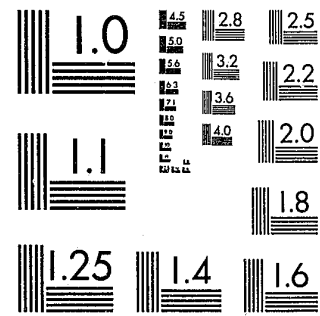


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National Institute of Justice  
United States Department of Justice  
Washington, D. C. 20531

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GRANT MANAGERS ASSESSMENT REPORT

New Jersey has performed fairly well in meeting the objectives of the program, and has to date had its single half way house accredited, probation and parole service, and two of seven adult institutions. The major problem has been the development of a centralized policy and procedure system, which is now almost completed. Not all institutions were prepared for accreditation audits by the end of July when LEAA support for audits was terminated.

New Jersey continues its accreditation process on its own, and has institutionalized the standards manager position. Currently grantee is in the process of implementing standards requiring costs, and it is anticipated that the remaining institutions will be audited in the near future.

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U. S. DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION		DISCRETIONARY GRANT PROGRESS REPORT	
GRANTEE S.L.E.P.A.	LEAA GRANT NO. <del>78-ED-AX-0139</del> 80-ES-AX-011(S-1)	DATE OF REPORT 6/22/81	REPORT NO.
IMPLEMENTING SUBGRANTEE Department of Corrections	TYPE OF REPORT <input type="checkbox"/> REGULAR QUARTERLY <input type="checkbox"/> SPECIAL REQUEST <input checked="" type="checkbox"/> FINAL REPORT E.D.		
SHORT TITLE OF PROJECT Standards Management Team 5-1	GRANT AMOUNT \$ 73,908		
REPORT IS SUBMITTED FOR THE PERIOD 1/17/80	THROUGH 2/6/81		
SIGNATURE OF PROJECT DIRECTOR <i>Ronald M. Groomes</i>	TYPED NAME & TITLE OF PROJECT DIRECTOR Ronald M. Groomes Accreditation Manager		
COMMENCE REPORT HERE (Add continuation pages as required.)			
<p><b>ORGANIZATION AND AUTHORITY OF THE STANDARDS MANAGEMENT TEAM</b></p> <p>The Commissioner selected the incumbent to be the Accreditation Manager for the Department on the basis of his correctional experiences including assignments as Correctional Supervisor, Assistant Superintendent, and most recently Superintendent. He has the advantage of knowing the correctional system and has demonstrated correctional ability in many facets of the correctional field.</p> <p>At the onset of the accreditation process, the Department's accreditation manager met directly with the Commissioner to suggest the establishment of authority for the Standards Management Team as emanating from the Office of the Commissioner.</p> <p>Originally, the accreditation process was to be placed within the Bureau of Standards and Audits, which has the responsibility for the writing of departmental standards of operation and conducting audits of compliance levels. Since the accreditation process cuts across divisions and bureaus, it was considered more desirable to affiliate with the Commissioner's Office so that any difficult issues concerning the promulgation and enforcement of department policies could be expeditiously resolved through administrative directives.</p> <p>The Commissioner legitimized the accreditation process by presenting the Accreditation Manager at a Superintendent's meeting at which he stated the Department's commitment to accreditation. The Commissioner signed a letter in which he restated his commitment to accreditation and asked each Superintendent to appoint someone, preferably an Assistant Superintendent, as Accreditation Manager.</p> <p>The legitimation of the program by the Commissioner made the job of the Standards Management Team much easier in that the Team members could serve in an advisory role and did not have to respond to issues of authority or legitimacy of authority.</p> <p>The concept of accreditation was new to the Department and its adult prison facilities. With the advent of the Standards Management Team, the institutions which had been knowledgeable about departmental standards compliance, were given the goal of shooting for national accreditation. The Standards Management Team received numerous enquiries about what accreditation meant to the adult institution's overall operations. From information the Standards Management Team had received, we were able to tell institutional officials that standardizing operations in line with A.C.A. Standards would minimize the amount of lawsuits institutions would be plagued with.</p>			
RECEIVED BY GRANTEE STATE PLANNING AGENCY (Official) <i>Donald Q. Lopez</i>			DATE 6/25/81

