



# FCAC SRIC

February 18, 2020  
1:30 PM  
World Golf Village  
St. Augustine, FL

## Agenda

9.01M	Staff
9.07M	Staff
11.15M	Staff
13.08M	Lewis
31.01M	Behl
FPAP 1.08M	Brittain



# Florida Corrections Accreditation Commission, Inc.

## STANDARDS REVISION FORM

Please provide standard number and place an X in the appropriate box.

Standard #   9.01M  

New Standard	Revision	X	Deletion
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Proposal (State the standard exactly as you believe it should appear in the manual).

A written directive requires certified members authorized to carry weapons receive *in-service training* which includes:

**I. Bullets**

- A. Annual demonstration of proficiency with firearms authorized to carry;
- B. Annual use of force training;
- C. Annual Dart-Firing Stun Gun training in accordance with Florida Statute; and
- D. Biennial less-lethal weapon training (for weapons other than the Dart-Firing Stun Gun).

**II. Proofs of Compliance**

- *Written directive* addressing elements of the standard (Qty Initial: 1) (Qty Reaccred: 1)
- Proof of training for each element of the standard. (Qty Initial: ~~13~~) (Qty Reaccred: 1 ~~each-year~~)
- Interview certified members

**III. Required References**

Section 943.1717, Florida Statutes

CJSTC Rule 11B-27.00212

**IV. Assessor Guidelines**

View lesson plans for each training topic identified in the standard (not necessary to be in the file)

**V. Accreditation Manager Notes**

Proofs will show compliance for a variety of ranks.

Rationale for revision.

Name: Staff, Florida Accreditation Office



## Florida Corrections Accreditation Commission, Inc.

### STANDARDS REVISION FORM

Please provide standard number and place an X in the appropriate box.

Standard # 9.07M

New Standard		Revision		Deletion	X
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Proposal (State the standard exactly as you believe it should appear in the manual).

If chemical agents are authorized for use in the facility, a *written directive* requires the following biennial training:

**I. Bullets**

- A. Deployment;
- B. Decontamination process; and
- C. Treatment of affected individuals.

**II. Proofs of Compliance**

- *Written directive* addressing elements of the standard (Qty Initial: 1) (Qty Reaccred: 1)
- Lesson Plan (Qty Initial: 1) (Qty Reaccred 1)
- Documentation of training (Qty Initial: 1) (Qty Reaccred: 1 each year)

**III. Required References**

**IV. Assessor Guidelines**

**V. Accreditation Manager Notes**

The requirements of this standard are already addressed in FCAC 9.01M.

Rationale for revision.

Name: Staff, Florida Accreditation Office



## Florida Corrections Accreditation Commission, Inc.

### STANDARDS REVISION FORM

Please provide standard number and place an X in the appropriate box.

Standard # 11.15M

New Standard		Revision		Deletion	X
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Proposal (State the standard exactly as you believe it should appear in the manual).

A written directive addresses procedures to make a good faith effort to ensure a qualified professional, upon request and as defined in Florida Statute, is present at all interviews of an autistic individual, and includes initial and periodic training of affected agency members.

**I. Bullets**

**II. Proofs of Compliance**

- Written directive addressing elements of the standard. (Qty Initial: 1) (Qty Reaccred: 1)
- Documentation of initial training. (Qty Initial: 1) (Qty Reaccred: 1 each year)
- Documentation of periodic refresher training. (Qty Initial: 1) (Qty Reaccred: 1)

**III. Required References**

Florida Statute 943.0439  
Florida Statute 943.1727

**IV. Assessor Guidelines**

**V. Accreditation Manager Notes**

Each agency must ensure that appropriate policies are developed and that training is provided to affected members based on those policies.

Periodic training will include instruction on the recognition of the symptoms and characteristics of an individual on the autism disorder spectrum and appropriate responses to an individual exhibiting such symptoms and characteristics.

Rationale for revision.

Name: Staff, Florida Accreditation Office



## Florida Corrections Accreditation Commission, Inc.

### STANDARDS REVISION FORM

Please provide standard number, and place an X in the appropriate box.

Standard Number 13.08M

New Standard		Revision	X	Deletion	
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Proposal (State the standard exactly as you believe it should appear in the manual).

