inmates maintain ties with their families and the community.</b>		
		NONE		
<b>5C</b>		<b>The negative impact of confinement is reduced.</b>		
		NONE		
<b>6A</b>		<b>Inmates' rights are not violated.</b>		
	(1)	Total number of inmate grievances in the past 12 months, regarding: (a) access to court; (b) mail or correspondence. (c) sexual harassment; (d) discipline; (e) discrimination; (f) protection from harm.	<b>231</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.124
	(2)	Number of inmate grievances (see [a] through [e] above) decided in favor of inmates in the past 12 months.	<b>23</b>	
	divided by	The total number of grievances filed in the past 12 months.	<b>2704</b>	0.009
	(3)	Total number of inmate court suits alleging violation of inmate rights filed against the facility in the past 12 months.	<b>7</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.004
	(4)	Number of inmate court suits alleging violation of inmate rights decided in favor of inmates in the past 12 months.	<b>0</b>	
	divided by	The total number of inmate suits filed in the past 12 months.	<b>7</b>	0
<b>6B</b>		<b>Inmates are treated fairly.</b>		
	(1)	Number of inmate grievances regarding discrimination in the past 12 months.	<b>3</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.002

	(2)	Number of inmate grievances regarding discrimination resolved in favor of inmates in the past 12 months.	<b>0</b>	
	divided by	The total number of inmate grievances filed regarding discrimination in the past 12 months.	<b>3</b>	0
	(3)	Number of grievances resolved in favor of inmates in the past 12 months.	<b>293</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.157
	(4)	Number of grievances resolved in favor of inmates in the past 12 months.	<b>293</b>	
	divided by	The total number of inmate grievances filed in the past 12 months.	<b>2704</b>	0.108
	(5)	Number of court malpractice or tort liability cases found in favor of the inmate in the past 12 months.	<b>0</b>	

	divided by	The number of court malpractice or tort liability cases in the past 12 months.	0	0
<b>6C</b>		<b>Alleged rule violations are handled in a manner that provides inmates with appropriate procedural safeguards.</b>		
	(1)	Number of disciplinary incidents resolved informally in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1866	0
	(2)	Number of formal inmate disciplinary decisions that were appealed in the past 12 months.	117	
	divided by	The total number of disciplinary decisions made in the past 12 months.	3369	0.035
	(3)	Number of appealed disciplinary decisions decided in favor of the inmate in the past 12 months.	3	
	divided by	The total number of disciplinary decisions made in the past 12 months.	3369	0.001
	(4)	Number of grievances filed by inmates challenging disciplinary procedures in the past 12 months.	130	
	divided by	The average daily population in the past 12 months.	1866	0.049
	(5)	Number of disciplinary-related grievances resolved in favor of the inmate in the past 12 months.	9	
	divided by	The total number of disciplinary-related grievances filed in the past 12 months.	130	0.069
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1866	0
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months.	0	
	divided by	The total number of court decisions regarding discipline decided in the past 12 months.	0	0
	(8)	Number of rule violations in the past 12 months.	3369	
	divided by	The average daily population in the past 12 months.	1866	1.805
	(9)	Number of inmates terminated from the facility due to rule violations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	1866	0
<b>6D</b>		<b>Inmates take responsibility for their actions.</b>		
	(1)	Number of inmates released in the past 12 months who made regular payments toward their restitution obligations.	#	

	divided by	The number of inmates who had restitution obligations in the past 12 months.	#	0
	(2)	Number of inmates who satisfy their court cost/fines obligations in the past 12 months.	#	
	divided by	The number of inmates who had court cost/fine obligations in the past 12 months.	#	0
	(3)	Total amount of restitution paid by inmates in the past 12 months.	#	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0
	(4)	Total number of hours of community service donated by inmates in the past 12 months.	<b>0</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0



	(5)	Total number of inmates who participated in restitution in the past 12 months.	#	
	divided by	The total number of inmates housed in the past 12 months.	25033	0
	(6)	Total number of inmates who participated in community service work in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	25033	0
	(7)	Total number of inmates who participated in victim awareness programs in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	25033	0
	(8)	Total amount of restitution paid by inmates in the past 12 months.	#	
	divided by	The total number of inmates housed in the past 12 months	25033	0
	(9)	Total number of hours delivered by inmates who participated in community service work in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	25033	0
<b>7A</b>		<b>The facility operates as a legal entity.</b>		
		NONE		
<b>7B</b>		<b>Staff, contractors, and volunteers demonstrate competency in their assigned duties.</b>		
	(1)	Total number of years of staff members' education as of the end of the last calendar year.	1277	
	divided by	The number of staff at the end of the last calendar year.	1122	1.138
	(2)	Number of staff who left employment for any reason in the past 12 months.	151	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	1122	0.135
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months.	10994	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	1122	9.799
	(4)	Number of professional development events attended by staff in the past 12 months.	41	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	1122	0.037
<b>7C</b>		<b>Staff, contractors, and volunteers are professional, ethical, and accountable.</b>		