 <b>U. S. DEPARTMENT OF JUSTICE</b> LAW ENFORCEMENT ASSISTANCE ADMINISTRATION		<b>DISCRETIONARY GRANT</b> PROGRESS REPORT	
GRANTEE	LEAA GRANT NO.	DATE OF REPORT	REPORT NO.
IMPLEMENTING SUBGRANTEE	TYPE OF REPORT <input type="checkbox"/> REGULAR QUARTERLY <input type="checkbox"/> SPECIAL REQUEST <input type="checkbox"/> FINAL REPORT		
SHORT TITLE OF PROJECT	GRANT AMOUNT		
REPORT IS SUBMITTED FOR THE PERIOD		THROUGH	
SIGNATURE OF PROJECT DIRECTOR		TYPED NAME & TITLE OF PROJECT DIRECTOR	
COMMENCE REPORT HERE (Add continuation pages as required.)  (CONT'D)  after they had been accredited. Furthermore, we advised institutions that the Department would receive \$10,000 worth of technical assistance to comply with four problem areas of A.C.A. Standards. These areas included, Case Records, Administrative Manuals, Staff Training, and Inmate Work Programs. Further into the process, institutions  (CONTINUED ON FOLLOWING PAGES)			
RECEIVED BY GRANTEE STATE PLANNING AGENCY (Official)		DATE	

were told that the Department would receive \$200,000 to enable them to complete some renovations and to comply with vigorous training standards set by the A.C.A. However, these grant awards did not completely satisfy the institutions whose chief desire was to receive funding for staff positions. This was especially true for the Bureau of Parole which has been hard hit by fiscal cut-backs. Furthermore, by appointing one staff member to be an accreditation coordinator at each agency and institution, the accreditation process further hurt already understaffed agencies.

ACCREDITATION ACTIVITY

The self-assessment phase of the accreditation process was institutionally based with direction stemming from accreditation coordinators who had been given orientations to the process beginning in February of 1979. These orientations included a film on accreditation and preliminary instructions on filling out the self-evaluation forms. However, the self-evaluation forms arrived later from the Commission and the institutional coordinators were hard pressed to complete this phase of the process on schedule. The unexpected delay caused some anxiety at institutions resulting in comments that the process was a sizeable task with many questions being asked on interpretation of standards as they applied to the institutions. To allay anxieties and expedite this first phase of the process, the Standards Management Team visited all eight institutions, Newark House, and all nine parole district offices, as well as their Central Office, to clarify standards interpretations and help coordinators manage their respective departments they covered. Throughout this phase, the Standards Management Team had the support of all institutional superintendents except one where the accreditation process was on a back-burner with a low priority. The Commissioner's letter of January 17, 1979 with a follow-up Superintendent's briefing on accreditation did much to smooth the way toward the timely execution of the self-evaluation process in all other institutions and agencies. To assist in providing an understandable definition for all concerned, the Standards Management Team developed a word definition from "accreditation" to provide a working guide for staff.

- A- analyzing
- C- correctional
- C- conditions
- R- realistically
- E- evaluating
- D- developing
- I- initiatives
- T- toward
- A- action
- T- tendencies
- I- introducing
- O- operational
- N- norms

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COMMUNICATIONS

We went to all of the adult institutions several times and reviewed each of the standards and their documentation. We also assisted them in acquiring and verifying documentation and made suggestions regarding possible plans of action.

After completion, the self-evaluation forms were submitted to the Team to be sent to Rockville, Maryland. The Team reviewed each of the forms for the institutions, the nine parole districts, and Newark House. Adjustments were made in accordance with a list of agreed upon documentation. This process took eight working days and the forms were sent to the A.C.A. on May 3, 1979.

The grant which funded the accreditation process provided for a six month self-evaluation process, but because of delays, the process started three months late which cut the self-evaluation process to three months. The short deadline, however, forced the Management Team to utilize innovative planning strategies, and task accomplishments in order to get the job done.

Another slight problem was the change the C.A.C. made in the forms, the process of gathering documentation, and the documentation codes. This caused the Team to appear uninformed and lacking in credibility. The Team was able to overcome this by planning alternative strategies to accomplish the tasks.

The Team was informed that Newark House would have little or no problem with this process. We did not give them the orientation presentation and immediately went to the shake-down phase. We succeeded in thoroughly confusing and overwhelming them causing needless anxiety. The Team should have planned for Newark House in the same way as the institutions were planned for.