#### **13.08M**

The facility has a written evacuation *plan* in the event of fire or other *emergency*; ~~approved by a state certified fire inspector~~. The *plan* includes the following:

#### **I. Bullets**

- A. Documented quarterly fire and evacuation drills for all shifts;
- B. Location of complete floor plans;
- C. Requirement for the posting of signs in public areas, with a primary and secondary route identified; ~~and~~
- D. ~~Annual review; with r~~
- E. ~~Revised copies provide to key members personnel and the certified fire department inspector, when applicable.~~
- F. ~~\_\_\_\_\_~~
- D. ~~Certified fire inspector approval of revised copies, when applicable.~~

## II. Proofs of Compliance

- Evacuation *plan* addressing elements of the standard (Qty Initial: 1) (Qty Reaccred: 1)
- Documentation of quarterly fire and evacuation drills (Qty Initial: 2) (Qty Reaccred 2 per year for each year)
- Observation of floor plans
- Observation of posted signs
- Annual review/revision documentation (Qty Initial: 1) (Qty Reaccred: 1 each year)
- Documented distribution to personnel/agencies, when applicable (Qty Initial: 1) (Qty Reaccred: 1)
- Approval by a certified fire inspector, when applicable (Qty Initial: 1) (Qty Reaccred: 1)

## VI. Required References

## VII. Assessor Guidelines

The actual movement of inmates to holding areas outside the facility is not required.

Documented distribution and fire inspector approval are only required when revisions to the plan have been made.

## VIII. Accreditation Manager Notes

Proofs should be consecutive to demonstrate compliance.

Rationale for revision.

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Proposed by:

Name \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor Approval \_\_\_\_\_

All proposed revisions will be submitted to the Standards Review and Interpretations Committee via FCAC for consideration.

Forward to: Florida Accreditation Office, P.O. Box 1489, Tallahassee, FL 32302

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Approved with changes \_\_\_\_\_



## Florida Corrections Accreditation Commission, Inc.

### STANDARDS REVISION FORM

Please provide standard number, and place an X in the appropriate box.

Standard Number 31.01M

New Standard		Revision	X	Deletion	
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<p>Proposal (State the standard exactly as you believe it should appear in the manual).</p> <p>A written directive requires the holding area has fire equipment, prevention practices and procedures, to include:</p> <p><b>I. Bullets</b></p> <p>A. Fire alarm and heat and smoke detection system;</p> <p>B. Documented testing of fire and smoke alarms as required by local fire code;</p> <p>C. Documented maintenance of fire suppression equipment pursuant to manufacturer recommendations, industry standards, or as required by the applicable fire code; and</p> <p>D. A posted evacuation map with marked emergency exits and marked direction to exits.</p> <p><b>II. Proofs of Compliance</b></p> <ul style="list-style-type: none"> <li>• Written directive addressing elements of the standard. (Qty initial: 1), (Qty Reaccred: 1)</li> <li>• <u>Documentation of fire/safety inspection or documentation demonstrating compliance. (Qty initial: 1), (Qty Reaccred: 1 each year)</u></li> <li>• <del>Documentation of inspection. (Qty initial: 1), (Qty Reaccred: 3)</del></li> <li>• <del>Documentation of testing. (Qty initial: 1), (Qty Reaccred: 3)</del></li> <li>• <del>Documentation of maintenance. (Qty initial: 1), (Qty Reaccred: 3)</del></li> <li>• Observation of equipment</li> <li>• Observation of posted evacuation map and emergency exit signs</li> </ul> <p><b>III. Required References</b></p> <p>Applicable fire code or governing authority</p>
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**IV. Assessor Guidelines**

**V. Accreditation Manager Notes**

Rationale for revision.

Proposed by:

Name \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor Approval \_\_\_\_\_

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# Florida Corrections Accreditation Commission, Inc.

## STANDARDS REVISION FORM

Please provide standard number, and place an X in the appropriate box.

Standard Number     FPAP    1.08M    

New Standard		Revision	X	Deletion	
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<p>Proposal (State the standard exactly as you believe it should appear in the manual).</p> <p><b>1.08M</b></p> <p>A written directive requires employees with pretrial or probation responsibilities receive a minimum of 40 hours of annual job related training as determined by the agency.</p> <p><b>I. Bullets</b></p> <p><b>II. Proofs of Compliance</b></p> <ul style="list-style-type: none"> <li>• Written directive addressing elements of the standard (Qty Initial: 1) (Qty Reaccred: 1)</li> <li>• Observation of training records</li> </ul> <p><b>III. Required References</b></p> <p><b>IV. Assessor Guidelines</b></p> <p><b>V. Accreditation Manager Notes</b></p> <p>Training may be provided in-house or externally. This training may include administrative orders, applicable Florida Statutes, case law, cultural diversity, evidence-based practices, etc.</p> <p style="color: red;">Training for new employees with pretrial and probation responsibilities as required in standard 1.06M will also satisfy this standard during the new member's first year.</p>
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<p>Rationale for revision.</p> <p>1.06M and 1.08M are referencing to different types of training materials.</p>
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Proposed by:  
Name \_\_\_\_\_ Date \_\_\_\_\_

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