



SCDC POLICY/PROCEDURE

NUMBER: GA-06.01

TITLE: MANAGEMENT REVIEWS

ISSUE DATE: October 1, 2005

RESPONSIBLE AUTHORITY: DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS

OPERATIONS MANUAL: GENERAL ADMINISTRATION

SUPERSEDES: GA-06.01 (May 1, 2004)

RELEVANT SCDC FORMS/SUPPLIES:

ACA/CAC STANDARDS: 4-ACRS-7D-02, 4-4017

STATE/FEDERAL STATUTES: NONE

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PURPOSE: To establish guidelines for a Management Review Program which will provide for ongoing audits of institutional operations, programs, and activities.

POLICY STATEMENT: To ensure the optimal level of security, safety, efficiency, and accountability, the South Carolina Department of Corrections will develop and implement a comprehensive methodology for monitoring and evaluating all aspects of the operations, programs, and activities at each institution on a continuous basis. Weaknesses and deficiencies will be identified and corrected. Best practices will be scrutinized for potential replication at other facilities. Managers will be held responsible for carrying out the policies, procedures, and directives approved by the Agency Director, and for the supervision of all functional areas under their respective jurisdiction and authority.

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SPECIFIC PROCEDURES:

1. MANAGEMENT REVIEW PROCESS:

1.1 In order to most effectively utilize the various inspecting, auditing, and monitoring capabilities within the SCDC, a Management Review Program will serve as the focus and mechanism to provide a coordinated, intensive evaluation of all facets of operations, programs, and activities at each institution.

1.2 The Management Review Program will include all appropriate components of existing programs, processes, inspections, audits, and monitoring procedures within the SCDC. The Management Review Program will incorporate aspects of, among other things, the following:

- Accreditation Standards of the American Correctional Association;
- The Operational Review Process;
- Security Audits;
- Internal Audits;
- Environmental Health and Safety Inspections;
- Food Service Inspections;
- Canteen Audits;
- Program Services Evaluations;
- Health Services Audits; and
- Other Central Office Monitoring Functions.

1.3 When necessary, the Agency Director or a member of his staff may request that any one of the functional subject areas be inspected or audited independently of the Management Review Process (e.g., a Security Audit may be conducted at any time deemed necessary). When a functional subject area is to be audited or inspected, the appropriate members of the Agency Director's Staff will coordinate with each other and with those responsible for the selected area to ensure that the audit or inspection is scheduled to minimize disruption to the institutional operations. The appropriate checklists and other measurement instruments included in the Management Review Program will be used to accomplish the audit or inspection, and the team members will be selected and approved by the Agency Director's Staff.

1.4 A full scale on-site Management Review evaluation will be conducted initially at each SCDC institution according to a schedule developed by the Director of the Division of Compliance, Standards, and Inspections. Another full scale on-site Management Review evaluation will be conducted every third year thereafter. Annual evaluations on a more limited scale as determined by the Director of the Division of Compliance, Standards, and Inspections will occur during each of the two (2) remaining years of every cycle.

2. RESPONSIBILITIES:

2.1 The Director of the Division of Compliance, Standards, and Inspections is responsible for implementing, managing, and coordinating the Management Review Program. For the purposes of discharging this responsibility, he/she will have all necessary authority and support inherent in this policy /procedure and in the subsequent instructions, directives, and announcements issued by the Agency Director.

2.2 The Inspector General or designee is responsible for monitoring, facilitating, and verifying remedial actions required as the result of issues documented through the Management Review Program. As a member of the Agency Director's immediate staff, he/she will coordinate with all other members of that staff to ensure that they oversee the remedial actions needed within their respective chains of command.

2.3 Each SCDC Division Director will supply applicable information as required from his/her discipline to develop checklists and other measurement instruments included in the Management Review Program. Each Division Director and the qualified employees under his/her supervision will be available for, and will cooperate in, the assignments made by the Director of the Division of Compliance, Standards, and Inspections for conducting Management Reviews at SCDC institutions.

2.4 Each Warden will cooperate fully with employees who conduct Management Reviews at his/her institution. All deficiencies and weaknesses identified at his/her institution will be promptly and thoroughly addressed by the Warden, and remedial actions taken will be documented.

2.5 When requested by the Director of the Division of Compliance, Standards, and Inspections, each Warden and/or qualified employees under the Warden's supervision will be available for, and will cooperate with, occasional assignments to assist with Management Reviews being conducted at other institutions. Any such assignment that will take a Warden, Associate Warden, or Major (or Captain at those institutions without a Major) away from his/her own institution for more than one (1) full day must have the concurrence of the Director of the Division of Operations.