The Accreditation Manager asked that an Assistant Superintendent or someone of that rank be appointed as the institutional coordinator. In some institutions, this was done. Generally speaking, those institutions had less difficulty in accomplishing the tasks of the accreditation coordinator than other less experienced staff members appointed as coordinators. The reason for this appears to be that those of less rank than the Assistant Superintendent were manipulated by the Department Heads who were not committed to the process. The person who functions as the institutional coordinator should have the clout to accomplish the task.

We were pleasantly surprised that, after the orientation, some institutions viewed their involvement in the process as a contest to prove that if any institution would be accredited, it would be theirs. This worked to the Team's advantage in that we could work with highly motivated people.

The Bureau of Parole was not handled as well as it might have been. One of the reasons for this was that the Bureau began the self-evaluation process before the Department's process began. They divided the work by regions and formed committees to accomplish the self-evaluation of the region.

When the Standards Management Team attempted to have each district work on the entire set of parole standards, it was difficult to get them to change. It was difficult to get the regions to exchange information. It was not until the Team developed a master list of documentation that each District Office thought in terms of all of the standards.

In comparing the accreditation process at the institutions with that used with Parole Offices, it would seem that the institutions received the most benefit from the process. We attribute this to the parcelling out of sets of standards to each district. We think that each parole office should have done an entire set of standards, even though it would have created more work for us.

Accreditation coordinators were told to complete plans of action for standards with which they were non-compliant as long as the Commissioner had indicated support for compliance. Institutions were also told not to exceed the policies and procedures developed by the Bureau of Standards and Audits and by Executive Order. Consequently, certain standards were not to be complied with, by executive decree.

All institutions indicated they weren't compliant with certain standards involving cost factors. With William Wayson's Cost Analysis Report, a degree of accountability was given to institutions in that they had to prove to Mr. Wayson and his staff from the Institute for Economic and Policy Studies, Inc. that they indeed were in a state of non-compliance and in need of finances to develop full compliance to the standard(s).

As mentioned earlier, four areas of the A.C.A. Standards were in a state of non-compliance at almost all institutions: Case Records, Staff Training, Inmate Work Programs, and Administrative Manuals. The Standards Management Team received \$10,000 in technical assistance to resolve across-the-board non-compliances in these areas. The consultants for staff training helped to pinpoint discrepancies in the institutions which caused problems with adequate staff training received at Central Office or the institution. These discrepancies were ameliorated in plans of action specifically in the area of staff training.

The Accreditation Process highlighted several areas in the Department which needed to be examined and reworked.

Firstly, proper documentation to determine compliance at several institutions was lacking. Certain institutions had no executive and department head manuals, resulting in confusion as to what exactly constituted operating procedures. At one facility, operating procedures were located, but they hadn't been compiled in manual form.

Various procedures were spread around the institution. When personnel were compliant with a standard as a specific procedure had always been followed, no written policy or procedure existed to verify compliance. This issue became especially apparent in the area of security and control. Few of the institutions had compiled reliable manuals, and those few which had manuals didn't update them annually as A.C.A. Standard 4150 indicates. In a few institutions, custody staff were unwilling to share information detailing procedure to be followed in emergency situations, such as fire, disturbance, and taking of hostages, with all personnel. At these institutions, it was feared that information regarding the security of the institution might fall into the wrong hands. Similarly, the institutions did not concur with training all institutional personnel in the execution of written emergency plans, specifically the hostage plan. In these instances, it was felt that some non-custodial employees did not have to know such information, and if they were informed, the information might spread through the prison population.

In certain institutions, policies, procedures, and post orders were written to establish compliance with A.C.A. Standards, using almost exact wording from the standard when writing a procedure to indicate their compliance. Whereas this practice met the requirements of documenting compliance, it is questionable that such a written policy would actually be implemented by the staff whose responsibility it is to carry out that policy. If staff members had been following an unwritten procedure for years, would they now change their procedures because a written policy was quickly produced to meet A.C.A. Standards?

At several institutions, accreditation coordinators used Departmental Standards which we later found were deleted. This pointed up a weakness in Standards and Audits insofar as updating Departmental Standards were concerned. Furthermore, two institutions developed policies which went beyond the original scope of standards currently in use.

