PERFORMANCE-BASED DETENTION STANDARDS REVIEW BOOK

Office of the Federal Detention Trustee

Performance-Based Detention Standards

February 2006

Purpose of the Performance-Based Detention Standards

The Performance-Based Detention Standards is based on the American Correctional Association Standards, and will be used to review non-federal facilities that house federal detainees, and to ensure these facilities are safe, humane, and protect detainee's statutory and constitutional rights. The Performance-Based Detention Standards is an aid for Subject Matter Experts designed to support the Government Contract Quality Assurance Program. The Performance Based Standards review book provides Subject Matter Experts with direction on making assessments based on detention standards developed by the Department of Justice (DOJ) and Department of Homeland Security, Immigration and Customs Enforcement (DHS/ICE). The Performance-Based Detention Standards Review Book focuses on the five following review elements:

1. *Review Guidelines*: Detention Standards developed by the DOJ and DHS/ICE for the safe and humane confinement of federal detainees which uphold the protection of statutory and constitutional rights. The detention standards are divided into eleven (9) functional areas encompassing 58 different elements (see index, pages 1-3) by relevance. Each detention standard contains a title and defining statement.

2. *American Correctional Association (ACA) Adult Local Detention Facility (ALDF) standards:* The standards have been cross-referenced with, and fully meet or exceed the requirements of, the ACA ALDF standards.

3. Immigration Customs and Enforcement (ICE) Standards: At the request of ICE staff, five (5) ICE Standards have been incorporated into the Performance-Based Detention Standards in their entirety and have been attached to the section corresponding with the appropriate detention standard. All references to the former Immigration and Naturalization Service (INS) heretofore shall be referred to as ICE.

***4. On-site Assessment Items*:** Following each detention standard is a series of items designed to help Subject Matter Experts in asking questions and seeking out pertinent information for making assessments.

***5. Review Checklist*:** Following each series of On-site Assessment Items is a table containing a varying number of checklist items. The Review Checklist is designed to provide guidance in the form of checklist items that Subject Matter Experts can reference during the on-site facility reviews. For example, if a detention standard requires that the Facility Director provides medical, dental, and mental health screening as part of the intake process, the corresponding review checklist item will detail what is generally included in a screening, so as to assist the Subject Matter Expert in determining if the detention standard is being met.

Review Checklist items ask:

- Does a policy exist?
- Is the policy effective?
- Is the policy being implemented successfully?
- Is the desired outcome being achieved?

Criteria for Checklist Development

To create a thorough a review program, the following criteria have been established as requirements for the Checklist portion of the Performance-Based Detention Standards:

- ***Simple***

  - Vocabulary and technical terms will be clear and specific.
  - The facility director will be able to perform a self-assessment of the facility based on the checklist.
- Trained Subject Matter Experts will be comfortable using the checklist.

- ***Scaleable and flexible***. The Checklist will be applicable to all facilities, regardless of size, location, or management style.

- ***Consistent***

- The Checklist will be applied similarly to each facility
  - Trained Subject Matter Experts will understand the meaning of each checklist, regardless of background experience.

- ***Efficient***. A Subject Matter Expert for each discipline group will be able to perform a facility review based on his or her specific module checklist within three to five working days.

General Guidance for Reviewers: Policy Communication and Review

Interview Executive Staff, department heads and supervisors to ask how policies and procedures are communicated to staff and detainees.

Verify that information is available via that means of communication (e.g., policy manuals, orientation, procedures, legal standards).

Check training curricula to determine the extent to which staff training addresses the relevant policies and procedures.

Interview random correctional staff and detainees to determine the extent of their familiarity with the relevant policies and procedures.

Review policies and procedures to determine whether there is an indication of regular (at least annual) review and revision.

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Section A: ADMINISTRATION/MANAGEMENT

ADMINISTRATION/MANAGEMENT: Policy Development and Monitoring

A.1 The Facility Director ensures that staff have current operations manuals and other information reflecting the facility's policies and procedures.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

<u>On-Site Assessment Items:</u>

Review policies and procedures to determine whether there is an indication of regular (at least annual) review and revision.

If no indication exists on the policies/procedures themselves, interview the facility director and other high-level staff.

	Review Checklist	Yes/No/ Not Applicable	Comments
A.1.1	Ensure written policies and procedures exist for the operation and maintenance of the facility. These policies include at least the implementation subjects addressed in this section.	Y N NA	
A.1.2	Policies and procedures are communicated to:		
A.1.2a	Appropriate staff members	Y N NA	
A.1.2b	Detainees, where appropriate	Y N NA	
A.1.3	Policies and procedures are reviewed and updated on at least an annual basis.	Y N NA	
A.1.4	Staff have been provided with all necessary facility operations and maintenance information including:	Y N NA	
A.1.4a	Policy and procedures	Y N NA	
A.1.4b	Post orders	Y N NA	
A.1.4c	Preventative maintenance protocols (facility specific)	Y N NA	

ADMINISTRATION/MANAGEMENT: Internal Inspections and/or Reviews

A.2 The Facility Director ensures that internal and/or local operational inspections and/or reviews are conducted at least annually and include corrective action follow-up as needed. (K.1)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning internal inspections and/or reviews.

Interview key staff in each area (e.g., physical health, mental health) to verify that inspections and/or reviews occurred and were sufficient to identify significant deficiencies.

Obtain and review any written records of inspections and/or reviews since the date of the most recent previous inspection to determine:

- That inspections and/or reviews of all areas occurred;
- That inspections and/or reviews were conducted by internal reviewers;
- That inspections and/or reviews identified areas of concern.
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Review work orders or other relevant documents to identify corrective action taken.

	Review Checklist	Yes/No Not Applicable	Comments
A.2.1	Ensure written policies and procedures exist that provide for a system of monitoring through inspections and/or reviews on at least an annual basis. These policies include at least the implementation subjects addressed in this section.	Y N NA	
A.2.2	Policies and procedures are communicated to:		
A.2.2a	Appropriate staff members	Y N NA	
A.2.2b	Detainees, where appropriate	Y N NA	
A.2.3	Policies and procedures are reviewed and updated.	Y N NA	
A.2.4	Regular and frequent inspections and/or reviews are conducted in the following areas (small facilities or those holding detainees for less than 24 hours may be exempted from A.2.4 or parts thereof*):		
A.2.4a	Physical health*	Y N NA	
A.2.4b	Mental health*	Y N NA	
A.2.4c	Dental care*	Y N NA	
A.2.4d	Safety	Y N NA	
A.2.4e	Sanitation and food service	Y N NA	
A.2.4f	Security and control	Y N NA	
A.2.4g	Grievances and responses to grievances	Y N NA	
A.2.5	These inspections and/or reviews are separate from external or continuous inspections and/or reviews conducted by other agencies.	Y N NA	

A.2.6	These inspections and/or reviews identify areas of concern, necessary corrective action, and a system of follow-up.	Y N NA	
A.2.7	Documentation of these inspections and/or reviews is kept on file until the next inspection and/or review is conducted.	Y N NA	

ADMINISTRATION/MANAGEMENT: Detainee Records

A.3 The Facility Director maintains detainee records (including medical and mental health records) and ensures their security and confidentiality.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-site Assessment Items:

Review relevant policies, procedures, and documentation concerning detainee records.

Interview facility management staff, corrections staff, health care administrators, and health care staff.

Observe area(s) where records are maintained.

Examine and review process for release and transfer of records.

Review documentation regarding the transfer and release of records and any other available documentation indicating whether release and transfers are made pursuant to written policy/procedures.

	Review Checklist	Yes/No Not Applicable	Comments
A.3.1	Ensure written policies and procedures exist for the maintenance, security, and confidentiality of detainee records. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
A.3.1a	The use and content of records	Y N NA	
A.3.1b	Accountability for records	Y N NA	
A.3.1c	Preservation and schedule for retiring/destroying inactive records	Y N NA	
A.3.1d	The right to privacy and the observance of all requirements relating to the privacy and confidentiality of records the facility maintains.	Y N NA	
A.3.2	Policies and procedures are communicated to:		
A.3.2a	Appropriate staff members		
A.3.2b	Detainees, where appropriate	Y N NA Y N NA	
A.3.3	Policies and procedures are reviewed and updated.	Y N NA	

	Review Checklist	Yes/No Not Applicable	Comments
A.3.4	The following detainee records are securely and confidentially maintained:		
A.3.4a	Classification	Y N NA	
A.3.4b	Disciplinary record	Y N NA	
A.3.4c	Escape history	Y N NA	
A.3.4d	Medical	Y N NA	
A.3.4e	Mental health	Y N NA	
A.3.4f	Dental	Y N NA	
A.3.4g	Property	Y N NA	
A.3.4h	Education/programming	Y N NA	
A.3.5	Ensure policies and procedures exist for the release and transfer of records.	Y N NA	
A.3.5a	Detainee records are documented	Y N NA	
A.3.6	Release and transfer of detainee records is conducted.	Y N NA	
A.3.7	Release and transfer of detainee records is documented.	Y N NA	

ADMINISTRATION/MANAGEMENT: Admission and Orientation

A.4 The Facility Director provides a detainee admission and orientation program. (ICE Standard (a))

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning admission and orientation.

Interview facility management staff, corrections staff, health care administrators, and health care staff.

Review curriculum of inmate orientation program to determine whether it addresses the subject of the relevant policies and procedures.

Observe admission process to determine that all necessary steps are included. Also determine whether all information is made available to detainees.

	Review Checklist	Yes/No Not Applicable	Comments
A.4.1	Ensure written policies and procedures exist for the admission and orientation of detainees. These policies include at least the implementation subjects addressed in this section.	Y N NA	
A.4.2	Policies and procedures are communicated to:		
A.4.2a	Appropriate staff members	Y N NA	
A.4.2b	Detainees, where appropriate	Y N NA	
A.4.3	Policies and procedures are reviewed and updated.	Y N NA	
A.4.4	The admission and orientation process includes:		
A.4.4a	Photographing	Y N NA	
A.4.4b	Fingerprinting	Y N NA	
A.4.4c	Criminal history check	Y N NA	
A.4.4d	Medical screening and referral	Y N NA	
A.4.4e	A mental health and dental receiving screening will be done.	Y N NA	
A.4.4f	Shower	Y N NA	
	Change of clothes		
	Personal hygiene items		
	Inventory of property		

	Review Checklist	Yes/No Not Applicable	Comments
A.4.5	During the admission and orientation process, detainees receive information on (in English/Spanish and any prevailing local language for the specific facility and be shown the "Know Your Rights Video" - By ICE Staff):		
A.4.5a	The inmate discipline system	Y N NA	
A.4.5b	General and legal mail	Y N NA	
A.4.5c	Access to health and mental health services	Y N NA	
A.4.5d	The facility's refusal to tolerate discrimination	Y N NA	
A.4.5e	The facility's commitment to equality of access to programs and services without regard to race, gender, or national origin	Y N NA	
A.4.5f	Available informal mechanisms for bringing problems and questions (including complaints of victimization) to the attention of staff	Y N NA	
A.4.5g	The use of the formal grievance system	Y N NA	
A.4.5h	Law library access (See ICE attachment A - Access not necessary for under 72-hour ICE facility)	Y N NA	
A.4.5i	Pertinent rules and regulations	Y N NA	
A.4.5j	Personal property	Y N NA	
A.4.5k	Telephone and visiting privileges	Y N NA	
A.4.5l	Sick call procedures	Y N NA	
A.4.5m	Facility plan and program for prevention, intervention and remediation of sexual misconduct	Y N NA	
A.4.5n	What constitutes sexual misconduct/sexual harassment. consequences of participating in such activities	Y N NA	
A.4.6	Detainees receive the information in a manner calculated for their understanding (i.e. reading ability, or their preferred language).	Y N NA	

ADMINISTRATION/MANAGEMENT: Personal Property and Monies

A.5 The Facility Director ensures personal property and monies are properly recorded, stored, and returned to detainees upon their release. (K.2)

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-site Assessment Items:

Review relevant policies, procedures, and documentation concerning detainee personal property and monies.

Interview staff in booking area and in property storage area to determine that the system for tracking and maintaining personal property has been implemented and that a system for replacing lost or stolen property, as well as property destroyed by staff, has been implemented.

Interview staff in fiscal department to determine that the system for tracking and maintaining detainees' funds on deposit with the facility has been implemented. Determine also that inmates may challenge discrepancies and review records of the correction of any such discrepancies. Also review records of refunds to detainees upon release, as well as transfers of funds when inmates are transferred to another facility.

Review grievances filed by detainees over the past 120 days regarding personal property or funds on deposit with the facility. [Note: This is a monitoring method that is useful in many areas. Consider including it in additional areas, above.]

	Review Checklist	Yes/No Not Applicable	Comments
A.5.1	Ensure written policies and procedures exist for the collection, storage, and return of detainee personal property and funds. These policies include at least the implementation subjects addressed in this section.	Y N NA	
A.5.2 A.5.2a A.5.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
A.5.3	Policies and procedures are reviewed and updated.	Y N NA	
A.5.4	Ensure a system for the tracking and maintenance of detainee personal property and funds on deposit with the facility exists and is in use.	Y N NA	
A.5.5	Ensure a system for detainees to challenge discrepancies in their financial accounts exists and is in use.	Y N NA	
A.5.6	Ensure a system for the facility to replace items lost or stolen from detainee property storage exists and is in use.	Y N NA	
A.5.7	Ensure a system for the facility to replace detainee property destroyed or damaged, intentionally or inadvertently, by staff exists and is in use.	Y N NA	
A.5.8	The facility returns detainee personal property and funds to which the detainee is entitled.	Y N NA	

ADMINISTRATION/MANAGEMENT: Detainee Release

A.6 The Facility Director ensures detainees are released only with proper orders, identity verification, and notification. (K.3)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning detainee release.

Interview staff regarding release procedures. Verify through examination of any documentation that may exist regarding prior releases or releases during the course of the review.

Interview high-ranking staff to determine any instances of improper releases.

Examine documentation supporting notification of authorities prior to a detainee's release. (Such authorities include at least those who have issued notification of a detainer, as well as representatives of the DOJ agency with jurisdiction over the prisoner).

	Review Checklist		Comments
A.6.1	Ensure written policies and procedures exist for the release of detainees. These policies include at least the implementation subjects addressed in this section.	Y N NA	
A.6.2 A.6.2a A.6.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
A.6.3	Policies and procedures are reviewed and updated.	Y N NA	
A.6.4	Prior to releasing a detainee, the facility verifies relevant paperwork/orders, as well as the identity of the detainee being released.	Y N NA	
A.6.5	Authorities are notified of the impending detainee release.	Y N NA	

ADMINISTRATION/MANAGEMENT: Accommodations for the Disabled

A.7 The Facility Director ensures that accommodations are made for disabled detainees if the particular facility accepts disabled detainees.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning accommodations for the disabled.

Interview random staff to determine their ability to recognize and respond to the special needs of disabled detainee (e.g., necessary accommodations in showering, eating, programming, and other activities).

Interview several disabled detainees, if available, to determine the extent to which they feel staff respond properly to the special needs of such detainees.

Tour facility to identify accessibility and safety or reasonable alternatives for inaccessible or unsafe areas. Through discussions with staff during the tour, identify any areas accessible to non-disabled detainees to which disabled inmates are denied access.

Note the presence of disabled detainees, if any, in various areas of the institution.

	Review Checklist		Comments
A.7.1	Ensure written policies and procedures exist for the accommodation of disabled detainees. These policies include at least the implementation subjects addressed in this section.	Y N NA	
A.7.2	Policies and procedures are communicated to:		
A.7.2a	Appropriate staff members	Y N NA	
A.7.2b	Detainees, where appropriate	Y N NA	
A.7.3	Policies and procedures are reviewed and updated.	Y N NA	
A.7.4	All areas of the facility that are used by detainees are safe and accessible by those who are physically challenged, elderly, hearing impaired, or visually impaired.	Y N NA	
A.7.4a	For those areas that are not safe and accessible, a reasonable alternative has been made available.	Y N NA	
A.7.4b	Staff recognize and respond to the special needs of the physically challenged, elderly, hearing impaired, or visually impaired.	Y N NA	
A.7.5	Disabled detainees are able to access and make use of appropriate areas of the facility	Y N NA	

Section B: Health Care

HEALTH CARE: Intake Health Screening

B.1 The Facility Director ensures that medical, dental, and mental health screenings are performed by trained, licensed health care professionals at intake and that follow-up action is taken, when necessary.