	(1)	Number of incidents in which staff was found to have acted in violation of facility policy in the past 12 months.	<b>222</b>	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	<b>1122</b>	0.198
	(2)	Number of staff terminated for conduct violations in the past 12 months.	<b>2</b>	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	<b>1122</b>	0.002
	(3)	Number of inmate grievances attributed to improper staff conducts which were upheld in the past 12 months.	<b>1</b>	

	divided by	The number of inmate grievances alleging improper staff conduct filed in the past 12 months.	<b>109</b>	0.009
	(4)	Number of inmate grievances attributed to improper staff conduct which were upheld in the past 12 months.	<b>1</b>	
	divided by	The average daily population for the past 12 months.	<b>1866</b>	0.001
	(5)	Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.	<b>0</b>	
	divided by	The number of staff substance abuse tests administered in the past 12 months.	<b>80</b>	0
	(6)	Number of staff terminations for violation of drug-free work policy in the past 12 months.	<b>0</b>	
	divided by	The number of staff terminations in the past 12 months.	<b>2</b>	0
	(7)	The average number of physicians employed in the past 12 months.	<b>8</b>	
	divided by	The number of physician positions authorized in the past 12 months.	<b>5.8</b>	1.379
	(8)	The average number of nurses employed in the past 12 months.	<b>122</b>	
	divided by	The number of nurse positions authorized in the past 12 months.	<b>70.5</b>	1.730
	(9)	The average number of mid-level health care practitioners employed in the past 12 months.	<b>1</b>	
	divided by	The number of mid-level health care practitioner positions authorized in the past 12 months.	<b>4</b>	0.250
	(10)	The average number of ancillary health care staff employed in the past 12 months.	<b>47</b>	
	divided by	The number of ancillary health care staff positions authorized in the past 12 months.	<b>40.6</b>	1.158
<b>7D</b>		<b>The facility is administered efficiently and responsibly.</b>		
	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures).	<b>585044</b>	
	divided by	The budget for the past 12 months.	<b>149437281</b>	0.004
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit.	<b>0</b>	
		NONE		
	(3)	Number of grievances filed by inmates regarding their records or property in the past 12 months.	<b>114</b>	
	divided by	The average daily population in the past 12 months.	<b>1866</b>	0.061

	(4)	Number of inmate grievances (records/property) decided in favor of inmates in the past 12 months.	<b>10</b>	
	divided by	The total number of inmate grievances (records/property) in the past 12 months.	<b>114</b>	0.088
	(5)	Number of objectives achieved in the past 12 months.	<b>33</b>	
	divided by	The number of objectives for the past 12 months.	<b>61</b>	0.541
	(6)	Number of program changes made in the past 12 months.	<b>2</b>	
	divided by	The number of program changes recommended in the past 12 months.	<b>2</b>	1
	(7)	Number of problems identified by internal health care review that were corrected in the past 12 months.	<b>11</b>	
	divided by	The number of problems identified by internal health care review in the past 12 months.	<b>32</b>	0.344

<b>7E</b>		<b>Staff are treated fairly.</b>		
	(1)	Number of grievances filed by staff in the past 12 months.	<b>3</b>	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	<b>1122</b>	0.003
	(2)	Number of staff grievances decided in favor of staff in the past 12 months.	<b>0</b>	
	divided by	The total number of staff grievances in the past 12 months.	<b>3</b>	0
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year.	<b>5215</b>	
	divided by	The number of staff at the end of the last calendar year (e.g., average number of years' experience).	<b>1122</b>	4.648
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months.	<b>0</b>	
	divided by	The number of staff termination or demotion hearings requested in the past 12 months.	<b>1</b>	0
<b>7F</b>		<b>The facility is a responsible member of the community.</b>		
	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months.	<b>687</b>	
	divided by	The average daily population of inmates in the past 12 months.	<b>1866</b>	0.368
	(2)	Total number of individual community members who provided voluntary service in the past 12 months.	<b>70</b>	
	divided by	The average daily population of inmates in the past 12 months.	<b>1866</b>	0.038
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months.	<b>#</b>	
	divided by	The average daily population of inmates in the past 12 months.	<b>1866</b>	0
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months.	<b>#</b>	
	divided by	The average daily population of inmates in the past 12 months.	<b>1866</b>	0
	(5)	Total number of complaints from the community in the past 12 months.	<b>126</b>	
	divided by	The average daily population of inmates in the past 12 months.	<b>1866</b>	0.068
	(6)	Total number of hours of community service work delivered by inmates in the past 12 months.	<b>0</b>	
	divided by	The average daily population of inmates in the past 12 months.	<b>1866</b>	0

# = data not captured/maintained

# COMMISSION ON ACCREDITATION FOR CORRECTIONS

## PANEL ACTION REPORT

2024 Winter Conference  
Washington, D.C.  
Saturday, January 6, 2024

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Agency Name: Palm Beach County Sheriff's Office  
Facility Name: Main Detention Center & West Detention Center  
Facility Location: West Palm Beach, Florida

Agency Representative: Michael Devoter, Major  
Darlyn Morris, Major  
Meredith Scott, Captain  
Willie Morris, Lieutenant  
Charlene Forde, Sergeant  
Joy Ozelie, Inspector

Panel Member: Phil Nunes, Chairperson  
Christine Blessinger  
April Buckner  
Lori Ammons

Staff: Kim Wilson, Specialist

### **Panel Action**

Standards#4-ALDF-1A-17

### **Results**

Waiver Request granted.

### **Accreditation Panel Decision**

Moved: Commissioner Blessinger

Seconded: Commissioner Buckner

### **Accreditation Vote:**

#### **Yes**

#### **No**

Commissioner: Nunes	√
Commissioner: Blessinger	√
Commissioner: Buckner	√
Commissioner: Ammons	√

### **Final Tally**

Mandatory:	100%
Non-Mandatory:	99.8%