The most important factor to be accomplished during the self-assessment phase was meeting the schedule the Standards Management Team developed in line with deadlines developed by the Correctional Standards Accreditation Program (C.S.A.P.). Concurrently, in meeting deadlines, the Standards Management Team developed a sense of competition amongst the institutions. By de-emphasizing the sharing of institutional information, each institution had to undergo the entire accreditation program, which reinforced the introspective value of the process. Letters from the Commissioner to institutional superintendents reinforced the Department's commitment to accreditation and helped to shape up lagging support at a time when coordinators felt overburdened by their tasks. Meetings between the Accreditation Manager, the Commissioner, Deputy Commissioner, Assistant Commissioner of Adult Institutions, and the Executive Assistant to the Commissioner clarified standards that institutions would or could not comply with. With all other standards, institutions were asked to comply or develop Plans of Action for future compliance.

### STANDARDS IMPLEMENTATION

A top priority of the Department was to update departmental standards on a regular basis, as well as develop policies and procedures which the Commissioner and his staff had decided on as a means of complying with A.C.A. Standards. The agreement to update and/or revise standards was made at the Commissioner's level and given to the Assistant Commissioner of Policy Development and Planning who gave the assignment to the Bureau Chief of Standards and Audits. This was a slow process due to the many approvals required before promulgation of new or revised standards. At times, the process became so unwieldy that the Standards Management Team suggested to institutions and agency executives to develop internal policies and procedures consistent with the Commissioner's wishes.

With Plans of Action, the Standards Management Team conducted spot checks at various institutions to find out who were front-runners in the process, thereby determining which institutions had developed the greatest commitment to accreditation and therefore be closest to being accredited through the C.A.C. audit process. In this way, we pinpointed the Youth Reception and Correction Center, Yardville, and the Adult Diagnostic and Treatment Center, Avenel, as front runners in the field. Due to problems with the separation of juveniles from adults at Y.R.C.C., it was thought that A.D.T.C. had the best chance for accreditation. The Standards Management Team wanted a sure winner to begin the accreditation process, thereby setting a winning attitude for the other institutions.

Mr. William Wayson and his staff from the Institute for Economic and Policy Studies developed cost figures for A.C.A. Standards requiring fiscal expenditures to reach adequate levels of compliance. Institutional and agency executive officers initiated budget requests within the fiscal restraints given to them as a cap on expenses.

Due to rebuilding Trenton State Prison, the Department had very little extra funding to cover cost-related non-compliance standards. As such, the cost of implementing these standards was not given a high degree of priority. This was compounded by the fact that Rahway State Prison is in need of massive renovation, and whatever money was available would just go into Trenton State Prison. Accreditation Coordinators were asked to develop Plans of Action for cost standards with the intent that funds might be available two or more years into the future.

The term "no cost" was a very useful concept in that institutional accreditation coordinators, with concurrence from Superintendents could comply with said standards as long as the Commissioner and his staff was amenable to comply with these policies and procedures.

The acquisition of \$200,000 gave greater clout to the Accreditation Process by graphically demonstrating that this process was not just a paper compliance but also had the resources to implement cost related standards. This was especially true at Annandale, Bordentown, Clinton, Leesburg, and Rahway where positive changes in the institution were effected through prudent use of the grant award. Furthermore, a large block of the \$200,000 was used to purchase training equipment and supplies to strengthen institutionally-based training programs.

The allocation of \$200,000 was based on a planning process of determining needs according to accreditation goals. It gave participating agencies and institutions a buy-in into Accreditation, quite similar to a pay-off for participation. Specifically, it did fund items which would not have survived the budget process, items which were definitely crucial to accreditation.

Difficulties in implementing policy and procedure standards may well be attributed to an agency or institution's resistance to change. In our state, we often found that although most policies were in effect, procedures to enact those policies were often carried by word-of-mouth. When institutional procedure were asked for, quite often personnel had difficulties reducing word-of-mouth procedures to print because they would be held accountable to those procedures once they were written.

The most significant barrier to standards implementation may be the lack of endorsement by the Chief Executive Officer of an institution or agency. Prior to the promulgation of a standard, staff participation is required to ensure that the standard is operational and fits within the organizational framework. Furthermore, by giving staff the wherewithal to help shape policy, the standard emanating from that policy is more of a creation of the staff and not merely superimposed on the organization. This staff buy-in becomes increasingly important in the implementation of procedures which insure adherence to the policy. Since staff had a hand in shaping policy, they undoubtedly will be eager to assure its success. The implementation of A.C.A. Standards, therefore, becomes more than just another federal project which becomes defunct when funding lapses.

