

**ORGANIZATION SUMMARY FOR NON-SECURE RESIDENTIAL PROGRAMS**

*Revised 3/2/2017*

An Organization Summary is a form completed by the agency applying for accreditation that provides the Performance Based Standards & Expected Practices Accreditation Department with descriptive information about the program or facility. Please complete a separate summary for each program or facility and return to the ACA. If you have any questions, please contact your Accreditation Specialist. *This form is fillable so you can type directly into the grey boxes.* Upon receipt of this organization summary please contact your Accreditation Specialist to determine the date it needs to be submitted.

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| Introduction |
| Governing Authority/Parent Agency: |       |
| Name of Facility/Program: |       |
| Physical Address: |       |
| Mailing Address: |       |
| Primary Facility Telephone Number: |       |
| Primary Contact Person: |       |
| Primary Contact Person’s Phone Number: |       |
| Airport Information | 1st Preference:       Distance from the facility:      2nd Preference:       Distance from the facility:        |

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| Accreditation & Manual Information |
| ACA Accreditation Status: | [ ] Initial |
|  | [ ] ReaccreditationDate of last ACA Accreditation:      Applicable Manual & Edition:       |
| Is this agency or facility accredited by any other organization? | [ ] No |
|  | [ ] YesIf yes, please provide the name of the organization(s) and the date(s) of the most recent accreditation:       |
| Demographics |
| Current Operational Capacity: |       | *Number of beds or program slots authorized for the safe and efficient operation of the facility/program* |
| Current Population: | Current Population:      Average Daily Population for the last 12 months:       |
| Characteristics of the Population: | Number of Adults:       |
|  | Number of Youthful Offenders:      (Under the age of majority, but adjudicated as adults) |
|  | Number of Juveniles:       |
|  | Age of Criminal Majority in your jurisdiction:       |
| Average Length of Stay: | Years:       Months:       Days:       |

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| Organizational Information |
| State the mission of the agency or facility(attach additional pages if necessary) |       |
| Describe any current significant court interventions (i.e. consent decrees or settlement agreements) |       |
| Total Number of Full Time Staff: |       |
| Facility Administrator/Title: |       |
| Telephone Number & Email Address: |       |
| Existing ACA Member? If yes, please include ACA Membership Number. |       |
| Facility Accreditation Manager: |       |
| Telephone Number & Email Address: |       |
| Existing ACA Member? If yes, please include ACA Membership Number. |       |
| State/Regional Accreditation Manager:(if applicable) |       |
| Telephone Number & Email Address: |       |
| Existing ACA Member? If yes, please include ACA Membership Number. |       |

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| Physical and Operational Security Features |
| Date of Facility Construction: |       |
| Date of the Last Renovation:(if applicable) |       |

Signature:

Printed Name:

Title:

Date: