



**Adult Detention
Professional Standards Council
Accreditation Program
Annual Report**

Facility Name:
Address:
County:
Detention Administrator / Warden:
Date of Initial Accreditation:
Date of Current Accreditation:
Today's Date:

*As an accredited facility, the Adult Detention Professional Standards Council requires you submit an annual progress report for review. The report is a tool created to assist your facility with continued success and program sustainability.

SIGNIFICANT INCIDENT(S)

Significant incidents at your facility within the past twelve [12] months? Significant incidents include:

Escape(s):
Date:
After-action completed: (Yes) (No)

In-Custody Death(s):
Date:

Facility disturbance (an incident involving four or more detainees):
(Yes) (No)
Date:

Use of Force resulting in off-site medical care:

Total #:	Number of times a weapon was involved:

Batteries:

	Against Staff:	Weapons involved:	Detainee on Detainee:	Weapon involved:
Total #:				



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Detainee Grievance Reports

Total Number:	Medical:	Due Process:	Meals:	Religious:	Officer Conduct (non-PREA):	Conditions of Confinement:	PREA:
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
Total #:							

Type:	Unfounded:	Substantiated:	Unsubstantiated:	Total number:
Medical				
Due Process				
Meals				
Religious				
Officer Misconduct				
PREA				
Conditions of Confinement				
Total #:				

Were any trends identified? If so, what were they and what action was taken a result?



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PREA Data:

Month:	Total Complaints	Substantiated	Unsubstantiated	Unfounded	Investigation is ongoing	Detainee on Detainee	Involving Staff
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
Total #:							

Other significant events:

Situation:	Yes:	No:
Hostage Situations		
Special Response Team / Reaction Team callouts.		
A fire causing detainee to be moved to another facility.		
Staff or detainee work stoppages [walk-outs or strikes].		
Offender medical care provided off-site for non-recreational injuries.		
Significant medical unit concerns potentially impacting your compliance.		

REPORTING AND LITIGATION

- Has your facility had any internal monitoring changes since previous accreditation?
If yes, please describe.
- Has your facility had any lawsuits/tort claims filed in the past twelve [12] months?



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(Yes) (No)

If yes, please provide brief description and status.

CHALLENGES AND ACHIEVEMENTS

- Have there been any significant changes at your facility within the past twelve [12] months to share with the Council?

I (*insert Administrator Name*) attest to the best of my knowledge that (*insert facility name*) is adhering to all standards required by the ADPSC Accreditation Program.

The Adult Detention Professional Standards Council appreciates your participation in our professional standards accreditation program.