By developing an audit tool which indicated what documentation agencies had to indicate compliance, and what they should have to assure compliance, the Standards Management Team utilized a working paper with which to chart progress in implementing A.C.A. Standards. With each successive audit, the gap between what institutions/agencies had and what they needed narrowed, while at the same time allowing the Standards Management Team to fine tune documentation which readily indicated implementation of the standards.

#### TECHNICAL ASSISTANCE AND COST ANALYSIS

When the Project Management Team (PMT) visited the Department of Corrections, the Standards Management Team developed a seminar for institutional staff involved in the accreditation process and a consensus was developed resolving several problem areas--among them four areas of the A.C.A. Standards where most institutions recorded non-compliance, i.e., Staff Training, Administrative Manuals, Case Records, and Vocational Programs. Furthermore, a large portion of the \$200,000 discretionary grant was utilized for training, with lesser amounts slated for institutional physical plant improvements thereby improving inmate living conditions by providing recreation to inmates in segregation units and improved lighting and noise control levels at other facilities.

The results of the technical assistance received by the Department were in the form of consultant's reports in the four aforementioned areas. The report on case records, contained suggestions which were forwarded to the Division of Policy Development and Planning to develop departmental policies and procedures to regulate case record contents. The report on administrative manuals was utilized by the Standards Management Team to aid institutions in developing executive and department manuals in line with A.C.A. Standards 4005 and 4009 at each institution and agency involved in the accreditation process. In the area of vocational training, concepts developed in the consultant's report were utilized by the Commissioner for formally suggesting a feasibility study of State Use Industries with the idea of developing a Free Venture Program. For staff training, the consultant's report was forwarded to the Bureau of Training for their comments with special emphasis on the feasibility of implementing a program along the lines of the consultant's model. A comprehensive staff training program is currently being developed by staff both at the institutional/agency level and at the Central Office C.O.T.A./S.D.C.

Whereas cost analysis was helpful in giving the Department an idea of the amount of monies necessary to comply with all cost standards, the Institute for Economic and Policy Studies, Inc. treated cost standards as isolated segments of the accreditation process. Follow-up reports did not indicate the priority of cost standards implementation in completing the accreditation process. There were funds from the \$200,000 discretionary grant budgeted to pay for cost-related standards after analysis of needs by the Bureau of Support Services. Consequently, cost analysis was of minimal use to the Standards Management Team and the institutions due to the lack of follow through funding.

#### COMMISSION ON ACCREDITATION

Due to a late start with the grant, the six month period initially scheduled for institutional self-assessments was cut to 90 days which caused considerable panic with our correctional agencies and institutions. The self-assessment forms were not adequate with respect to documenting compliance, non-compliance, or non-applicability to specific standards in that the spaces provided for only brief notations of the documentation to determine the status of the standard.

Ms. Janet York, consultant for the Commission on Accreditation for Corrections, provided an excellent review of initial materials in the field and at Central Office, thereby creating a base-line for acceptability of documentation. Her suggestions on primary and secondary documentation showing policy, procedure, and its implementation gave us a working model to determine compliance acceptability.

In this state, we have gone through four audits and two reaudits of institutions and agencies of the Department of Corrections. These audits have indicated that the level of auditing abilities of C.A.C. auditors and the depth of the auditing process differs substantially from institution to institution. There have been auditors who utilized considerable time to tour facilities and had little time left to audit folders. At other times, just the opposite was true. We have also had auditors who indicated weaknesses in their correctional background, yet were given areas of A.C.A. Standards where their weaknesses were manifested, to conduct audits. In summary, it is felt that the quality of A.C.A. audits should be consistently high, using the most skilled and well-rounded correctional experts to conduct these audits. Unfortunately, this has not always been the case, resulting in frustration at the institutional level insofar as auditors disagree about what justifies compliance to specific standards. These inconsistencies concerning adequate documentation have caused the Standards Management Team to coerce institutions into developing more and more documentation for certain standards wherein not even auditors can agree on acceptable documentation for the implementation of ambivalent policies.