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

<u>On-Site Assessment Items:</u>

Review relevant policies, procedures, and documentation concerning health screenings and dispositions.

Interview facility management staff, health care administrators, health care staff, and a sample of detainees.

Observe health screens to determine if:
- Screens are performed properly;
- Medications are handled properly; and
- Language barriers are accounted for.

Review health records for:
- Screening upon admission to the facility;
- Screening form;
- Referral of detainees with health care needs; and
- Reordering of medications.
- Documented tuberculosis status

Check the percentage of detainees being screened within the required time frame.
Interview staff regarding depth and quality of training with respect to intake health screening.
Spot check health screening records of detainees observed during facility tour who appear to have health conditions or health needs.

	Review Checklist		Comments
B.1.1	Ensure written policies and procedures exist that provide for receiving health screens upon booking. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
B.1.1a	Policies provide for licensed, trained personnel to conduct such screens and provide for necessary referrals.	Y N NA	
B.1.2	Policies and procedures are communicated to:		
B.1.2a	Appropriate staff members	Y N NA	
B.1.2b	Detainees, where appropriate	Y N NA	
B.1.3	Policies and procedures are reviewed and updated.	Y N NA	
B 1.4	Intake Health Screening is performed upon booking (for facilities housing detainees more than 72 hours).	Y N NA	

	Review Checklist		Comments
B.1.5	Health screenings include:		
B.1.5a	Urgent or emergent medical needs are identified	Y N NA	
B.1.5b	Emergency medical needs are identified	Y N NA	
B.1.5c	Chronic care problems documented	Y N NA	
B.1.5d	Current medications or medication needs	Y N NA	
B.1.5e	Mental status:		
	Current or past hospitalization for mental disorders	Y N NA	
	Current or past need for mental health treatment, especially in previous incarcerations	Y N NA	
	Current or past thoughts of hurting or killing oneself	Y N NA	
	Current or past suicidal plans	Y N NA	
	History of suicidal attempts	Y N NA	
	Hearing voices (auditory hallucinations)	Y N NA	
	Seeing things that other people do not appear to see (visual hallucinations)	Y N NA	
B.1.5f	Tuberculosis:		
	- Interview detainee to ascertain if they have had tuberculosis screening within the last twelve months	Y N NA	
	- A tuberculin skin test or chest radiograph is performed in conjunction with intake for all detainees. This test should be performed within 72 hours of arrival.	Y N NA	
	- Symptoms screening for tuberculosis is performed at the intake screening (e.g. is the patient asked if he/she has cough, weight loss, night sweats)	Y N NA	
	- Persons who have symptoms of tuberculosis are referred to a health professional within the same day of identification of symptoms	Y N NA	
	- Persons with positive tuberculin skin testing have a follow up assessment within 48 hours	Y N NA	
B.1.5g	Pregnancy testing (as appropriate)	Y N NA	
B.1.5h	Drug and alcohol intoxication and withdrawal	Y N NA	
B.1.5i	Data on positive skin tests for TB are maintained.	Y N NA	

	Review Checklist		Comments
B.1.6	Until detainees are health screened:		
B.1.6a	Staff provide visual monitoring.	Y N NA	
B.1.6b	Detainees are provided the opportunity to report illness and emergent medical, mental and dental health needs	Y N NA	
B.1.6c	The facility follows up on identified needs in a timely manner	Y N NA	
B.1.7	Health screened detainees are:		
B.1.7a	Referred for further follow-up to medical personnel within the next business day, if any medical, mental or dental health issue is identified by the screening process.	Y N NA	
B.1.7b	Promptly referred for emergency treatment as indicated.	Y N NA	
B.1.8	Detainees who enter the facility on prescription medications receive those medications in a timely manner, (medication is determined either by verification with the detainee's treating physician or through a review by the mid-level provider).	Y N NA	

HEALTH CARE: Medical, Dental, and Mental Health Appraisals

B.2 The Facility Director ensures that full medical, dental, and mental health assessments are completed by trained, licensed health care professionals for each detainee, within 14 days of arrival. (K.4)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning health appraisals.

Interview facility management staff, health care administrators, health care staff, and a sample of detainees.

Review a sampling of detainee medical records (not including transfers) to determine compliance with:

Health appraisals within 14 days of booking
Components of health appraisals
Components of mental health appraisals
Components of dental screenings
Signature blocks for staff conducting health appraisals
Dispositions of detainees based upon their health status
Signature blocks for staff conducting mental health appraisals

	Review Checklist		Comments
B.2.1	Adequate written policies and procedures exist for full medical, dental, and mental health appraisals. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
B.2.1a	Timely completion of health appraisals	Y N NA	
B.2.1b	Collection and recording of health assessment data	Y N NA	
B.2.1c	Protocols and procedures for appraisals are determined by the responsible physician and meet recognized professional standards	Y N NA	
B.2.1d	Documented provisions for people who wish to refuse the assessment.	Y N NA	
B.2.3	Policies and procedures are reviewed and updated as appropriate.	Y N NA	
B.2.4	Full medical, mental health and dental health assessments of detainees are completed within 14 days of their arrival at the facility unless the detainee is referred for immediate full appraisal or emergency care at the time of intake health screening.	Y N NA	

B.2.5	Health appraisals include:		
B.2.5a	Review of health screenings and prior medical records	Y N NA	
B.2.5b	History of past and current illnesses	Y N NA	
B.2.5c	Vital signs, including temperature, blood pressure, and pulse	Y N NA	
B.2.5d	Weight and height,	Y N NA	
B.2.5e	Physical examination	Y N NA	
B.2.5f	Clinically appropriate diagnostic testing	Y N NA	
B.2.5g	Review of immunizations for juveniles	Y N NA	
B.2.5h	Oral/dental inspections	Y N NA	
B.2.5i	Abuse history	Y N NA	
B.2.5j	Pelvic exams, as appropriate	Y N NA	
B.2.5k	Allergies and chemical sensitivities	Y N NA	
B.2.5l	Determination of whether the detainees medical circumstances preclude the use of any force devices	Y N NA	
B.2.6	Mental health appraisals include:		
B.2.6a	Chemical dependency	Y N NA	
B.2.6b	Psychiatric hospitalizations	Y N NA	
B.2.6c	Psychiatric treatments	Y N NA	
B.2.6d	Mental retardation	Y N NA	
B.2.6e	Cognitive impairments	Y N NA	
B.2.6f	Developmental disabilities	Y N NA	
B.2.6g	Mental status examination	Y N NA	
B.2.6h	Suicide risk assessment	Y N NA	
B.2.7	Physical examinations are conducted only by a physician's assistant, nurse practitioner, or physician (and trained registered nurse permitted by law).	Y N NA	
B.2.8	Information regarding medical circumstances that impact upon use of force, housing or programming for detainees, is communicated to security or other staff.	Y N NA	

B.2.9	Mental health dispositions are formulated based on the health care appraisal results.	Y N NA	
B.2.10	Mental health appraisals are conducted by a physician or other licensed health/mental health professional.	Y N NA	
B.2.11	Dental appraisals include:		
B.2.11a	Review of screenings and prior dental records	Y N NA	
B.2.11b	Need Dental Checklist from PHS staff	Y N NA	
B.2.11c	Documentation of Refusal	Y N NA	

HEALTH CARE: Access to Routine, Acute, Chronic, and Emergency Health Services

B.3 The Facility Director ensures that detainees have timely access to and receive dental, medical, and mental health care services from trained and/or licensed health care professionals for chronic and emergency conditions, as well as routine care when warranted. (K.5)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning access to routine, acute, chronic, and emergency services.

Interview facility management staff, health care administrators, health care staff, and a sample of detainees.

Observe health care unit operations for:

Safe, secure, humane environment
Availability of emergency medical supplies
Systems to distribute/administer medication
"Watch/swallow" basis for narcotics/psychotropics
Supervision and training of non-licensed direct care providers
Prohibition of detainees as direct care providers
Adequacy of facilities, supplies, equipment, "specialty beds "
Confidentiality of clinical encounters

Review a sampling of detainee medical records for those detainees with chronic medical conditions (i.e. Insulin Dependent Diabetes Mellitus (IDDM), Hypertension (HTN), Chronic Obtrusive Pulmonary Diseases (COPD), Acquired Immune Deficiency Syndrome (AIDS)) to determine:
Regularity of scheduling of detainees with chronic conditions
Treatment plans are individualized
Physician-directed care and verbal/written orders

Review all documentation concerning hospital transfers.

Review documentation of patients or detainees who frequently receive medical and/or mental health treatment.

	Review Checklist		Comments
	Access to Health Care		
B.3.1	Ensure written policies and procedures exist for access to health care. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
B.3.1a	Transfer detainees to outside medical facilities or health care providers	Y N NA	
B.3.2	Policies and procedures are communicated to:		
B.3.2a	Appropriate staff members	Y N NA	
B.3.2b	Detainees, where appropriate	Y N NA	
B.3.3	Policies and procedures are reviewed and updated.	Y N NA	
B.3.4	Requests for Health Care:		
B.3.4a	Detainees in general population have daily opportunities to request health care without the request being transmitted by another detainee	Y N NA	
B.3.4b	Detainees in segregation:		
	-Have daily opportunities to request health care without the request being transmitted by another detainee	Y N NA	
	-Are visually assessed by medical staff daily to determine the detainees health status	Y N NA	
B.3.4c	Detainee requests or needs are documented	Y N NA	
B.3.5	Detainees are not denied access to health care due to inability to pay co-payment.	Y N NA	
B.3.5a	Indigent and chronic detainees are not charged co-pays	Y N NA	

B.3.6	Detainee routine requests are triaged by a healthcare professional within 24 hours on weekdays.	Y N NA	
B.3.7	Triage requests are acted upon by the recommended level of health care professional in a timely manner.	Y N NA	
B.3.8	Detainees with chronic medical problems are scheduled to be seen regularly as their illnesses dictate.	Y N NA	
	Involuntary Treatment (Note: A request for authorization is required from the appropriate agency (ICE, USMS, etc.) prior to providing involuntary treatment).		
B.3.9	Ensure written policies and procedures exist for involuntary treatment. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.3.10	Policies and procedures are communicated to:		
B.3.10a	Appropriate staff members	Y N NA	
B.3.10b	Detainees, where appropriate	Y N NA	
B.3.11	Policies and procedures are reviewed and updated.	Y N NA	
B.3.12	Detainees may not be treated against their will, except under the circumstances where federal, state or local law permits, or in accordance with a court order.	Y N NA	
B.3.13	The use of involuntary psychotropic medication is consistent with case law and/or statute in the pertinent district. (Note: A request for authorization is required from the appropriate agency (ICE, USMS, etc.) prior to administration of psychotropic medication.)	Y N NA	

	Medical Care		
B.3.14	Ensure written policies and procedures exist for medical health care. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.3.15	Policies and procedures are communicated to:		
B.3.15a	Appropriate staff members	Y N NA	
B.3.15b	Detainees, where appropriate	Y N NA	
B.3.16	Policies and procedures are reviewed and updated.	Y N NA	
B.3.17	Treatment plans are developed and updated in a timely fashion by a physician or other health care professional.	Y N NA	
B.3.18	The facility follows the treatment plan.	Y N NA	
B.3.19	Treatment plans include instruction about:		
B.3.19a	Diet	Y N NA	
B.3.19b	Exercise	Y N NA	
B.3.19c	Adaptation to the correctional environment	Y N NA	
B.3.19d	Medication	Y N NA	
B.3.19e	Type and frequency of diagnostic testing	Y N NA	
B.3.19f	Frequency of follow-up for medical evaluation and adjustment of treatment modality	Y N NA	
B.3.20	Medical care is provided to detainees.	Y N NA	
B.3.20a	This care is provided under the direction and supervision of a doctor.	Y N NA	

	Special Needs		
B.3.21	Ensure written policies and procedures exist for special needs patients, incorporating the concepts of this section and also:	Y N NA	
B.3.21a	Policy dictates guidance for care and decision making for detainees with special needs requiring close medical supervision or multi-disciplinary care.	Y N NA	
B.3.22	Policies and procedures are communicated to:		
B.3.22a	Appropriate staff members	Y N NA	
B.3.22b	Detainees, where appropriate	Y N NA	
B.3.23	Policies and procedures are reviewed and updated.	Y N NA	
B.3.24	Before decisions are made regarding housing assignments, work limitations, program assignments, discipline, and admissions to and transfers from the institution, there is written communication between the jail administrator and the responsible physician or designee regarding patients with special needs.	Y N NA	
B.3.25	Special needs patients include:		
B.3.25a	Chronically ill	Y N NA	
B.3.25b	Detainees with communicable diseases	Y N NA	
B.3.25c	Physically disabled	Y N NA	
B.3.25d	Pregnant	Y N NA	
B.3.25e	Frail elderly	Y N NA	
B.3.25f	Terminally ill	Y N NA	
B.3.25g	Developmentally disabled	Y N NA	

B.3.26	Female detainees receive gynecological and obstetrical treatment and examinations, including pap smears and mammograms, in accordance with community medical standards for those detainees in uninterrupted custody for 12 months or more.	Y N NA	
B.3.27	Pregnant detainees are referred to and evaluated by an Obstetrican/ Gynecologist or qualified practitioner for routine prenatal care.	Y N NA	
B.3.28	Detainee emergent needs are handled promptly.	Y N NA	
B.3.29	Special needs detainees receive necessary care.	Y N NA	
B.3.29a	Detainees are enrolled in chronic care clinics in an appropriate timeframe	Y N NA	
B.3.29b	Appropriate diagnostic testing is done	Y N NA	
B.3.29c	Detainees receive appropriately targeted physical examinations	Y N NA	
B.3.29d	Detainees receive appropriate and timely subspecialty consults	Y N NA	
B.3.29e	Detainees receive preventative healthcare, as appropriate (e.g. influenza vaccines)	Y N NA	
B.3.30	**Dental Health Care**		
	Ensure written policies and procedures exist for dental health care. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.3.31	Policies and procedures are communicated to:		
B.3.31a	Appropriate staff members	Y N NA	
B.3.31b	Detainees, where appropriate	Y N NA	
B.3.32	Policies and procedures are reviewed and updated.	Y N NA	

B.3.33	Dental care is provided to detainees under the direction of and supervision of a dentist.	Y N NA	
B.3.34	Routine requests for dental care are triaged within 24 hours on weekdays.	Y N NA	
B.3.35	Triaged requests for dental care are acted upon by the appropriate level of health care provider.	Y N NA	
B 3.36	Detainees with a length of stay greater than one year have access to routine dental care including cleanings.	Y N NA	
B.3.37	Detainee emergent needs are handled promptly.	Y N NA	
B.3.38	Detainees receive necessary care.	Y N NA	

	Review Checklist		Comments
	Mental Health (Note: A request for authorization is required from the appropriate agency (ICE, USMS, etc.) prior to providing mental health care off-site services).		
B.3.39	Ensure written policies and procedures exist for the provision of mental health services. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
B.3.39a	Brief mental health assessments	Y N NA	
B.3.39b	Comprehensive mental health evaluations	Y N NA	
B.3.39c	Referrals	Y N NA	
B.3.39d	Treatment plans	Y N NA	
B.3.39e	Administration of psychotropic medication	Y N NA	
B.3.39f	Discharge planning	Y N NA	
B.3.40	Policies and procedures are communicated to:		
B.3.40a	Appropriate staff members	Y N NA	
B.3.40b	Detainees, where appropriate	Y N NA	
B.3.41	Policies and procedures are reviewed and updated.	Y N NA	
B.3.42	A system is in place for detainees to be referred or to self refer when mental health needs arise after classification.	Y N NA	
B.3.43	The facility provides a safe, secure, and humane environment for detainees undergoing mental health treatment.	Y N NA	

B.3.44	Brief mental health assessments are performed within 72 hours of any positive screen and referral or post-classification referral for mental health concerns.	Y N NA	
B.3.45	The facility provides a comprehensive mental health evaluation where indicated for treating mental disorders.	Y N NA	
B.3.46	Immediate evaluations are made available in emergent situations, and the detainee is watched until the crisis responder arrives.	Y N NA	
B.3.47	Following a brief mental or comprehensive mental evaluation, treatment plans are created where indicated	Y N NA	
B.3.48	Treatment plans are followed	Y N NA	
B.3.49	The facility provides access to the following types of mental health care, as necessary:		
B.3.49a	Crisis Care	Y N NA	
B.3.49b	Infirmary Care	Y N NA	
B.3.49c	Hospital Care	Y N NA	
B.3.49d	Outpatient Care	Y N NA	
B.3.50	A facility has a system for providing psychotropic medications as needed, including in emergency circumstances	Y N NA	

B.3.51	Sexual Assault (Note: A notification is required to the appropriate agency (ICE, USMS, etc.) in cases of sexual assault.) Ensure written policies and procedures exist for medical/ mental health department response to sexual assault. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.3.52 B.3.52a B.3.52b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
B.3.53	Policies and procedures are reviewed and updated.	Y N NA	
B.3.54	The facility provides a safe, secure, and humane environment for sexually assaulted detainees undergoing mental health treatment.	Y N NA	

B.3.55	For detainees who have been sexually assaulted and have not been referred to a community facility for treatment and gathering of evidence (as required):		
B.3.55a	History is taken	Y N NA	
B.3.55b	Evaluations are performed	Y N NA	
B.3.55c	Injuries are documented	Y N NA	
B.3.55d	Referrals are made	Y N NA	
B.3.55e	With detainee's consent, evidence is taken	Y N NA	
B.3.55f	Prophylactic treatment is provided, as necessary.	Y N NA	
B.3.55g	Testing and counseling is provided, as necessary.	Y N NA	
B.3.55h	Evaluation and referral by mental health professional is performed	Y N NA	
B.3.55i	Facility takes measures to protect victims from further assault by their assailants.	Y N NA	

	Review Checklist		Comments
	Emergency Health		
B.3.56	Ensure written policies and procedures exist for emergency health care, including emergency evacuation and transportation. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.3.57	Policies and procedures are communicated to:		
B.3.57a	Appropriate staff members	Y N NA	
B.3.57b	Detainees, where appropriate	Y N NA	
B.3.58	Policies and procedures are reviewed and updated.	Y N NA	
B.3.59	Necessary written agreements with other agencies exist.	Y N NA	
B.3.60	Staff practice medical emergency plans, and bi-annual trial runs are documented.	Y N NA	
B.3.61	Supplies necessary for medical emergencies are readily available.	Y N NA	
B.3.62	Detainee emergent needs are handled promptly.	Y N NA	
	Medication Distribution and Administration		
B.3.63	Ensure written policies and procedures exist for the administration and distribution of medications. These policies include at least the implementation subjects addressed in this section.	Y N NA	

B.3.64 B.3.64a B.3.64b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
B.3.65	Policies and procedures are reviewed and updated.	Y N NA	
B.3.66	Records of administration and distribution of medication are properly maintained and documented.	Y N NA	
B.3.67	The facility complies with pertinent state and federal rules and regulations. Effects of medications are properly monitored.	Y N NA	
B.3.68	Medications are administered by properly trained staff consistent with state law.	Y N NA	
B.3.69	Systems are in place to address the timely distribution and administration of medications according to the prescription of a qualified health care provider. Health care providers re-evaluate prescriptions prior to renewal.	Y N NA	
B.3.70	Detainees are given a supply of appropriate facility (7-days for females/3 days for males and/or as required by the appropriate government agency) medication upon their discharge or transfer from the facility.	Y N NA	
B.3.71	Narcotics and psychotropic medications are delivered to detainees on a “watch/swallow” basis.	Y N NA	
	Decision Making and Administration of Care		
B.3.72	Ensure written policies and procedures exist for decision making and administration of care. These policies include at least the implementation subjects addressed in this section.	Y N NA	

B.3.73 B.3.73a B.3.73b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
B.3.74	Policies and procedures are reviewed and updated.	Y N NA	
B.3.75	Responsible health authority oversees the provision of medical, mental and dental health services.	Y N NA	
B.3.76	Medical decisions are made by and oversight is provided by a designated, licensed, responsible physician.	Y N NA	
B.3.77	Clinical treatment is performed by healthcare professionals pursuant to written and verbal orders by personnel authorized by law to give such orders.	Y N NA	
B.3.78	Trained, non-licensed direct care personnel are supervised by the responsible health authority.	Y N NA	
B.3.79	Detainees are prohibited from all direct patient healthcare.	Y N NA	
B.3.81	There are active and ongoing efforts to evaluate the quality of patient care.	Y N NA	
B.3.82	Responsible physician ensures that improvements to patient care are made and identified problems are resolved to maintain a safe and humane facility.	Y N NA	

B.3.83	**Facilities** The facility has sufficient equipment, supplies, and space for clinicians to perform their responsibilities.	Y N NA	
B.3.84	There is a designated area to treat detainees injured in crisis situations.	Y N NA	
B.3.85	Crisis beds are situated so that detainees can be watched, as necessary.	Y N NA	

	Medical Records and Information		
B.3.86	Ensure written policies and procedures exist for medical records, including the following implementation items:	Y N NA	
B.3.86a	Sharing medical information with health care providers in the community, when indicated	Y N NA	
B.3.86b	Confidentiality of health records is maintained.	Y N NA	
B.3.86c	Privacy of clinical encounters and appropriateness of settings	Y N NA	
B.3.86d	Sharing medical information with corrections personnel, and correctional information with medical personnel, where appropriate.	Y N NA	
B.3.87	Medical records are available as follows:		
B.3.87a	Medical records are organized.	Y N NA	
B.3.87b	Medical records are maintained separately in a confidential, secure manner, consistent with applicable law	Y N NA	
B.3.87c	Medical records are available to clinicians when they see patients.	Y N NA	
B.3.87d	Inactive medical files are maintained in accordance with state and/or Federal law.	Y N NA	
B.3.88	Detainee medical, dental and mental health information is kept confidential.	Y N NA	
B.3.89	Clinical encounters are private and chaperoned, where available.	Y N NA	

	Medical Restraints and Therapeutic Seclusion		
B.3.90	Ensure written medical policies and procedures exist for medical restraints and therapeutic seclusion. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
B.3.90a	Criteria for application for restraints	Y N NA	
B.3.90b	Therapeutic setting with staff and medication available	Y N NA	
B.3.90c	Authority to order and renew orders	Y N NA	
B.3.90d	Discontinuation of restraints	Y N NA	
B.3.90e	Documentation requirements	Y N NA	
B.3.90f	Monitoring frequency by ordering authority and support staff	Y N NA	
B.3.90g	Types of restraints allowed, when, where and how long they may be used.	Y N NA	
B.3.91	Medical policies and procedures are communicated to:		
B.3.91a	Appropriate staff members	Y N NA	
B.3.91b	Detainees, where appropriate	Y N NA	
B.3.92	Medical policies and procedures are reviewed and updated.	Y N NA	
B.3.93	Restraints are removed as soon as possible.	Y N NA	
B.3.94	Use of restraints is authorized by a physician , or where permitted by state law, a clinical psychologist, upon reaching the conclusion that no less restrictive treatment is required.	Y N NA	
B.3.95	Restrained or secluded detainees are seen, at a minimum, every 4 hours by a healthcare professional.	Y N NA	
B.3.96	Restrained or secluded detainees are checked every 15 minutes by correctional personnel or qualified health care professional.	Y N NA	

	Discharge Planning		
B.3.97	Ensure written policies and procedures exist for discharge planning. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.3.98	Policies and procedures are communicated to:		
B.3.98a	Appropriate staff members	Y N NA	
B.3.98b	Detainees, where appropriate.	Y N NA	
B.3.99	Policies and procedures are reviewed and updated.	Y N NA	
B.3.100	Detainees identified as having long term or potentially serious conditions are referred to follow-up clinics or community resources as medically indicated.	Y N NA	
B.3.101	For detainees receiving medical, dental or mental health treatment, the responsible health care provider and/or dentist determines if a discharge plan should be initiated to facilitate the detainee's treatment and follow-up.	Y N NA	
B.3.102	Discharge plans are initiated and include provisions for: (A 7-day supply for females/3-day supply for males of non-prescription medical supplies ((i.e. bandages/wrappings, surringes, etc.))		
B.3.102a	Referral	Y N NA	
B.3.102b	Diet	Y N NA	
B.3.102c	Medications.	Y N NA	

HEALTH CARE: Experimental Research

B.4 The Facility Director ensures that detainees do not volunteer or are recruited for biomedical, behavioral, pharmaceutical, or cosmetic research.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items

Review relevant policies, procedures, and documentation concerning experimental research.

Interview facility management staff, health care administrators, health care staff, and a sample of detainees.

	Review Checklist		Comments
B.4.1	Ensure written policies and procedures exist for experimental research These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.4.2	Policies and procedures are communicated to:		
B.4.2a	Appropriate staff members	Y N NA	
B.4.2b	Detainees, where appropriate	Y N NA	
B.4.3	Policies and procedures are reviewed and updated.	Y N NA	
B.4.4	No detainee is a subject of biomedical or behavioral research; any exceptions to the above standard require written approval of the agency of custody.	Y N NA	
B.4.4a	Detainees may not be subjects of research limited or barred by applicable state or local law.	Y N NA	
B.4.5	The detainee receives treatment, including medicine, under a Department of Health and Human Services (DHHS) approved clinical trial.	Y N NA	
B.4.5a	Enrollment in DHHS-approved clinical trials requires the written approval of the responsible physician and the agency of custody.	Y N NA	

HEALTH CARE: Response to Medical, Mental, and Dental Health Needs

B.5 The Facility Director ensures that all staff members are trained and the necessary licensed health care professionals, supplies, equipment, and facilities are available to respond to the medical, dental, and mental health needs of detainees.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning response to medical, mental, and dental health needs.

Interview facility management staff, health care administrators, health care staff, trained healthcare personnel, and a sample of detainees.

Observe medical, mental, and dental health response procedures and operations.

	Review Checklist		Comments
B.5.1	Ensure written policies and procedures exist for response to medical, mental, and dental health needs. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.5.2 B.5.2a B.5.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
B.5.3	Policies and procedures are reviewed and updated.	Y N NA	
B.5.4	There is a sufficient health training program for corrections and health care staff.	Y N NA	
B.5.5	Corrections staff facilitate detainee access to medical care.	Y N NA	
B.5.6	Staff assigned to intake screening receive sufficient training and ongoing supervision by a qualified healthcare professional.	Y N NA	
B.5.7	Health care staff work with corrections staff to ensure that detainee health needs are met.	Y N NA	
B.5.8	A program/process exists for the facilitation of communication with and by detainees whose language limitations require the assistance of a translator or other intermediary.	Y N NA	

HEALTH CARE: Suicide Prevention

B.6 The Facility Director ensures that a suicide prevention program is in place and that staff are regularly trained to recognize the signs and situations that indicate a potential suicide risk. The appropriate agency (USMS, ICE, etc.) will be notified immediately of a detainee suicide or attempted suicide. The Facility Director ensures that a suicide prevention program is in place.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning suicide prevention, including the frequency of training to recognize and prevent potential suicides.

Interview facility management staff, health care administrators, health care staff, detainees on suicide watch and review the logs for status.

Observe staff monitoring and housing of detainees on suicide watch.

	Review Checklist		Comments
B.6.1	Ensure written policies and procedures exist for suicide prevention and response to suicide. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.6.2	Policies and procedures are communicated to:		
B.6.2a	Appropriate staff members	Y N NA	
B.6.2b	Detainees, where appropriate	Y N NA	
B.6.3	Policies and procedures are reviewed and updated.	Y N NA	
B.6.4	All staff are trained to recognize and respond to the warning signs of suicide-prone detainees.	Y N NA	
B.6.5	All staff are trained to recognize and respond to suicide attempts in progress.	Y N NA	
B.6.6	Staff and detainees bring suicidal detainees to the attention of mental health professionals.	Y N NA	
B.6.7	A Sufficient number of qualified mental health professionals are available to perform timely assessments of a detainee's risk of suicide when referred:	Y N NA	
B.6.7a	Detainees are seen by a mental health professional within the timeframe recommended by a mental or medical health professional who conducts initial screens.	Y N NA	
B.6.7b	Detainees that are at risk for suicide are seen by a qualified medical or mental health professional within one business day and remain under observation in interim.	Y N NA	

	Review Checklist		
B.6.8	Potentially suicidal detainees are monitored through direct supervision at the assessed level of need.	Y N NA	
B.6.9	There is housing for detainees that allows for direct visual surveillance and is as suicide-resistant as possible.	Y N NA	
B.6.10	The following are documented with detail:		
B.6.10a	Identification and monitoring of potential and attempted suicides	Y N NA	
B.6.10b	Completed suicides	Y N NA	
B.6.11	At a minimum, the following parties are notified of an attempted or completed suicide:		
B.6.11a	Family members	Y N NA	
B.6.11b	Facility administrator	Y N NA	
B.6.11c	Component agency	Y N NA	
B.6.12	Detainees who exhibit suicidal symptoms receive medical and mental heath care, housing and supervision.	Y N NA	
B.6.13	Critical incident debriefings for suicides and suicide attempts are held with affected staff and detainees.	Y N NA	
B.6.14	Suicidal detainees are treated respectfully.	Y N NA	

HEALTH CARE: Detainee Hunger Strikes

B.7 The Facility Director ensures that all staff are trained to recognize and respond to a detainee hunger strike, and that follow-up medical and mental health treatment is provided, as necessary. The appropriate agency (USMS, ICE, etc.) will be notified immediately of a detainee hunger strike.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning hunger strikes.

Interview facility management staff, health care administrators, health care staff, and detainees.

Review contingency plans for staff monitoring and housing of detainees on hunger strike.

Review medical records/documentation concerning treatment of detainees on hunger strike.

	Review Checklist		**Comments**
B.7.1	Ensure written policies and procedures exist for response to detainee hunger strikes which include at least the implementation subjects addressed in this section. Note: For the purposes of this section, a detainee is on a hunger strike: When he or she communicates that fact to staff and is observed by staff to be refraining from eating for a period of time, ordinarily in excess of 72 hours; or When staff observe the detainee to be refraining from eating for a period in excess of 72 hours. These procedures apply even when a detainee's failure or refusal to eat is due to mental or any other reason	Y N NA	
B.7.2 B.7.2a B.7.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
B.7.3	Policies and procedures are reviewed and updated.	Y N NA	
B.7.4	Detainees on hunger strike receive medical care.	Y N NA	
B.7.5	The detainee on hunger strike is in isolated housing and for close monitoring to include levels of food consumption.	Y N NA	

	Review Checklist		**Comments**
B.7.6	Baseline height, weight, vital signs, and psychological evaluation performed upon initial referral of a detainee on hunger strike.	Y N NA	
B.7.7	There is documentation in the medical record for the ongoing medical and mental health monitoring and care.	Y N NA	
B.7.8	Three meals per day are offered to a detainee on hunger strike and it is documented.	Y N NA	
B.7.9	Ensure a supply of drinking water is offered to a detainee on hunger strike and it is documented.	Y N NA	

B.8 The Facility Director ensures that staff are trained to respond to the serious illness or death of a detainee. The appropriate agency (USMS, ICE, etc.) will be notified immediately of a detainee death or serious illness or injury.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning detainee death.

Interview facility management staff, health care administrators, health care staff, and detainees.

Examine mortality reviews, notifications and autopsy requests/records.

	Review Checklist		Comments
B.8.1	Ensure written policies and procedures exist for response to detainee death, including the following topics:	Y N NA	
B.8.1a	Policies require immediate notification of the DOJ/DHS agency with custody.	Y N NA	
B.8.1b	Policies require the notification of next-of-kin.	Y N NA	
B.8.1c	Policies reflect directives from the DOJ/DHS agency with custody.	Y N NA	
B.8.2	Policies and procedures are communicated to:		
B.8.2a	Appropriate staff members	Y N NA	
B.8.2b	Detainees, where appropriate	Y N NA	
B.8.3	Policies and procedures are reviewed and updated.	Y N NA	
B.8.4	The local coroner or state medical examiner is notified, in concert with state law and procedure.	Y N NA	
B.8.5	Local law enforcement is notified in cases where death occurred under suspicious circumstances.	Y N NA	
B.8.6	Consistent with religious requirements and medical circumstances, postmortem examinations are performed as quickly as possible.	Y N NA	
B.8.7	A mortality review with written findings and recommendations is conducted by the facility within 30 days.	Y N NA	
B.8.8	Results of the mortality review are acted upon in a timely manner and it is documented.	Y N NA	

	Review Checklist		Comments
B.8.9	The body is not be released until the presiding DOJ/DHS component gives the facility permission to do so.	Y N NA	

HEALTH CARE: Informed Consent/ Involuntary Treatment

B.9 The Facility Director ensures that informed consent guidelines are followed prior to the delivery of care. The appropriate agency (USMS, ICE, etc. will be notified in advance of providing such care.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning informed consent and involuntary treatment.

Interview facility management staff, health care administrators, health care staff, and detainees.

Review records, if available, concerning the following treatments or conditions:

Obtaining consent
Right to refuse health care
Informed consent for detainees under age 18

	Review Checklist		Comments
B.9.1	Ensure written policies and procedures exist for informed consent regarding examination treatment and medical procedures. The policies and procedures include at least the implementation subjects addressed in this section, and also:	Y N NA	
B.9.1a	Right of detainees to refuse health care	Y N NA	
B.9.2	Policies and procedures are communicated to:		
B.9.2a	Appropriate staff members	Y N NA	
B.9.2b	Detainees, where appropriate	Y N NA	
B.9.3	Policies and procedures are reviewed and updated.	Y N NA	
B.9.4	Informed consent is obtained in writing before a detainee receives examination, treatment and medical procedures, consistent with applicable laws.	Y N NA	
B.9.5	For invasive procedures, psychotropic medications, or any approved research protocols, informed consent is coordinated with the appropriate agency (USMS, ICE, etc.), and it is documented, consistent with applicable laws.	Y N NA	
B.9.6	Detainees are permitted to exercise their rights to refuse health care. Such refusals must be documented and reported to the appropriate agency (USMS, ICE, etc.) in potentially life threatening cases.	Y N NA	
B.9.7	Consent for examination, treatment and medical procedures for detainees under legal age is obtained in accordance with applicable law.	Y N NA	

HEALTH CARE: Infectious Diseases

B.10 The Facility Director ensures that there is an infectious disease control program which promotes a safe and healthy environment for staff, detainees, and visitors.

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning infectious disease in accordance with current Center for Disease Control and OSHA guidelines.

Interview facility management staff, corrections staff, security staff, and detainees.

Interview medical staff to determine the infectious disease program has been implemented.

	Review Checklist		Comments
B.10.1	Ensure written policies and procedures exist to control infectious diseases, including a policy for a compliant infection control program. These policies include at least the implementation subjects addressed in this section.	Y N NA	
B.10.2	Policies and procedures are communicated to:		
B.10.2a	Appropriate staff members	Y N NA	
B.10.2b	Detainees, where appropriate	Y N NA	
B.10.3	Policies and procedures are reviewed and updated.	Y N NA	

B.10.4	The infection control program includes:	Y N NA	
B.10.4a	Immunizations will be provided as medically appropriate;	Y N NA	
B.10.4b	Tuberculin skin testing for high risk detainees and staff;	Y N NA	
B.10.4c	Infection control training; and	Y N NA	
B.10.4d	Isolation planning	Y N NA	
B.10.4e	Diagnostic testing for sexually transmitted diseases where the incidence of these diseases is deemed high by public health officials.	Y N NA	
B.10.4f	Management of exposure to blood and body fluids.	Y N NA	
B.10.5	Current documentation on testing and clearance of infectious diseases is maintained.	Y N NA	
B.10.5a	Detainee testing	Y N NA	
B.10.5b	Staff testing	Y N NA	
B.10.6	Methods exist for the compilation and filing of all reportable infections and communicable diseases, found among detainees, that is consistent with local, state and federal laws and regulations.	Y N NA	
B.10.7	Infection control monitoring includes:		
B.10.7a	Incident follow-up to include blood born exposure and;	Y N NA	
B.10.7b	air borne exposure (including monitoring for TB)	Y N NA	
B.10.8	This program addresses issues of universal precautions which include:		
B.10.8a	Surveillance procedures	Y N NA	
B.10.8b	Data Collection on TB occurrence and testing	Y N NA	
B.10.8c	Decontamination	Y N NA	
B.10.8d	Use of disposable equipment (gloves, masks, etc.)	Y N NA	
B.10.8e	Access to immunization	Y N NA	
B.10.8f	Plan for addressing active infectious diseases.	Y N NA	

Section C: SECURITY AND CONTROL

SECURITY AND CONTROL: Post Orders

C.1 The Facility Director will establish separate written post orders that clearly outline duties, responsibilities, and expectations for every duty post. (K.6)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning post orders.

Interview facility management staff, corrections staff, and security staff.

Tour facility and confirm the presence of up-to-date post orders at each post. During this tour:

- Review a sample of post orders during tour to determine legibility and relevance (with special attention to post order for housing unit posts);
- Determine whether these post orders list chronological duties in sequence;
- Determine whether these post orders define the duties, responsibilities, and expectations of the post;
- Determine whether these post orders emphasize safety, security, and supervision of inmates; and
- Determine that post orders are signed and dated by staff.

Obtain documentation acknowledging that officers have read and understood their post orders whenever the officer assumes a new post, whenever there is a change in the post order, and at regular intervals after assuming a post.

Obtain a list of staff, the length of time they have been at their current post, and the most recent changes to the post order. Compare a portion of this list to the acknowledgment documentation.

Review policies and procedures to determine whether there is an indication of regular (at least annual) review and revision.

- If no indication exists on the policies/procedures themselves, interview the facility director and other high-level staff.

Observe one or more armed posts to confirm completeness of the post orders.

	Review Checklist		Comments
C.1.1	Ensure written policies and procedures exist for development and implementation of post orders or similar instructions. These policies include at least the implementation subjects addressed in this section.	Y N NA	
C.1.2	Policies and procedures are communicated to:		
C.1.2a	Appropriate staff members	Y N NA	
C.1.2b	Detainees, where appropriate	Y N NA	
C.1.3	Policies and procedures are reviewed and updated.	Y N NA	
C.1.4	Separate post orders for every security post are available.	Y N NA	
C.1.5	Post orders are legible and relevant to the post.	Y N NA	
C.1.6	Chronological duties are listed in sequence.	Y N NA	
C.1.7	Upon assuming a new post, officers sign and date an acknowledgment sheet attesting that the officer has read and understands the post orders.	Y N NA	
C.1.8	Ensure post orders define the duties, responsibilities and expectations of the post.	Y N NA	
C.1.9	Post orders emphasize custody, safety, security and supervision of detainees.	Y N NA	
C.1.10	Post orders are reviewed at least quarterly by a designated staff person and updated as necessary.	Y N NA	

	Review Checklist		Comments
C.1.11	Post orders are signed and dated by the person vested with this responsibility.	Y N NA	
C.1.12	In the case of an armed post, post orders contain instructions regarding the proper care and safe handling of firearms and specific instructions stating when and under what circumstances their use is authorized	Y N NA	

SECURITY AND CONTROL: Permanent Logs

C.2 The Facility Director ensures that permanent logs are maintained for recording daily information, including routine occurrences, emergencies, or any unusual incidents.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items

Review relevant policies, procedures, and documentation concerning permanent logs.

Interview facility management staff, corrections staff, and security staff.

Interview high-level staff (including department heads) to determine the extent to which relevant information is shared with department heads and other persons.

Observe permanent record of daily information, emergencies, and unusual events. Determine whether these records are bound or, if maintained electronically, backed up.

Observe documentation (preferably on permanent record) of daily reviews of entries on records by shift supervisors.

Identify several entries that should have been shared with others (e.g., medical, mental health, security) and follow up with relevant department or person to determine whether sharing occurred.

	Review Checklist		Comments
C.2.1	Ensure written policies and procedures exist for the maintenance of permanent logs used to record daily information, including routine occurrences, emergencies, or any unusual incidents. These policies include at least the implementation subjects addressed in this section.	Y N NA	
C.2.2	Policies and procedures are communicated to:		
C.2.2a	Appropriate staff members	Y N NA	
C.2.2b	Detainees, where appropriate	Y N NA	
C.2.3	Policies and procedures are reviewed and updated.	Y N NA	
C.2.4	A permanent record is maintained to enter daily information and document emergencies or any unusual incidents.	Y N NA	
C.2.5	Permanent records are bound, or, if maintained electronically, they are backed up. Documentation retention practices must be in accordance with applicable laws and regulations.	Y N NA	
C.2.6	Shift supervisors review entries on a daily basis.	Y N NA	
C.2.7	Reviews by shift supervisors are documented.	Y N NA	
C.2.8	Relevant information from the permanent records is shared with responsible department heads and other persons.	Y N NA	

SECURITY AND CONTROL: Security Features

C.3 The Facility Director ensures that inspections and/or reviews of all security features are conducted regularly in order to identify needed maintenance or other discrepancies. (K.7)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

<u>On-Site Assessment Items</u>

Review relevant policies, procedures, and documentation concerning security features.

Interview facility management staff, corrections staff, and security staff.

Interview maintenance supervisor and review work orders to identify system for taking corrective action in areas covered by the required reports.

Review documentation of all required inspections and/or reviews over the year preceding the review.
Identify rank and qualifications of staff who conduct inspections and/or reviews; review certifications and/or training records as necessary.
Verify that inspections and/or reviews have been at least weekly over the past 90 days.

Review a sample of inspection reports over the past 90 days to determine whether they include specific findings; also review documentation of review by qualified supervisory security staff.
Identify several significant problems identified by inspections and/or reviews and determine what corrective action, if any, was taken and when such action was taken.

	Review Checklist		Comments
C.3.1	Ensure written policies and procedures exist for the inspections and/or reviews of facility security features. These policies include at least the implementation subjects addressed in this section.	Y N NA	
C.3.2	Policies and procedures are communicated to:		
C.3.2a	Appropriate staff members	Y N NA	
C.3.2b	Detainees, where appropriate	Y N NA	
C.3.3	Policies and procedures are reviewed and updated.	Y N NA	
C.3.4	Inspections and/or reviews of facility security features include:		
C.3.4a	Perimeter fences	Y N NA	
C.3.4b	General perimeter security devices	Y N NA	
C.3.4c	Towers	Y N NA	
C.3.4d	Sally ports	Y N NA	
C.3.4e	Security bar tapping	Y N NA	
C.3.4f	Locking devices	Y N NA	
C.3.4g	Security doors and sashes	Y N NA	
C.3.4h	Security vehicles	Y N NA	
C.3.4i	Electronic security equipment (cameras, alarms…)	Y N NA	
C.3.5	Qualified staff conduct the inspections and/or reviews.	Y N NA	
C.3.5a	Inspections are conducted at least once a week.		
C.3.5b	Inspections are documented with specific findings and	Y N NA	
	reviewed by qualified supervisory security staff.	Y N NA	
C.3.5c	All documentation relating to these inspections is maintained for at least one year.	Y N NA	
C.3.5d	There is prompt follow-up to correct any problems.	Y N NA	

SECURITY AND CONTROL: Security Inspections and/or reviews

C.4 The Facility Director ensures security patrols of all areas of the facility are conducted regularly. (K.8)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

<u>On-Site Assessment Items:</u>

Review relevant policies, procedures, and documentation concerning security inspections and/or reviews.

Interview facility management staff, corrections staff, and security staff..

Interview maintenance supervisor and review work orders to identify system for taking corrective action in areas covered by the required reports.

Review written [over the year preceding the review] records of security patrols/inspections and/or reviews to verify frequency and scope.

Review training records of several persons who conduct inspections and/or reviews; follow up with interviews of these staff if training records do not reflect training to detect security concerns.

Review documentation verifying that results of inspections and/or reviews are forwarded for review and corrective action.

Identify several significant problems identified by inspections and/or reviews, and determine what corrective action was taken and when it was taken.

	Review Checklist		Comments
C.4.1	Ensure written policies and procedures exist for regular security patrols/inspections and/or reviews of all areas of the facility. These policies include at least the implementation subjects addressed in this section.	Y N NA	
C.4.2	Policies and procedures are communicated to:		
C.4.2a	Appropriate staff members	Y N NA	
C.4.2b	Detainees, where appropriate	Y N NA	
C.4.3	Policies and procedures are reviewed and updated.	Y N NA	
C.4.4	Regular, frequent security patrols/inspections and/or reviews are conducted, of all areas of the facility to identify potential or existing breaches of security.	Y N NA	
C.4.5	Detainee housing searches and shakedowns are conducted on a regular and as-needed basis.	Y N NA	
C.4.6	The results of the inspections and/or reviews are forwarded to staff for review, and if necessary, corrective action is taken.	Y N NA	
C.4.7	Staff who conduct the inspections and/or reviews are trained to detect security concerns.	Y N NA	

SECURITY AND CONTROL: Control of Contraband

C.5 The Facility Director ensures the control and disposition of contraband.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning control of contraband

Interview facility management staff, corrections staff, and security staff.

Interview random inmates to determine whether they know what property they are permitted to possess.

Interview staff member responsible for storing, maintaining chain of custody, and disposing of contraband.
Determine whether required system is followed for handling and disposition of contraband that may be used in an institutional disciplinary hearing.

Determine whether required system is followed for handling and disposition of contraband that may be used in a criminal proceeding
Obtain list of approved items and notice of same given to inmates.

Obtain and review documentation (including training records, if possible) to determine that all staff have reviewed and acknowledged understanding of the facility's policies and procedures regarding contraband.
If possible, observe the entry of visitors into the institution; interview one or more visiting officers.

Interview high-level staff to determine the programs in place to prevent introduction of contraband by staff. Verify that reported programs are in place.
Observe booking procedures related to the interdiction of contraband.

	Review Checklist		Comments
C.5.1	Ensure written policies and procedures exist for the control and disposition of contraband. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
C.5.1a	The definition of contraband.	Y N NA	
C.5.1b	The definition of visitor contraband	Y N NA	
C.5.1c	An approved list of items exists explaining what detainees may have in their possession	Y N NA	
C.5.1d	Step-by-step handling of contraband that may be used in criminal prosecution or in institutional disciplinary hearings	Y N NA	
C.5.1e	How different kinds of contraband are to be handled (e.g., narcotics vs. nuisance contraband) and outline the steps for the eventual disposition of the contraband items	Y N NA	
C.5.2	Policies and procedures are communicated to:		
C.5.2a	Appropriate staff members	Y N NA	
C.5.2b	Detainees, where appropriate	Y N NA	
C.5.3	Policies and procedures are reviewed and updated.	Y N NA	
C.5.4	Detainees are informed of the approved list of items explaining what they may have in their possession	Y N NA	
C.5.5	Possession of contraband is referred to proper authorities for criminal prosecution.	Y N NA	

	Review Checklist		Comments
C.5.6	Policy on identification, handling and disposition of contraband has been reviewed and acknowledged by all employees.	Y N NA	
C.5.7	A program is in place to prevent the introduction of contraband items into the facility by detainees, visitors or staff members.	Y N NA	

SECURITY AND CONTROL: Detainee Searches

C.6 The Facility Director ensures that a detainee search program exists that preserves constitutional rights.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning detainee searches.

Interview facility management staff, corrections staff, and security staff.

Review inmate grievances over the past 120 days regarding searches of inmates' persons.

If possible, observe routine pat-down searches (e.g., upon exit from dining room, return from work assignment).

If possible, observe the conduct of one or more strip searches (of inmates of the reviewers' gender).

Review documentation of all body cavity searches and non-routine searches.

Select sample of inmates so searched and interview these persons.

Interview security and medical staff to determine role of each in body cavity searches.

Determine whether all body cavity searches were approved by person identified in facility's written policy and procedure. Interview that person if determined if any such searches appear to have occurred in the absence of approved circumstances.

	Review Checklist		Comments
C.6.1	Ensure written policies and procedures exist for detainee searches. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
C.6.1a	The circumstances which occasion a detainee search. Strip searches are conducted in an appropriate and private setting and must be conducted by staff of the appropriate gender.	Y N NA	
C.6.1b	Definition of the role of correctional staff and medical personnel regarding body cavity searches of detainees	Y N NA	
C.6.1c	Definition of who must grant permission and under what circumstances	Y N NA	
C.6.2	Policies and procedures are communicated to:		
C.6.2a	Appropriate staff members	Y N NA	
C.6.2b	Detainees, where appropriate	Y N NA	
C.6.3	Policies and procedures are reviewed and updated.	Y N NA	
C.6.4	Searches are conducted in a professional and respectful manner that ensures the privacy of the detainee.	Y N NA	
C.6.5	Documentation is completed and maintained when body cavity or any non-routine searches are performed.	Y N NA	
C.6.6	Reasonable efforts are made to ensure that strip searches are conducted by staff of the appropriate gender.	Y N NA	

SECURITY AND CONTROL: Detainee Accountability and Supervision

C.7 The Facility Director ensures the physical accountability and supervision of detainees to ensure the safety of both staff and detainees.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning detainee accountability and supervision.

Interview facility management staff, corrections staff, and security staff.

Review a sample of records for all counts for 10 of the most recent 90 days.

Determine that there was at least one count on each shift (maximum of 8 hours between counts) on these selected days.

Determine that all counts were cleared.

Observe several counts on different shifts during review.

Pay special attention to inmates on out-count.

Determine that staff have access to picture ID card required by C.7.6.

Observe steps taken to provide for staff safety during counts.

Observe documentation accounting for the presence and location of staff during the course of the review and note the presence of body alarms and other safety equipment.

Observe housing units:

- Determine the extent of direct surveillance.
- In the absence of continuous direct surveillance, review records/logs of rounds through housing units.
- Review records of at least daily rounds by supervisory personnel.
- Evaluate whether there is sufficient supervision in view of the classification of inmates and the configuration of housing units.

Review all reports of injury to staff and inmates over the past 120 days. Determine the extent to which any such injuries were related to inadequate surveillance and/or lack of staff presence and measures for staff safety.

	Review Checklist		Comments
C.7.1	Ensure written policies and procedures exist for detainee accountability and supervision. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
C.7.1a	The requirement of at least one physical count of all detainees on each shift (maximum of 8 hours between counts)	Y N NA	
C.7.1b	The need for all detainees to be accounted for in each count	Y N NA	
C.7.2	Policies and procedures are communicated to:		
C.7.2a	Appropriate staff members	Y N NA	
C.7.2b	Detainees, where appropriate	Y N NA	
C.7.3	Policies and procedures are reviewed and updated.	Y N NA	
C.7.4	The facility maintains continuous accountability of all detainees.	Y N NA	
C.7.5	Counts are completed and documented and documents are maintained.	Y N NA	
C.7.6	Staff have access to a detainee picture I.D. card that lists pertinent information, e.g. D.O.B., physical characteristics and security concerns.	Y N NA	
C.7.7	Accountability procedures provide for staff safety and staff presence.	Y N NA	

C.7.8	Correctional officers provide surveillance of detainees, through direct supervision or regular rounds of housing units	Y N NA	
C.7.9	Supervisory personnel make at least daily rounds rounds of housing units.	Y N NA	
C.7.10	There is sufficient supervision to ensure detainee safety.	Y N NA	
C 7.11	Detainees are permitted and encouraged to make confidential reports concerning detainees' fear of harm to housing unit and other staff, including supervisory staff.	Y N NA	
C 7.12	Staff make an effort to gain and use information about potential threats to detainees in order to provide threatened detainees with a safe living environment.	Y N NA	
C 7.13	Detainees in danger of victimization have ready access to a protected living environment pending full investigation of any threat of harm, as well as access to a long-term protective environment if investigation establishes that detainees are in danger of victimization.	Y N NA	
C 7.14	Detainees who threaten the physical safety of others are segregated from their potential victims.	Y N NA	

SECURITY AND CONTROL: Use of Force

C.8 The Facility Director ensures that force is used only when necessary and only as long as necessary. The Facility Director also ensures that when force is used, it is not excessive and it is properly documented and reported.

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

Note the following definitions:

"Use of Force" is any intentional physical contact with an inmate for the purpose of controlling that inmate's behavior, excluding the routine use of come-along holds, handcuffs and other restraints during movement.

"Calculated Use of Force" is any intentional physical contact that is anticipated and that can await the time necessary to obtain a video camera.

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning use of force.

Interview facility management staff, corrections staff, and security staff.

Interview medical staff who have attended to inmates following recent uses of force.

Review written use of force reports over the past 120 days, identify those which appear to have been calculated and obtain tape of each such incident. Review tapes of several such incidents to insure completeness. Also review these records/tapes to determine if a supervisory officer was present.

Review use of force reports (including at least those relating to all uses of force against federal detainees) and other documentation regarding uses of

force filed within the past 120 days to determine.

The timeliness of the report;

The presence of a report by all staff participants and staff witnesses;

The adequacy of the factual description of the force used, the justification for the use of force, and any observed violation of the facility's use of force policy;

The use of force, as well as the duration and extent of the use of force;

The timeliness of a medical evaluation following the use of force; and

The existence of medical observations and treatment decisions by qualified medical staff.

Review documentation for all or a sample of use of force reports against federal detainees indicating notification of the DOJ component with jurisdiction over the inmate.

Review the facility's policy regarding the use of lethal force and compare to the policy of each DOJ component.
Review all uses of lethal force against federal detainees to determine whether proper policy was followed.

Obtain and review documentation verifying that use of force reports are reviewed by supervisory personnel, that uses of force and allegations of inappropriate use of force are investigated, and that staff guilty of use of force violations are disciplined.

Review all inmate grievances over the past 120 days relating to the use of force.

Identify instances of the failure to investigate (or inadequate investigations of) uses of force that appear through reports or other documentation to have been contrary to policy, as well as all allegations from any source (including inmate grievances) of the inappropriate use of force.

	Review Checklist		Comments
C.8.1	Ensure written policies and procedures exist for use of force. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
C.8.1a	Description of the circumstances when the use of force is authorized	Y N NA	
C.8.1b	Description of who has the authority, time permitting, to grant the permission for its application	Y N NA	
C.8.1c	Description of the necessary precautions to be taken when using chemical agents	Y N NA	
C.8.1d	Description of the necessary care and clean-up to be used following the use of chemical agents.	Y N NA	
C.8.1e	The requirement that all pre-planned and calculated use of force incidents be videotaped and that a supervisory officer be present during any such use of force	Y N NA	
C.8.1f	A means for informing DOJ component regarding the use of force on their detainee(s)	Y N NA	
C.8.2	Policies and procedures are communicated to:		
C.8.2a	Appropriate staff members	Y N NA	
C.8.2b	Detainees, where appropriate	Y N NA	
C.8.3	Policies and procedures are reviewed and updated.	Y N NA	

C.8.4	All calculated use of force incidents are videotaped.	Y N NA	
C.8.5	Supervisory officer is present during calculated use of force.	Y N NA	
C.8.6	All staff participants in and staff witnesses to a use of force incident file a report of the incident before leaving the facility at the end of their shift.	Y N NA	
C.8.7	Use of Force reports identify in factual terms: The type and amount of fore used by all staff The justification for use of force Any violation of the facility's Use of Force policies committed or observed	 Y N NA Y N NA Y N NA	
C.8.8	DOJ component is informed of use of force of any of their detainees.	Y N NA	
C.8.9	The policy regarding the use of lethal force conforms to the policy of the DOJ component (e.g., a facility detaining only ICE detainees clearly specifies ICE rules on the use of deadly force).	Y N NA	
C.8.10	The facility has a system for ensuring that force devices are not used against detainees for whom they are medically dangerous (e.g.: electronic stun weapons are not used on for pregnant women or detainees with heart problems).	Y N NA	

C.8.11	Detainees who are subjected to uses of force receive a medical evaluation and medical treatment, as necessary.	Y N NA	
C.8.11a	The treatment is administered as quickly as possible following the conclusion of the use of force incident.	Y N NA	
C.8.11b	Qualified medical staff record their observations and treatment decisions and make these records available to the facility director or designee assigned to investigate the use of force.	Y N NA	
C.8.12	Supervisory personnel review uses of force reports to ensure adherence to the facility's use of force policy.	Y N NA	
C.8.13	Force is used only when necessary, only for as long as necessary, and only to the extent necessary.	Y N NA	

SECURITY AND CONTROL: Non-routine Use of Restraints

C.9 The Facility Director ensures that restraints are used only when necessary. The Facility Director also ensures that restraints are used correctly and only for non-punitive purposes.

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

Note: Non-routine restraints by security staff are governed by the principles in the "Use of Force" section.

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning non-routine uses of restraints.

Interview facility management staff, corrections staff, medical/mental health staff, and security staff.

Interview Facility Director to determine whether there is a system for oversight and review by that person.
Review documentation establishing that the system is followed.
Identify instances, if any, in which review and oversight did not result in proper investigation or discipline.

Review use of force reports and other documentation regarding all non-routine uses of restraints over the past 120 days to identify apparent violations of policy.
Confirm that such uses of restraints are treated as uses of force and investigated accordingly.

Review all inmate grievances regarding the non-routine use of restraints.

Observe the extent to which restraint equipment (for non-routine uses of restraints) is available to line and supervisory security staff.

	Review Checklist		Comments
C.9.1	Ensure written policies and procedures exist for non-routine use of restraints. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
C.9.1a	The use of restraints by security staff apart from the routine use of handcuffs, belly chains and shackles during movement is prohibited except: In emergent circumstances in which a detainee's behavior presents a direct and immediate threat to the safety of others or facility property When less restrictive interventions have been determined to be ineffective Hog-tying is strictly prohibited	Y N NA	
C.9.1b	Use of restraints as punishments is prohibited	Y N NA	
C.9.1c	Restraints are only used as necessary in the least intrusive	Y N NA	
C.9.1d	means possible and for the shortest duration that is safe.	Y N NA	
C.9.1e	Instructions for the use for all restraint equipment in inventory	Y N NA	
C.9.1f	Instructions stating who must grant permission for its use and for what duration	Y N NA	
C.9.1g	The involvement of the medical department in the use of 4-point restraints, strait jackets and any other similar incapacitating restraints	Y N NA	
C.9.1h	Frequent mechanical checks and evaluations of all restraint equipment	Y N NA	
C.9.2	Policies and procedures are communicated to:		
C.9.2a	Appropriate staff members	Y N NA	
C.9.2b			

	Review Checklist		Comments
C.9.3	Policies and procedures are reviewed and updated as appropriate.	Y N NA	
C.9.4	The non-routine use of restraints is documented and investigated as use of force.	Y N NA	
C.9.5	Restraint equipment is checked and evaluated regularly.	Y N NA	
C.9.6	Restraint equipment is readily available to staff.	Y N NA	
C.9.7	A system exists for oversight and review by the Facility Director.	Y N NA	
C.9.8	Staff from the medical department provide advice regarding the use of 4-point restraints, straitjackets or other similar incapacitating restraints.	Y N NA	
C.9.9	Restraints are only used as necessary in the least intrusive means possible and for the shortest duration that is safe.	Y N NA	
C.9.10	The facility does not use hog-tying.	Y N NA	
C.9.11	Restraints are not used for punishment.	Y N NA	

SECURITY AND CONTROL: Tool and Equipment Control

C.10 The Facility Director ensures control of keys, tools, culinary equipment, medical equipment, supplies, and vehicles.

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning tool and equipment control.
Interview facility management staff, corrections staff, and security staff.
Specifically interview staff who oversee keys, culinary equipment, medical equipment, and vehicles.

Observe all areas where keys are stored.

Review any logs relating to the issuance and return of keys.

Inspect kitchen and other food preparation areas, as well as the area in which culinary tools are stored.
Note the presence of shadow board or other method of inventorying equipment.
Note whether dangerous equipment (e.g., cleavers, can openers) are tethered or otherwise secured in the food preparation area.
Review any logs relating to the issuance and return of culinary equipment.
Inspect medical area, with special attention to the area where medical supplies are stored.
Review running inventories of syringes, scalpels, and other dangerous medical equipment.
Identify any keys, culinary equipment, and medical equipment found missing over the past six months and determine what efforts were made to locate the lost items.
Inspect all areas in which tools, other dangerous items, ladders, or vehicles are stored.
Note the presence of shadow boards and other security measures in these areas.
Review any documentation of running or periodic inventories.

	Review Checklist		Comments
C.10.1	Ensure written policies and procedures exist for the control of keys, tools, culinary equipment, medical equipment, supplies, and vehicles. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
C.10.1a	Required posted inventories or another acceptable accounting system for all tools, keys, and supplies.	Y N NA	
C.10.1b	Timely notification process for missing tools and for attempting to locate the item.	Y N NA	
C.10.1c	Identifying what tools can be issued to detainees and what degree of staff supervision is required when detainees use these tools.	Y N NA	
C.10.1d	Employee review and Signature by employee of above mentioned policies	Y N NA	
C.10.2	Policies and procedures are communicated to:		
C.10.2a	Appropriate staff members	Y N NA	
C.10.2b	Detainees, where appropriate	Y N NA	
C.10.3	Policies and procedures are reviewed and updated.	Y N NA	

	Review Checklist		Comments
C.10.4	Emergency keys:		
C.10.4a	Are kept in a secure but accessible location	Y N NA	
C.10.4b	Reach every area of the facility	Y N NA	
C.10.4c	Usage is controlled	Y N NA	
C.10.4d	Usage is documented	Y N NA	
C.10.5	The facility keeps a running inventory, and conducts periodic checks to ensure that the location of all keys, tools, culinary equipment, medical equipment, supplies and vehicles is known at all times.	Y N NA	
C.10.6	Dangerous kitchen implements are tethered to work stations to reduce the risk of their use as weapons.	Y N NA	
C.10.7	Missing tools, including culinary equipment and medical items, are reported promptly and an effort is made to locate the lost items.	Y N NA	
C.10.8	Supplies with the potential to compromise institutional security, including vehicles, are stored securely and inventoried periodically.	Y N NA	

SECURITY AND CONTROL: Weapons Control

C.11 The Facility Director ensures control of weapons.

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning weapons control.

Interview facility management staff, corrections staff, and security staff.

Inspect the armory and any other areas where weapons and/or ammunition are stored.

Review documentation of check-out system for weapons and ammunition, as well as reconciliation at the end of each shift or workday.

Inspect weapons in the armory to determine that they are secure, properly inventoried, accounted for, and well maintained in working order.

Inspect the area where visitors check weapons before entering the facility to ensure that the area contains secure lockers.
Interview the person responsible for enforcing this policy on the day shift to verify implementation of the policy.

	Review Checklist		Comments
C.11.1	Ensure written policies and procedures exist for weapons control. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
C.11.1a	Control, security and maintenance for weapons, firearms, and ammunitions.	Y N NA	
C.11.1b	Required posted inventories or another acceptable accounting system for all weapons, firearms, and ammunitions.	Y N NA	
C.11.1c	All firearms and ammunitions are secured in gun lockers or armory and issued only to qualified and trained staff.	Y N NA	
C.11.1d	Inventory checks of all weapons, firearms, and ammunitions.	Y N NA	
C.11.1e	A timely notification process for missing weapons, firearms, or ammunitions and procedures for attempting to locate the item.	Y N NA	

	Review Checklist		Comments
C.11.2	Policies and procedures are communicated to:		
C.11.2a	Appropriate staff members	Y N NA	
C.11.2b	Detainees, where appropriate	Y N NA	
C.11.3	Policies and procedures are reviewed and updated.	Y N NA	
C.11.4	A checkout system exists for weapons and ammunition, and the inventories are reconciled at the end of a shift or workday.	Y N NA	
C.11.5	Facility tracks and maintains control of all weapons.	Y N NA	
C.11.6	Inventory checks are conducted of all of all weapons, firearms, and ammunitions.	Y N NA	
C.11.7	Missing weapons issues are resolved quickly.	Y N NA	
C.11.8	Weapons are maintained so that they are accessible and in working order.	Y N NA	
C.11.9	All visitors check weapons in secure lockers before entering the facility.	Y N NA	

SECURITY AND CONTROL: Detainee Discipline

C.12 The Facility Director ensures a fair detainee disciplinary system is in place that preserves due process.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning detainee discipline.

Interview facility management staff, corrections staff, security staff, and detainees.

Verify that information is available via that means of communication (e.g., review handbook, postings, etc.).

Check pre-service and in-service training curricula and/or training records to determine whether training addresses the subject of the detainee disciplinary system.

Interview random correctional staff to determine whether they know the major elements of the disciplinary system, particularly those relating to staff's responsibilities (e.g., writing disciplinary reports).

Review written policies and procedures regarding detainee discipline.

Review log or other summary record of all disciplinary proceedings for the past 90 days:

Interview disciplinary hearing officer and/or other high-ranking staff to be certain the reviewer understands the log;

Obtain names of detainees in disciplinary segregation (over whatever period is necessary to get at least 10), determine when they were convicted of a disciplinary offense, and check log to see if convictions are recorded.

Review random files of detainees found guilty to determine whether disciplinary report/hearing record is in those files (they should be).

Review random files of detainees found not guilty to determine whether disciplinary report/hearing record is in those files (they should not be).

Interview disciplinary hearing officer to determine whether that person maintains copies of complete records of disciplinary proceedings.

Obtain and review copy of notice inmates receive.

Question random detainees to determine whether they received the form of notice.

Check logs to determine if all convictions relate to violations of rules of which inmates have notice.

If the reviewer is unable to reach a conclusion based on the log, review a random sample of files of detainees who have been convicted of disciplinary offenses within the past 90 days (or records of such proceedings maintained by the disciplinary officer).

If necessary for confirmation, interview detainees and disciplinary hearing officer or other high-level staff.

Check logs to determine if all punishments are within proper ranges.

If the reviewer is unable to reach a conclusion based on the log, review a random sample of files of detainees who have been convicted of disciplinary offenses within the past 90 days (or records of such proceedings maintained by the disciplinary officer).

If necessary for confirmation, interview detainees and disciplinary hearing officer or other high-level staff.

As a preliminary matter, obtain any relevant information that may be available on the disciplinary action log and/or from interviews held initially with the disciplinary hearing officer or other high-ranking staff and a sample of detainees.

Review sample of files of detainees convicted of a disciplinary infraction within past 90 days (if records are maintained in individual files) and/or a sample of records of disciplinary proceedings maintained by disciplinary officer:

To determine whether there are cases in which the detainee failed to appear at a disciplinary hearing; in these cases, review the record to determine whether there is documented justification of the reason for the detainee's non-appearance at the disciplinary hearing.

To determine whether there is documented evidence that detainees have introduced statements or testimony of witnesses and have presented of documentary evidence.

To determine why the detainee failed to introduce statements or testimony of witnesses and/or failed to present documentary evidence.

To determine whether counsel substitute has ever been present at a hearing; if not, or if the incidence of appearance is low, follow up with interviews of the disciplinary officer and detainee.

To determine whether any detainee has received the assistance of an interpreter during a disciplinary hearing; if not, or if the incidence of assistance is low, identify at least 10 non-English speaking detainees who have been convicted of disciplinary offenses and follow-up through interviews.

To determine whether the detainees received a written statement of the evidence supporting the decision.

To determine whether the detainees received a written statement of the evidence supporting the decision of guilt and the reason for the punishment imposed.

To determine whether the disciplinary officer was a witness to or participant in the incident leading to the disciplinary report; and/or the disciplinary officer appears to be related to any staff member involved in the incident leading to the disciplinary report; and/or the inmate challenged the impartiality of the hearing officer.

Review the disciplinary log and/or a sample of records to determine that the violation could not have resulted in loss of good time or placement in solitary confinement and that, in fact, neither of these sanctions was imposed. Conduct follow-up interviews with specific detainees or the hearing officer in cases in which the reviewed record suggests a violation or anomaly regarding any disciplinary measure.

Interview the hearing officer or other high-ranking official to determine whether the facility maintains two-track system.

If a two-track system is employed, identify the nature of the “limited rights” provided to detainees in non-major cases:

Notice of filing of charges?

Any opportunity to contest charges?

Other elements?

	Review Checklist		Comments
C.12.1	Ensure written policies and procedures exist for detainee discipline. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
C.12.1.a	Detainee discipline for offenses that may result in a loss of good time or placement in solitary confinement; these policies and procedures address detainees' right to due process	Y N NA	
C.12.1.b	Detainee discipline for offenses that cannot result in loss of good time or placement in solitary confinement; these policies describe a fair procedure for the resolution of these cases, but this procedure can be a simplified one.	Y N NA	
C.12.2	Policies and procedures are communicated to:		
C.12.2a	Appropriate staff members	Y N NA	
C.12.2b	Detainees, where appropriate	Y N NA	
C.12.3	Policies and procedures are reviewed and updated.	Y N NA	
C.12.4	A record of all detainee discipline is maintained.	Y N NA	
C.12.5	Detainees receive notice in writing of institutional rules, penalties for violations of those rules, and the disciplinary procedures in effect at the facility.	Y N NA	
C.12.6	All disciplinary convictions relate to institutional rules of which detainees have been made aware pursuant to C.12.5, above.	Y N NA	

	Review Checklist		Comments
C.12.7	Any penalties imposed upon a finding of guilt are consistent with the penalties of which the detainee has been made aware pursuant to C.12.5, above, in connection with the specific violation of institutional rules.	Y N NA	
C.12.8	In the case of charges that could lead to the loss of good time or the imposition of solitary confinement:	Y N NA	
C.12.8a	Detainees receive reasonable notice of the filing of disciplinary charges against them in advance of a disciplinary hearing;	Y N NA	
C.12.8b	Detainees are given the benefit of a hearing prior to any adjudication of guilt or imposition of punishment;	Y N NA	
C.12.8c	Detainees are present at their hearings, absent valid security considerations in an individual case or a detainee's refusal to attend the hearing;	Y N NA	
C.12.8d	During the disciplinary hearing, the detainee may introduce statements or testimony of witnesses and present other documentary evidence to challenge the charges against the detainee;	Y N NA	
C.12.8e	Detainees who are illiterate receive the assistance of a counsel substitute, who may be a staff member;	Y N NA	
C.12.8f	Detainees who do not speak the English language receive the assistance of an interpreter during the course of the hearing;	Y N NA	
C.12.8g	Detainees receive a written statement of the evidence behind a decision and the reason for the punishment imposed; and	Y N NA	
C.12.8h	All disciplinary hearings or other proceedings are conducted by an impartial decision maker.	Y N NA	

	Review Checklist		Comments
C.12.9	When a detainee is charged with a disciplinary violation that cannot result in a loss of good time or placement in solitary confinement, the facility provides at least limited rights to a fair process that permit the detainee to challenge the charges against him or her.	Y N NA	

SECURITY AND CONTROL: Supervision for Special Housing

C.13 The Facility Director ensures supervision of detainees in administrative segregation, protective custody, and disciplinary detention.

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning supervision for special housing.

Interview security and medical staff to determine how access to medical and mental health services is provided.

Review logs, sick call request records, and other documentation to verify that the system is operating properly.

interview random inmates in each segregation status.

Interview staff member responsible for special housing area(s) to obtain additional information, if needed.

Tour the areas for administrative segregation, protective custody, and disciplinary detention.

Note whether area(s) provide security.

Note whether area in which protective segregation prisoners are housed has surveillance to ensure their safety.

Note whether all permitted items of property are present; obtain explanation for any exception.

Review documentation of daily visits to these areas by supervisory staff over the preceding 120 days.

Interview random supervisory staff who make these visits.

	Review Checklist		Comments
C.13.1	Ensure written policies and procedures exist regarding supervision for special housing. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
C.13.1a	Frequency of visits by supervisory staff to the special housing units	Y N NA	
C.13.1b	Ensure security for protection cases, cell-alone situations, and keep-separated individuals	Y N NA	
C.13.1c	Definition of items of personal property a detainee may have in special housing: Clothing, Bedding, linens Religious materials Writing materials Legal materials	Y N NA	
C.13.1d	Access to health services for detainees in Special Housing	Y N NA	
C.13.2	Policies and procedures are communicated to:		
C.13.2a	Appropriate staff members	Y N NA	
C.13.2b	Detainees, where appropriate	Y N NA	
C.13.3	Policies and procedures are reviewed and updated.	Y N NA	

	Review Checklist		Comments
C.13.4	Daily visits by supervisory staff are performed, visits are documented, and documentation is maintained.	Y N NA	
C.13.5	Detainees in Special Housing have daily access to health and mental health services and as needed.	Y N NA	
C.13.6	Detainees have all permitted property unless restricted on an individual basis for sound security reasons	Y N NA	
C.13.7	Inmates requiring protection are provided surveillance.	Y N NA	

SECURITY AND CONTROL: Contingency/Emergency Plans

C.14 The Facility Director ensures that an effective, written contingency/emergency plan is in place. (K.9)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning detainee accountability and supervision.

Interview facility management staff, corrections staff, and security staff.

Review written agreements for provision of outside assistance in the event of an emergency. Emergency plans must include written instructions for detainee escape notifications as required in the MOU.
Obtain and review all reports and other documentation of any emergency listed in C.14.1 over the past 12 months.
Determine whether any such emergency was handled in a manner consistent with the facility's written policy.

	Review Checklist		Comments
C.14.1	Ensure written policies and procedures exist for contingency/emergency plans. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
C.14.1a	Work stoppage	Y N NA	
C.14.1b	Disturbance	Y N NA	
C.14.1c	Hunger strike	Y N NA	
C.14.1d	Hostage situation	Y N NA	
C.14.1e	Escape	Y N NA	
C.14.1f	Natural disaster	Y N NA	
C.14.1g	Fire	Y N NA	
C.14.1h	Demonstrations	Y N NA	
C.14.1i	Bomb threats	Y N NA	
C.14.1j	Utility outages	Y N NA	
C.14.1k	Evacuations	Y N NA	
C.14.1l	Chemical leaks	Y N NA	
C.14.1m	Emergency unlocking of detainees in every area of the facility.	Y N NA	
C.14.1n	Authority to contact outside emergency assistance (Who to contact and under what circumstances?).	Y N NA	
C.14.1o	Utility shut off valves, phone disconnects and electrical termination switches.	Y N NA	
C.14.1p	Evacuating detainees and staff from the facility.	Y N NA	

	Review Checklist		Comments
C.14.2 C.14.2a C.14.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
C.14.3	Policies and procedures are reviewed and updated.	Y N NA	
C 14.4	Written and signed agreements exist that provide for necessary assistance in the event of an emergency (e.g., transportation, housing, food, medical care).	Y N NA	
C 14.5	Emergency generators are inspected and load tested as frequently as specified by the manufacturer and these inspection documents or logs are maintained and available for review.	Y N NA	
C.14.6	Facility staff members are trained in emergency procedures.	Y N NA	

Section D: FOOD SERVICE

FOOD SERVICE: Sanitation Requirements

D.1 The Facility Director ensures that the facility meets all local, state, and/or federal food service standards regarding sanitation procedures for purchasing, serving, staffing, transporting, cooking, utensils, equipment, and temperature requirements. (K.10)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning sanitation requirements.

Interview food service staff and detainees to see if they received direction and training in proper sanitation procedures.

Look at policy statements regarding food service inspections and/or reviews on file in the Food Service Administrators office.

Make a walk through with Food Service Administrator of all work areas of the Food Service Department.

- Look for cleaning schedules posted in each work area.
- Is there a clean as you go policy observed in each work area?
- Look for proper food handling procedures e.g. use of food handlers gloves, hair restraints, and beard guards.
- Look at food preparation equipment for proper cleaning.

Review copies of food service inspection work sheets for past thirty days:

- Do inspection work sheets address all work areas?
- Are there follow-up corrections made to discrepancies noted?
- Look for sanitation inspections and/or reviews performed by outside agencies or institution inspections and/or reviews.

Check to see if food service staff are provided food thermometers to ensure hot and cold foods are maintained at established safe temperatures.

Review temperature log files in Food Service Administrators office to see if staff are recording temperatures for:.

- Dish machine,
- Refrigerator/Freezers.

During food service walk through record temperatures of the following areas:

- Freezer and Coolers
- Dish machine during operation
- Record temperatures of three hot and three cold foods during holding period and serving line.

	Review Checklist		Comments
D.1.1	Ensure written policies and procedures exist for the sanitation of all food service areas and the selection of staff employed within food service facilities. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
D.1.1a	Food storage facilities	Y N NA	
D.1.1b	Food preparation areas	Y N NA	
D.1.1c	Dining rooms	Y N NA	
D.1.1d	Off-site/satellite serving areas	Y N NA	
D.1.1e	Dish rooms	Y N NA	
D.1.1f	Pot and pan rooms	Y N NA	
D.1.2	Policies and procedures are communicated to:		
D.1.2a	Appropriate staff members	Y N NA	
D.1.2b	Detainees, where appropriate	Y N NA	
D.1.3	Policies and procedures are reviewed and updated.	Y N NA	

	Review Checklist		Comments
D.1.4	The Food Service Administrator conducts formal daily inspections and/or reviews of the food service work area with weekly follow-up that includes:	Y N NA	
D.1.4a	The use of a food inspection worksheet;	Y N NA	
D.1.4b	Examination of documentation that detainees working in food service are trained in the safe use of equipment and safety procedures;	Y N NA	
D.1.4c	Verification of staff and detainee workers practicing safety/sanitation procedures (hair restraints, beard guards, cleanliness, proper hand and food washing, safety shoes, eye protection, machine guarding, and use of equipment in work areas); and	Y N NA	
D.1.4d	Verification that job descriptions list the duties and responsibilities of detainees assigned to food service.	Y N NA	
D.1.5	If outside contractors provide the facility's food service, the facility has written verification that the outside provider complies with state and local food service regulations, and all other food service review guidelines contained in this document.	Y N NA	

D.1.6	Safety and sanitation procedures for the cleaning and sanitizing of food service equipment (meat slicers, mixers, cutting boards, work tables, steam pots, ovens, and griddles) and dining facilities (tables, serving lines/sneeze guards, beverage bars) exist and are in use.	Y N NA	
D.1.6a	Cleaning schedules are posted in work areas.	Y N NA	

D.1.7	Are temperatures maintained in accordance with policy:	Y N NA	
D.1.7a	Dish machine temperatures are maintained at established industry standards	Y N NA	
D.1.7b	Pot/pan manual wash sinks are labeled properly and water temperatures are maintained at established industry standards (Wash sink:120 to 140F; rinse sink:75F; sanitizing sink:170F, or immersion in a sanitizing solution containing an equivalent sanitizing chemical at strengths recommended by the latest FDA Model Food Code or local health authorities)	Y N NA	
D.1.7c	Refrigerator and freezer temperatures are maintained at established industry standards (Meat storage: 36 to 40F; freezer: 0F or below; vegetables: 36 to 40F)	Y N NA	
D.1.7d	Temperature log files are maintained for dish machines, pot/pan manual wash sinks, and refrigerators and freezers for the past 30 days	Y N NA	
D.1.7e	Established industry temperatures are maintained for hot and cold foods during holding and serving periods (Hot: 140F and above; cold: 41F and below)	Y N NA	
D.1.7f	Potentially hazardous foods (fish, chicken, meats) are thawed under refrigeration that maintains food temperature at 41F or below.	Y N NA	
D.1.7g	Staff members perform and record the calibration of thermometers.	Y N NA	

D.1.8	Establish temperature and time guidelines are applied to detainees housed in satellite feeding areas (Hot: 140F or above; cold: 41F or below; food is served within a one-hour time frame, if above temperatures are not maintained).	Y N NA	
D.1.9	Sack lunches of quality (proper packaging and temperature control) are provided for detainees that are being transported to other facilities, court, outside medical treatment, etc.	Y N NA	
D.1.10	Ensure written policies and procedures exist for requiring medical clearance for food service staff and detainees who work in fod service.	Y N NA	
D.1.10a	Staff employed in food service have received premedical clearance prior to employment	Y N NA	
D.1.10b	Staff employed in food service have received premedical clearance prior to employment All detainees working in food service receive medical clearance before being assigned to food service	Y N NA	

FOOD SERVICE: Ensure Meals are Varied

D.2 The Facility Director ensures that nutritional and varied meals are provided. (K.11)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At-Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning varied meals.

Interview facility food service staff, corrections staff, and detainees.

Review Master Cycle Menus and As Served Menus on file in Food Service Administrators Office

- Look for documentation of menu analysis performed by a registered dietician that the current cycle menu has been certified as nutritional.
- Interview detaniees for acceptance of menus
- Interview Food Service Staff if recipie cards are provided for consistent meal preparation.

Visit all Food Service feeding areas during service such as:

- Main dinning room
- Segregation
- Sack Lunch preparation
- Outside Camp

	Review Checklist		Comments
D.2.1	Ensure written policies and procedures exist to provide nutritional menus that meet the needs of a culturally diverse population. These policies include at least the implementation subjects addressed in this section.	Y N NA	
D.2.2	Policies and procedures are communicated to:		
D.2.2a	Appropriate staff members	Y N NA	
D.2.2b	Detainees, where appropriate	Y N NA	
D.2.3	Policies and procedures are reviewed and updated.	Y N NA	
D.2.4	If there are juvenile detainees housed in the facility, they are provided meals that are nutritional for their age and size.	Y N NA	
D.2.5	Master cycle menus and as-served menus are on file, evaluated at least quarterly, and maintained for at least one year.	Y N NA	
D.2.5a	Evaluations are performed on all regular and special needs meal plans, including juvenile, medical and religious diets	Y N NA	
D.2.6	Menus include at least one hot meal per day.	Y N NA	
D.2.7	Approved recipes are available to staff and detainee food service workers and are used for meal preparation.	Y N NA	

D.2.8	Food purchases and menus are coordinated with nutritionally equivalent approved substitutes, records are kept of such substitutions, and such records are reviewed by a nutritionist at regular intervals.	Y N NA	
D.2.9 D.2.9a	There is a provision for alternative meals that can be eaten without utensils when utensils would present a security risk. These meals must still meet basic nutritional requirements.	Y N NA	
D.2.10	Menus provide items for a culturally diverse population.	Y N NA	

FOOD SERVICE: Special Diets

D.3 The Facility Director provides for special diets when prescribed by medical or dental personnel or for those detainees whose religious beliefs require the adherence to religious dietary laws.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning special diets.

Interview facility management staff, food service staff, corrections staff, and detainees.

Review Policies and procedures in Food Service Administrators office for special diets.

Medical

Religious

Look for documentation in Food Administrators Office pertaining to placing detainees on special diets.

Memos from medical personal

Memos from Dietician

Religious diet memos from chaplain placing detainees on religious diets

Interview inmates who are receiving medical and religious diets

Is there a Religious and Medical diet menu on file in food service administrators office?

	Review Checklist		Comments
D.3.1	Ensure written policies and procedures exist for providing special diets when prescribed by medical/dental personnel, including providing a reasonable opportunity for detainees who request a diet to observe their religious dietary practice (religious fasts, seasonal observances, Ramadhan, or Passover) within the constraints of the facility's budget limitations and the security/orderly operations. These policies include at least the implementation subjects addressed in this section.	Y N NA	
D.3.2	Policies and procedures are communicated to:		
D.3.2a	Appropriate staff members	Y N NA	
D.3.2b	Detainees, where appropriate	Y N NA	
D.3.	Policies and procedures are reviewed and updated.	Y N NA	
D.3.4	Evaluation and approval memos by the Clinical Director or a dietitian are on file for detainees who require medical diets. (bland diets, salt or fat free meals, soft food for dental patients, or supplemental feedings for insulin-dependent diabetes).	Y N NA	
D.3.5	Detainees are provided with information and an explanation concerning their special diet by a registered dietitian or another health care provider.	Y N NA	

Review Checklist			Comments
D.3.6	Detainees receive their prescribed medical diets.	Y N NA	
D.3.7	A notification process exists to communicate to food service staff when a detainee requires a medical diet.	Y N NA	
D.3.8	Utensils and scales are available for use in portion control for the various special diets.	Y N NA	
D.3.9	A chaplain is available to approve detainee requests for religious diets.	Y N NA	
D.3.10	A notification process exists to communicate to food service staff when a detainee requires a religious diet.	Y N NA	
D.3.11	Religious meals are prepared and offered to accommodate detainees whose religious dietary needs cannot be met on the main line.	Y N NA	
D.3.12	The religious diet menu meets detainee nutritional needs.	Y N NA	

Section E: STAFF/DETAINEE COMMUNICATION

STAFF/DETAINEE COMMUNICATION: Staff-Detainee Communication

E.1 The Facility Director ensures that detainees are provided the opportunity to communicate with staff, either in writing or verbally. When necessary, communication aids (e.g., translators, hearing-impaired aids) are provided. (K.12)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning staff-detainee communication.

Interview supervisory staff and a sample of inmates to determine whether there are opportunities for inmates to present oral and written requests to staff.

Ask staff for examples of written requests from inmates and review those documents.
Obtain documentation from staff regarding responses to inmates (logs, copies of memos, etc.).

Note timeliness of responses.
Interview a sample of department heads to inquire about their making periodic rounds.
Look for documentation of these rounds, e.g., in housing unit logs.

Obtain copies of written policies and procedures re staff/detainee communication that are available in languages other than English.

Interview high-ranking staff to determine the program/process for announcing information, policy changes, or general procedures to detainees.
Verify by examination of documentation, if available.

Determine from interviews with staff and inmates and any available documentation whether translator or other person is available to facilitate communication with inmates with language limitations.

	Review Checklist		Comments
E.1.1	Ensure written policies and procedures exist that outline a comprehensive program for all staff/detainee communication. These policies include at least the implementation subjects addressed in this section.	Y N NA	
E.1.1a	Comprehensive program for staff/ detainee communications	Y N NA	
E.1.2	Policies and procedures are communicated to:		
E.1.2a	Appropriate staff members	Y N NA	
E.1.2b	Detainees, where appropriate	Y N NA	
E.1.3	Policies and procedures are reviewed and updated.	Y N NA	
E.1.4	Detainees are afforded the opportunity to present oral and written requests or concerns to staff.	Y N NA	
E.1.5	Detainee requests and concerns are addressed in a timely manner.	Y N NA	
E.1.6	All department heads (e.g., food service administrator, captain, unit managers, etc.) conduct periodic rounds of the institution to obtain information about inmate concerns.	Y N NA	

E.1.7	Ensure that the written institution policies available to detainees are updated and published annually.	Y N NA	
E.1.8	Policies and procedures are routinely available in the language of the detainees. In the alternate, a process exists which ensures the reasonable availability of an interpreter.	Y N NA	
E.1.9	A program/process exists for key staff to announce new information, policy changes, or general procedures for detainees. (e.g., town hall meetings, bulletin boards, newsletter…).	Y N NA	
E.1.10	A program/process exists for the facilitation of communication with and by detainees whose language limitations require the assistance of a translator or other intermediary.	Y N NA	

STAFF/DETAINEE/COMMUNICATION: Diversity Training

E.2. The Facility Director provided staff with annual diversity and sensitivity training.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning diversity training.

Interview random staff and inmates regarding staff's use of prohibited slurs.
Examine and follow up on all inmate grievances on this subject over the past 120 days.
Examine and follow up on all staff grievances on this subject over the past 120 days.
Determine whether any staff member has received disciplinary action for he use of prohibited slurs.

Review pre-service and in-service training curricula and a sample of training records to confirm the receipt of diversity training.
Interview random staff to discuss the training they received.

Review diversity training materials (e.g., lesson plans, outlines) to evaluate content of training.

	Review Checklist		Comments
E.2.1	Ensure policies and procedures exist for staff diversity and sensitivity training. These policies include at least the implementation subjects addressed in this section.	Y N NA	
E.2.2	Policies and procedures are communicated to:		
E.2.2a	Appropriate staff members	Y N NA	
E.2.2b	Detainees, where appropriate	Y N NA	
E.2.3	Policies and procedures are reviewed and updated.	Y N NA	
E.2.4	Staff receive diversity training upon employment and annually thereafter. Designed to sensitize employees to the personal and cultural similarities and differences associated with differences in race, religion, national origin, gender, or political or sexual orientation.	Y N NA	
E.2.5	Staff training has been designed and implemented to enhance staff members' ability to communicate with diverse detainees in an effective manner.	Y N NA	
E.2.6	Staff do not use demeaning language or racial/ethnic/gender-related slurs within the facility.	Y N NA	

STAFF/DETAINEE COMMUNICATION: Detainee Grievances

E.3 The Facility Director ensures that an established written grievance procedure is in place for detainees to express their concerns. (K.13)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning detainee grievances.

Interview staff responsible for responding to inmates' grievances.
- Identify and review documentation of tracking system.
- Note timeliness of responses to grievances.
- Identify evidence of investigations and instances of corrective action.

Tour facility to observe availability of grievance forms.
- Interview random inmates on this subject.

Interview Facility Director regarding at least quarterly reviews of the tracking system.
- Discuss with person responsible for reviews
- Obtain evidence of any changes in policy/practice resulting from repetitive complaints by inmates.

	Review Checklist		Comments
E.3.1	Ensure written policies and procedures exist for a formal grievance process. These policies include at least the implementation subjects addressed in this section.	Y N NA	
E.3.2	Policies and procedures are communicated to:		
E.3.2a	Appropriate staff members	Y N NA	
E.3.2b	Detainees, where appropriate	Y N NA	
E.3.3	Policies and procedures are reviewed and updated as appropriate.	Y N NA	
E.3.4	Grievance forms are readily available and easily accessible to detainees through channels that do not require requesting forms exclusively from correctional officers.	Y N NA	
E.3.5	The formal grievance process has a tracking system that provides for a timely written response to all detainee complaints that have been filed within the grievance process.	Y N NA	
E 3.6	Regular reviews, at least quarterly, of the grievance tracking system are conducted in order to identify repetitive complaints and areas of concern.	Y N NA	
E.3.7	Filed complaints have been or are in the process of being investigated and completed investigations have been resolved.	Y N NA	

Section F: SAFETY AND SANITATION

SAFETY AND SANITATION: Fire Safety

F.1 The Facility Director ensures that a fire safety program conforming to all applicable local, state, and federal laws is in place.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning Fire Safety.

Interview staff and detainees:
Concerning the use of padlocks and chains on cell doors and exits
As to when they last participated in a fire drill

Examine frequency of fire safety inspections and/or reviews and qualifications of who performs the inspections and/or reviews.

Review policies and check staff training records to verify they are receiving annual training on the emergency fire control plan, the use of fire extinguishers and self-contained breathing apparatus.
Obtain a copy of the local authority having jurisdiction's letter approving the emergency fire control plan.
Check the fire extinguisher tags to insure monthly inspections and/or reviews.
Verify documentation of quarterly fire drills.
Obtain copies of annual, monthly and weekly fire inspections and/or reviews.

Look for emergency lights, lighted exit signs, exit diagrams and fire extinguishers while making tour of the institution.

Verify fire detection and fire alarm systems are being tested quarterly.

Verify the facility has emergency fire keys available for emergencies.

	Review Checklist		Comments
F.1.1	Ensure written policies and procedures exist to provide fire safety. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
F.1.1a	Reporting	Y N NA	
F.1.1b	Extinguishing	Y N NA	
F.1.1c	Evacuation procedures for detainees, consistent with emergency/contingency plans	Y N NA	
F.1.2	Policies and procedures are communicated to:		
F.1.2a	Appropriate staff members	Y N NA	
F.1.2b	Detainees, where appropriate	Y N NA	
F.1.3	Policies and procedures are reviewed and updated.	Y N NA	
F.1.4	All staff members review the emergency fire control plan annually.	Y N NA	
F.1.5	An emergency fire control program has been approved and issued to the local fire authority with jurisdiction.	Y N NA	
F.1.6	An annual inspection of the facility is conducted by local or state fire officials.	Y N NA	

F.1.7	Monthly inspections and/or reviews of the facility are conducted to ensure compliance with safety and fire prevention standards.	Y N NA	
F.1.8	A weekly fire and safety inspection is conducted of the facility by a qualified staff member.	Y N NA	
F.1.9 F.1.9a F.1.9b	Ensure that fire extinguishers are available for use throughout the facility. All fire extinguishers are inspected on a monthly basis and maintenance performed as needed. Staff are given annual training on the use of fire extinguishers.	Y N NA Y N NA Y N NA	
F.1.10	Fire detection and alarm systems are tested quarterly.	Y N NA	
F.1.11	Fire escape routes are posted in ample locations for visitors, employees and detainees to find the information they need in the event of an emergency. Routes are posted in English, Spanish, and other dominant languages spoken in the facility.	Y N NA	
F.1.12	All exits are marked with lighted exit signs.	Y N NA	
F.1.13	Ensure emergency lighting exists throughout the facility.	Y N NA	
F.1.14	Padlocks and/or chains are not used on cell doors.	Y N NA	
F.1.15 F.1.15a	Facility has self-contained breathing devices in readily accessible areas. Staff are given annual training on the use of self-contained breathing apparatus.	Y N NA Y N NA	

F.1.16	Facility has emergency fire keys set aside from regular issue keys.	Y N NA	
F.1.17	Exit diagrams indicating “you are here” include point of reference and emergency equipment locations.	Y N NA	
F.1.18 F.1.18a	Evacuation plan been certified by an independent inspector trained in the application of national fire codes. Evacuation plan is reviewed annually.	Y N NA Y N NA	
F.1.19 F.1.19a	Quarterly fire drills at a minimum, for each shift, are conducted in all areas of the facility. Fire drills are documented and evaluated.	Y N NA Y N NA	
F.1.20	The facility has a mechanism for reviewing reports of inspections and/or reviews, drills, incident reports, water tests, biological tests of autoclaves radiological equipment, inspections and/or reviews, and waste manifests to identify problems and take corrective action if necessary.	Y N NA	
F.1.21	Staff report problems that violate the fire plan.	Y N NA	
F.1.22	Reported problems are remedied.	Y N NA	

SAFETY AND SANITATION: Non-Hazardous Furnishings

F.2 The Facility Director ensures that all furnishings and materials are fire-resistant, non-toxic, and do not present a fire or safety hazard.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning non-hazardous furnishings.

Interview facility management staff, corrections staff, security staff, and detainees.

Obtain copies of policy and procedures regarding furnishings.

Ask for documentation that verifies the facility is purchasing non-hazardous furnishings, e.g.; purchase orders, mattress & pillow labels, etc.

Randomly inspect several mattresses, pillows, drapes and furniture. All of these items should have labels indicated fire ratings.

	Review Checklist		**Comments**
F.2.1	Ensure written policies and procedures exist to ensure that furnishings are fire-resistant, non-toxic, and non-hazardous. These policies include at least the implementation subjects addressed in this section.	Y N NA	
F.2.2 F.2.2a F.2.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
F.2.3	Policies and procedures are reviewed and updated.	Y N NA	
F.2.4	If the facility uses polyurethane mattresses, inserts made from synthetic cellular rubber material (e.g., polyurethane, neoprene, etc.) must meet California State Technical bulletin. Mattresses have to be tested by ASTM E 162 and E 662 standards.	Y N NA	
F.2.5	All curtains and drapes in the housing units are flame retardant. *Note: Curtains, drapes, etc. shall be flame resistant by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.	Y N NA	
F.2.6	The facility does not use polyurethane cushioned furniture in the housing units. *Note: Upholstered furniture must meet the requirements of NFPA 260 and NFPA 261.	Y N NA	

SAFETY AND SANITATION: Control of Dangerous Materials

F.3 The Facility Director controls the storage, exposure, use, and disposal of all flammable, caustic, toxic, and hazardous materials and other waste in compliance with OSHA and any other applicable requirements.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning control of dangerous materials.