3. MANAGEMENT REVIEW TEAM COMPOSITION: The Director of the Division of Compliance, Standards, and Inspections will normally serve as the chairperson of the management review team. Team members will be selected by the chairperson. The audit team will consist of a cross section of staff from various divisions and/or other functional areas, selected employees from other institutions, and, when feasible, a volunteer who has experience in corrections.

4. MANAGEMENT REVIEW MANUAL:

4.1 A document known as the Management Review Manual will be developed under the coordination and supervision of the Director of the Division of Compliance, Standards, and Inspections. The manual will include all major functional subject areas which are directly or indirectly involved in the operation, administration, programming, and/or maintenance of correctional institutions. To the extent practical, the subject areas will be formatted within the context of SCDC organizational structure (i. e., by divisions or significant functional areas).

Program 1	Human Resources
Program 2	Budget and Finance
Program 3	Resource and Information Management
Program 4	Support Services
Program 5	Safety and Environmental Health
Program 6	Inmate Services
Program 7	Education
Program 8	Classification
Program 9	<i>Facilities Management</i>
Program 10	Investigations
Program 11	Staff Training
Program 12	Health Services
Program 13	Legal Access and Inmate Grievances
Program 14	Security
Program 15	Prison Industries
Program 16	Transportation
Program 17	Discipline/Operations
Program 18	Youthful Offender
ACA Standards	Accreditation

4.2 A checklist will be created for each functional subject area as a means of measuring whether there is compliance with policies, procedures, and expected practices. Each checklist should be clearly worded, easily understood, and thoroughly inclusive of the respective subject area. All checklists will be reviewed by the Director of the Division of Compliance, Standards, and Inspections and/or designee(s) for accuracy and consistency and, once approved, will be placed in the Management Review Manual for easy reference and use.

5. REPORT OF MANAGEMENT REVIEW FINDINGS:

5.1 An exit overview with the Warden and his/her immediate staff will be conducted by the review team after each full scale on-site Management Review evaluation. At this time, the team leaders will verbally report their ***preliminary*** findings and recommendations to the Warden and immediate staff. (NOTE: Recommendations will take into consideration the requirements for enhanced levels of security in special needs areas.)

5.2 Upon conclusion of the briefing, each team member will submit his/her ***documented*** observations/recommendations from the checklist to the team chairperson or designee. The chairperson will be responsible for compiling/maintaining completed checklists and for preparing a draft report of the audit team's findings and recommendations. All input for the consolidated report will be submitted to the

Director of the Division of Compliance, Standards, and Inspections within thirty (30) calendar days following the audit.

5.3 After an examination of the material submitted by each audit team participant, the Director of the Division of Compliance, Standards, and Inspections will organize and prepare an official management review report. The completed report will be forwarded within fifteen (15) working days by the Director of the Division of Compliance, Standards, and Inspections to the responsible Warden for review and information. The report will be considered as preliminary until the Warden has an opportunity to comment and discuss issues raised.

5.4 The Director of the Division of Compliance, Standards, and Inspections may forward copies of the preliminary report or portions of the preliminary report to the Agency Director and/or the Agency Director's immediate staff for information and to facilitate support to the Warden.

5.5 The Warden will, within thirty (30) calendar days of receipt of the audit report, submit a response outlining what has been done relative to the recommendations and with which recommendations, if any, the Warden does not concur and why. The Warden's response will be sent to the Director of the Division of Compliance, Standards, and Inspections. All non-concurrences with recommendations must also include an alternate course of action to rectify the specified situation. The Director of the Division of Compliance, Standards, and Inspections will review the Warden's response to determine whether all issues have been addressed and to evaluate any alternate courses of action proposed by the Warden.

5.6 The Inspector General or designee will forward a copy of the final report, including the Warden's response on the preliminary report, to the Agency Director and the Agency Director's immediate staff within ten (10) working days. From this point forward, the Inspector General or designee will serve as the chairperson of the follow-up and monitoring team to ensure communications and cooperation among all members of the Agency Director's immediate staff, and to marshal resources as needed to address all deficiencies beyond the Warden's authority and ability.

5.7 Within ninety (90) calendar days of the Warden's initial response, the Warden will submit a progress report on all the unresolved audit recommendations to the Director of the Division of Compliance, Standards, and Inspections, and the Warden will then provide a follow-up report every **90** days thereafter until all issues are resolved.

5.8 All management review reports, subsequent responses, and follow-up reports will be maintained on file at the institution in the Warden's office and in the Division of Compliance, Standards, and Inspections for at least three (3) years.

(NOTE: The Inspector General or designee will follow up on and monitor all unresolved recommendations and deficiencies through observations and documentation obtained during the annual evaluations in each of the two (2) remaining years of the cycle. These annual evaluations will usually occur during the anniversary month of the institution's original management review date. A report will be compiled by the Director of the Division of Compliance, Standards, and Inspections with the same follow-up procedures as outlined for the comprehensive Management Review process.)

6. INTERNAL SELF-EVALUATION:

6.1 On an annual basis, the Warden will complete and sign the "Internal Evaluation Annual Report," indicating whether the facility is in compliance with all ACA Standards and Management Review Checklist items. This form will be routed to the Director of the Division of Compliance, Standards, and Inspections for review sixty (60) calendar days prior to the date of the *facility's* scheduled Management Review Audit or next Annual Evaluation.

6.2 The additional internal self-evaluation process measures will be performed by Wardens/designees in accordance with a schedule determined by the Director of the Division of Compliance, Standards, and Inspections.

6.2.1 The internal self-evaluation process will include the completion of random operational review checklists monthly as scheduled so that all policies

/procedures are reviewed during a three (3) year cycle. These completed checklists will be maintained by Wardens at their respective facilities for a period of three (3) years.

6.2.2 At the end of each month, the Warden will complete SCDC Form 1-6, "Internal Self Evaluation Monthly Report," that will include a summary of deficiencies identified. This form will be routed to the Director of the Division of Compliance, Standards, and Inspections for review no more than five (5) working days after completion of the summary (i.e., February's report will be due within the first five (5) working days of March). The Warden will be responsible for ensuring that all the noted deficiencies are corrected in a timely manner, and he/she will indicate on this form the status of each deficiency. (4-ACRS-7D-02, 4-4017)

6.3 The Director of the Division of Compliance, Standards, and Inspections will determine the nature and scope of each facility's Annual Evaluation after examining the status of unresolved issues from the previous Management Review Report, the results of Self-Evaluation Reports, and such other relevant data and information as may be available.

7. ANNUAL EVALUATION:

7.1 Each facility will receive an annual evaluation in both of the two (2) remaining years of its Management Review cycle. These annual evaluations will usually take place during the anniversary month of the facility's original management review date.

7.2 The Director of the Division of Compliance, Standards, and Inspections will coordinate with each SCDC Division Director to consider the most appropriate manner for the annual evaluation in his/her respective area of responsibility. The nature and scope will vary among divisions, and each division will at times use different approaches due to the unique circumstances of institutions.

7.3 If the Director of the Division of Compliance, Standards, and Inspections determines that an SCDC Division Director or designee needs to make a site visit as part of the annual evaluation, the responsible Division Director or designee will schedule a mutually convenient date with the Warden or designee and will enter that date on the automated calendar which is maintained on the Management Reviews shared folder. If a site visit is not required, the Division Director or designee will submit any other documentation, information, and data requested by the Director of the Division of Compliance, Standards, and Inspections. All input for the consolidated report will be submitted to the Director of the Division of Compliance, Standards, and Inspections within thirty (30) calendar days following the annual evaluation.

7.4 An official report on the annual evaluation will be organized and prepared by the Director of the Division of Compliance, Standards, and Inspections and will be forwarded within fifteen (15) working days to the responsible Warden for review and information. The report will be considered as preliminary until the Warden has an opportunity to comment and discuss issues raised. The Director of the Division of Compliance, Standards, and Inspections may forward copies of the preliminary report or portions of the preliminary report to the Agency Director and/or the Agency Director's immediate staff for information and to facilitate support to the Warden.

7.5 The Warden will, within thirty (30) calendar days of receipt of the annual evaluation report, submit a response outlining what has been done relative to the recommendations and with which recommendations, if any, the Warden does not concur and why. The Warden's response will be sent to the Director of the Division of Compliance, Standards, and Inspections. All non-concurrences with recommendations must also include an alternate course of action to rectify the specified situation. The Director of the Division of Compliance, Standards, and Inspections will review the Warden's response to determine whether all issues have been addressed and to evaluate any alternate courses of action proposed by the Warden.

7.6 The Inspector General or designee will forward a copy of the final report, including the Warden's response on the preliminary report, to the Agency Director and the Agency Director's immediate staff within ten (10) working days. From this point forward, the Inspector General or designee will serve as the chairperson of the follow-up and monitoring team to ensure communications and cooperation among all members of the Agency Director's immediate staff, and to marshal resources as needed to address all deficiencies beyond the Warden's authority and ability.

7.7 Within ninety (90) calendar days of the Warden's initial response, the Warden will submit a progress report on all the unresolved recommendations from the annual evaluation to the Director of the Division of Compliance, Standards, and Inspections, and the Warden will provide a follow-up report every ninety (90) days thereafter until all issues are resolved.

8. DEFINITION(S): NONE

s/Jon E. Ozmint, Director

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