In New Jersey, we feel that A.C.A. Standards should be incorporated into existing operating procedures, administrative codes, statutes, and executive orders. There is a certain sense of futility with reference to writing a plan of action to change Civil Service policies and procedures which are mandated by law and take an extraordinary act of state government to amend an established policy. This paper exercise serves no one's interests and erodes the integrity and validity of the accreditation process. Rather than forcing the system to conform to A.C.A. Standards, we feel that these same standards should be implied in each standard. By plugging the A.C.A. Standards into the existing system, more harmonious results may be expected in terms of the institutions adhering to the intent, both explicit and implicit, of A.C.A. Standards.

#### RELATIONS WITH STATE PLANNING AUTHORITY

Our liaison with the State Planning Authority (SPA) was the Department's federal grants coordinator. We communicated with the SPA through quarterly financial and programmatic reports. We also communicated with L.E.A.A. through the SPA prior to and after the development of the Standards Management Team. Essentially, communications centered on budget developments, including the Standards Management Team salary and operations budget, the Technical Assistance L.E.A.A. \$10,000 Grant and the extensive \$200,000 grant which was utilized not only to create compliance to cost related A.C.A. Standards, but also to develop and extend the activities and operations of the Standards Management Team.

#### RELATIONS WITH LAW ENFORCEMENT ASSISTANCE ADMINISTRATION

Our program was enhanced by the active concern and participation of the PMT insofar as they objectively monitored the accreditation process. Furthermore, through our meetings here in New Jersey as well as in Washington, we developed a fine working relationship. Whereas federal reporting requirements were a bit strident, they helped us verbalize, clarify, and refine our viewpoints concerning strategies to take in implementing accreditation procedures as well as in challenging certain questionable C.A.C. rulings related to standards interpretation. Had additional meetings been scheduled with PMT staff, it may be assumed that an even tighter accord would have been born of this state and federal effort and that this accord would have had a marked effect in persuading reluctant institutionally-based personnel to utilize A.C.A. Standards as a high priority item.

#### INSTITUTIONALIZATION OF STANDARDS

Our Standards Management Team has developed an audit review procedure in effect at each institution and agency accredited, as well as those which may be accredited in the near future. Each institutional accreditation coordinator is met with semi-annually to review compliance to standards and as soon as the new A.C.A. Standards for Adult Correctional Institutions is published, we will orient individual coordinators to any changes in policy and procedure. The Commissioner of this Department has remarked on many occasions that accreditation is a continuous mechanism in upgrading institutional operations. In fact, the Commissioner has requested that an additional position be added to the Team.

The Bureau of Standards and Audits has conducted field audits to examine the extent of compliance to Department of Corrections Standards which have evolved toward current correction practices. Furthermore, the Commissioner has utilized identified A.C.A. cost-related standards still in non-compliance as priority items to be addressed in current and future budget cycles.

Implementation of A.C.A. Standards has given administrators a much better understanding of their operations, including strengths and weaknesses. Monitoring A.C.A. Standards has been an invaluable management tool in pinpointing areas of concern and resolutions to potential problems. In essence, these A.C.A. Standards allow administrators, both at the local and Central Office level, to manage the institution and their inmate populations by specific objectives rather than through crisis situations.

#### PROJECT USEFULNESS

There were times when the Standards Management Team did not have clear guidance as to what constitutes adequate documentation to specific standards. This was probably caused by the newness of the national accreditation process for state prison systems.

A federal program in this area is definitely needed to provide basic guidance to participating states in terms of codifying policies and procedures for correctional facilities with modern management tools such as executive and department manuals, standard operating procedures, and ongoing training for all institutional staff.

#### RELEVANT COMMENTS

The authority of a few superintendents interfered with the Standards Management Team's goal of accreditation. They may have felt above the process insofar as accreditation was perceived as a paper exercise, and they were used to the daily realities of administering a correctional facility. At times, the Standards Management Team experienced some difficulties in getting superintendents to realize that the administration of correctional facilities could be upgraded by written policy and procedure. Once this realization was accepted, however, superintendents were eager to utilize "management by objective" approaches exemplified by closely followed policies and procedures.

The conduct of certain consultants indicated that their institutional experiences were limited and due to these limitations, their effect on auditing certain standards was negative. This could have been the result of the newness of the accreditation process or the poor choice of certain auditors to audit certain sections of the A.C.A. Adult Facilities Manual. In conclusion, if the Commission on Accreditation for Corrections wishes to create a more equitable atmosphere for these audits, they should recruit auditors who have a broad and thorough knowledge of correctional administration and its aspects, thereby minimizing any bias that may result from an auditor with limited experience.

**END**