Interview facility management staff, corrections staff, security staff, and detainees concerning the handling of caustic and toxic materials.

Obtain copies of policies and procedures for the control of flammable, caustic, and toxic materials.

Look for approved trash containers during tour of the facility.

Inspect flammable storage cabinets.

	Review Checklist		Comments
F.3.1	Ensure written policies and procedures exist for the control of dangerous materials. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
F.3.1a	Separate noncombustible receptacles for smoking materials.	Y N NA	
F.3.1b	The control of hazardous materials, such as asbestos and lead paint, caustics, flammable substances.	Y N NA	
F.3.2	Policies and procedures are communicated to:		
F.3.2a	Appropriate staff members	Y N NA	
F.3.2b	Detainees, where appropriate	Y N NA	
F.3.3	Policies and procedures are reviewed and updated.	Y N NA	
F.3.4	All flammable, toxic and caustic materials are stored in areas inaccessible to detainees.	Y N NA	
F.3.5	Incompatible substances are stored separately.	Y N NA	
F.3.6	All flammable materials and substances are stored or discarded in approved storage containers.	Y N NA	
F.3.7	Trash receptacles are made of metal or approved plastics.	Y N NA	
F.3.8	All receptacles and containers are emptied daily.	Y N NA	

SAFETY AND SANIATION: Environmental Control

F.4 The Facility Director provides all detainees with clean, sanitary, and well-ventilated facilities with climate control.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning environmental control.

Interview facility management staff, corrections staff, security staff, and detainees concerning the handling of caustic and toxic materials.

Determine extent of inspections and/or reviews, including frequency and qualifications of the personnel who perform them.

Obtain copies of annual, monthly and weekly sanitation inspections and/or reviews.

Verify facility is contracting with a pest control company and a medical waste hauler.

Obtain copies of any industrial hygienist surveys re air exchanges, lighting, noise levels, etc.

	Review Checklist		Comments
F.4.1	Ensure written policies and procedures exist for environmental control. These policies include at least the implementation subjects addressed in this section, and also:	Y N NA	
F.4.1a	A comprehensive sanitation and hygiene program	Y N NA	
F.4.1b	The control of vermin and pests	Y N NA	
F.4.1c	Daily housekeeping and maintenance schedules.	Y N NA	
F.4.1d	Preventive maintenance systems such as the HVAC system and refrigeration units	Y N NA	
F.4.2	Policies and procedures are communicated to:		
F.4.2a	Appropriate staff members	Y N NA	
F.4.2b	Detainees, where appropriate	Y N NA	
F.4.3	Policies and procedures are reviewed and updated.	Y N NA	
F.4.4	Federal, state, or local sanitation and health officers inspect the facility.	Y N NA	
F.4.4a	Inspection reports are maintained.	Y N NA	
F.4.5	Qualified personnel conduct thorough monthly inspections and/or reviews.	Y N NA	
F.4.5a	Inspection reports are maintained.	Y N NA	

F.4.6 F.4.6a	Qualified staff conduct weekly sanitation inspections and/or reviews. Inspection reports are maintained.	Y N NA Y N NA	
F.4.7 F.4.7a	Personnel in the field of vermin and pest control conduct monthly inspections and/or reviews and treat as needed. Inspection reports are maintained.	Y N NA Y N NA	
F.4.8	Hazardous and medical wastes and disposable sharps are locked, secured and labeled.	Y N NA	
F.4.9	Hazardous waste and medical waste tracking documents are maintained.	Y N NA	
F.4.10 F.4.10a F.4.10b F.4.10c F.4.10d F.4.10e	A program exists to monitor environmental conditions. Lighting Ambient and water temperature Air volume Noise levels Reports are reviewed to determine necessary actions to ensure compliance.	Y N NA Y N NA Y N NA Y N NA Y N NA Y N NA	
F.4.11 F.4.11a F.4.11b F.4.11c F.4.11d	The following are maintained at levels appropriate(?) for health and safety: Lighting, Ambient and water temperatures Air volume Noise levels	 Y N NA Y N NA Y N NA Y N NA	

F.4.12 F.4.12a	Maintenance systems such as the HVAC system and refrigeration units documents/inspections and/or reviews/maintenance reports maintained. Documentation is reviewed and necessary actions are taken.	Y N NA Y N NA	
F.4.13	For facilities not serviced by a public water supply, the facility ennsures that the non-public water supply is tested daily and certified by the local authority with jurisdiction.	Y N NA	

SAFETY AND SANITATION: Clothing and Bedding

F.5 The Facility Director ensures that there is an exchange system in place to provide detainees with clothing and bedding that are clean, well maintained, and suitable for the climatic conditions of the area. (K.14)

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning clothing and bedding.

Interview facility management staff, corrections staff, security staff, and detainees.

Obtain copies of policy & procedures regarding clothing and linen exchange.

Interview staff and detainees as to how often clothing and linen are exchanged.

	Review Checklist		Comments
F.5.1	Ensure written policies and procedures exist to ensure detainees clean clothing, bedding, and linen, including towels. These policies include at least the implementation subjects addressed in this section.	Y N NA	
F.5.2	Policies and procedures are communicated to:		
F.5.2a	Appropriate staff members	Y N NA	
F.5.2b	Detainees, where appropriate	Y N NA	
F.5.3	Policies and procedures are reviewed and updated.	Y N NA	
F.5.4	All detainees receive clean and sanitary clothing, towels and bedding on at least a weekly basis.	Y N NA	
F.5.5	Clothing, towels and bedding provided are:		
F.5.5a	Clean	Y N NA	
F.5.5b	Suitable for climate	Y N NA	
F.5.5c	Well maintained	Y N NA	
F.5.6	Detainees have the opportunity to exchange clothing three times a week.	Y N NA	
F.5.7	Towels are exchanged at least twice per week.	Y N NA	
F.5.8	Bedding is exchanged at least once per week.	Y N NA	

SAFETY AND SANITATION: Personal Hygiene/Well-being

F.6 The Facility Director promotes and facilitates detainees' personal hygiene and well-being by providing access to basic personal care items.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning persona hygiene and well-being.

Interview facility management staff, corrections staff, security staff, and detainees.

Determine what the facility uses as "necessary hygiene items."

Determine temperature ranges for both indoor living and work areas are in accordance with climatic conditions.

Determine noise level range.

Verify that there is hot & cold water during tour.

Inspect barber shop to insure barbering equipment is being sanitized.

	Review Checklist		Comments
F.6.1	Ensure written policies and procedures exist to promote detainees' personal hygiene and well-being, ensuring access to operable showers with hot and cold running water at least three times per week. These policies include at least the implementation subjects addressed in this section.	Y N NA	
F.6.2 F.6.2a F.6.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
F.6.3	Policies and procedures are reviewed and updated.	Y N NA	
F.6.4	Staff provide personal hygiene (e.g. hot water and/or soap) in the shower facility. Hot water is controlled at temperatures sufficient to support proper personal hygiene.	Y N NA	
F.6.5	Detainees have access to facilities that allow for personal hygiene needs.	Y N NA	
F.6.6 F.6.6a	All detainees have access to hygiene items. Indigent detainees receive hygiene items without cost.	Y N NA Y N NA	
F.6.7	Detainees have access to barbering and hair care services.	Y N NA	
F.6.8	Hair cutting tools are cleaned and disinfected.	Y N NA	

SAFETY AND SANITATION: Physical Facility and Equipment

F.7 The Facility Director ensures that physical facility and equipment do not present a hazard to detainees, employees, and visitors. (K.15)

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning physical facility and equipment.

Interview facility management staff, corrections staff, security staff, and detainees.

Obtain copies of monthly and weekly safety and sanitation inspection reports.

Check facility records to insure discrepancies are being corrected when safety problems are noted during inspections and/or reviews.

Check inspection reports to insure discrepancies are followed up on.

Look for safety violations during tour of the facility.

	Review Checklist		Comments
F.7.1	Ensure written policies and procedures exist to ensure that the facility and equipment do not present a hazard to detainees, employees and visitors. These policies include at least the implementation subjects addressed in this section.	Y N NA	
F.7.2 F.7.2a F.7.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
F.7.3	Policies and procedures are reviewed and updated.	Y N NA	
F.7.4	Walking and climbing surfaces in the jail are of good condition so as to prevent slips, trips and falls.	Y N NA	
F.7.5	Smoke-free housing is available to detainees.	Y N NA	
F.7.6	Showers and living areas are free of mold and mildew.	Y N NA	
F.7.7	The physical facility and equipment are maintained so that they do not present hazards to detainees, employees and visitors.	Y N NA	
F.7.8	Emergency equipment (such as lighting, portable generators, and uninterrupted power sources and systems) are tested at least quarterly; and power generators are inspected weekly and load tested quarterly, or in accordance with the manufacturer's instructions	Y N NA	

Section G: SERVICES AND PROGRAMS

SERVICES AND PROGRAMS: Classification, Review, and Housing

G.1 The Facility Director ensures that written policies and procedures are followed for the classification and reclassification of detainees to ensure the safe, secure, and humane housing of detainees. (K.16)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On Site Assessment Items:

Review relevant policies, procedures, and documentation concerning classification, review, and housing.
Interview staff responsible for classification/reclassification recommendations or decisions regarding their knowledge of the classification system.

Interview random correctional staff (particularly in housing units) regarding their knowledge of the classification system.
Review copies of classification and reclassification forms to identify criteria for classification. and reclassification.
Review samples of several housing units, identifying the classification of each inmate assigned to the unit, to establish that housing assignments are consistent with classification status.

Determine the practices in place to protect vulnerable prisoners in the general population.
Interview a sample of these prisoners.
Review any incident report regarding any injury to an inmate by another prisoner over the past 120 days.
Review random inmate files to determine how quickly initial classification occurs, where inmate is placed prior to initial classification, and frequency of routine reclassification reviews.

Determine whether certain events (e.g., conviction of a disciplinary offense) result in an automatic reclassification review.
Review all inmate grievances regarding classification over the past 90 days.
For facilities housing detainees under the custodial jurisdiction of the Immigration and Customs Enforcement, the reviewer should be familiar with the ICE requirements for access to legal materials.

	Review Checklist		
G.1.1	Ensure policies and procedures exist that classify and separate detainees into separate living settings in a manner that addresses the security needs of these individuals. These policies include at least the implementation subjects addressed in this section and also the following classifications designated according to:	Y N NA	
G.1.1a	Prior offense (with emphasis on the assaultive nature of such offenses)	Y N NA	
G.1.1b	Known or reported history for violence in a confinement setting	Y N NA	
G.1.1c	Known or reported existence of “victimization” factors (e.g., homosexuality, physical appearance)	Y N NA	
G.1.1d	Known cultural or gang affiliated violence potential	Y N NA	
G.1.1e	Behavior and unusual incidents of conduct while within the facility	Y N NA	
G.1.2	Policies and procedures are communicated to:		
G.1.2a	Appropriate staff members	Y N NA	
G.1.2b	Detainees, where appropriate	Y N NA	
G.1.3	Policies and procedures are reviewed and updated.	Y N NA	
G.1.4	Detainees are classified and placed appropriately, in accordance with applicable classification factors.	Y N NA	
G.1.5	There is a routine review of the classification of detainees.	Y N NA	
G.1.6	The appropriate facility staff understand the classification system and are using it.	Y N NA	

SERVICES AND PROGRAMS: Religious Practices

G.2 The Facility Director ensures that detainees of all faiths have reasonable and equitable opportunities to participate in the practices of their faith. (K.17)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning religious practices.

Interview chaplains and, if possible, outside providers of religious programming as well as staff and detainees of various faiths.

Review documentation of scheduling of religious services.

Review logs to determine whether outside providers of religious services have been admitted to the facility over the past 90 days.

Review all inmate grievances over the past 90 days regarding religious programming.

Follow-up on any suggestion or evidence of exclusion of a provider based solely on the basis of faith group membership.

	Review Checklist		Comments
G.2.1	Ensure written policies and procedures exist that provide a reasonable and equitable opportunity for detainees to participate in the practice of their faith. These policies include at least the implementation subjects addressed in this section.	Y N NA	
G.2.2 G.2.2a G.2.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
G.2.3	Policies and procedures are reviewed and updated.	Y N NA	
G.2.4	Detainees of all faiths have reasonable and equitable opportunities to participate in the practices of their faith.	Y N NA	
G.2.5	Providers of religious services have access to the facility, and are not denied solely on the basis of faith group membership.	Y N NA	

SERVICES AND PROGRAMS: Volunteer Work Assignments

G.3 The Facility Director ensures that detainees are not required to work unless they volunteer to do so via a signed waiver form.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning volunteer work assignments.

Interview facility management staff, corrections staff, security staff, and detainees.

Obtain list of inmate workers and determine (by sample or otherwise) the unsentenced status or "work/volunteer" document in inmate's file.

	Review Checklist		Comments
G.3.1	Ensure written policies and procedures exist which ensure that detainees are not required to work unless they volunteer to do so. These policies include at least the implementation subjects addressed in this section.	Y N NA	
G.3.2 G.3.2a G.3.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
G.3.3	Policies and procedures are reviewed and updated.	Y N NA	
G.3.4	A “work/volunteer” document is on file for all detainees participating in non-routine housekeeping and sanitation work assignments.	Y N NA	

SERVICES AND PROGRAMS: Work Assignments and Security

G.4 The Facility Director ensures that work assignments do not compromise the security of the facility or community, or the delivery of health care. The Facility Director also ensures that detainees do not supervise other detainees.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning work assignments and security.

Interview facility management staff, corrections staff, security staff, and detainees.

Observe detainee workers during tour of facility.

Is there unsupervised use of weapons or escape paraphernalia?

Is there supervision by staff, not other detainees/inmates?

Review detainee grievances regarding supervision by other prisoners over the past 120 days.

Review Checklist			Comments
G.4.1	Ensure written policies and procedures exist that preserve the security of work assignments and specifically prohibit any detainee from having supervisory authority over any other detainee. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
G.4.1a	Ensure policies and procedures exist that describe the work assignments available to detainees.	Y N NA	
G.4.2	Policies and procedures are communicated to:		
G.4.2a	Appropriate staff members	Y N NA	
G.4.2b	Detainees, where appropriate	Y N NA	
G.4.3	Policies and procedures are reviewed and updated.	Y N NA	
G.4.4	Detainee work assignments do not involve unsupervised use of items constituting weapons or escape paraphernalia	Y N NA	
G.4.5	Detainees work under the direction of staff and not under other detainees	Y N NA	

SERVICES AND PROGRAMS: Exercise and Out-of-Cell Opportunities

G.5 The Facility Director ensures that staff permit detainees a minimum of one hour of outdoor recreation five days a week, if weather permits.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning exercise and out-of-cell opportunities.

Interview facility management staff, corrections staff, security staff, and detainees.

Interview staff and inmates in special management unit(s) to determine the extent of recreation offered.

Review written schedules for recreation for all housing units.

Review documentation of provision of mandatory minimum recreation periods, as well as cancellations.

Review documentation of basis for denials of recreation to any inmate or group of inmates.

Review all inmate grievances over the past 90 days regarding recreation.
Follow up on these grievances, as necessary.

Review Checklist			Comments
G.5.1	Ensure written policies and procedures exist that afford detainees with the opportunity to engage in recreational exercise outside their designated sleeping area, for a minimum period of one hour per day, 7 days per week.(One hour per day five days per week in special management units), unless specifically restricted for good cause. This standard cannot be altered because of lack of staff. These policies include at least the implementation subjects addressed in this section.	Y N NA	
G.5.2	Policies and procedures are communicated to:		
G.5.2a	Appropriate staff members	Y N NA	
G.5.2b	Detainees, where appropriate	Y N NA	
G.5.3	Policies and procedures are reviewed and updated.	Y N NA	
G.5.4	If the facility denies any individual or group of individuals the minimum recreation period, documentation exists that verifies that the denial is based on good cause in relation to individual misconduct or a facility security need.	Y N NA	
G.5.5	Recreation periods are consistently afforded to detainees.	Y N NA	
G.5.5a	Mandatory minimum periods are documented.	Y N NA	

SERVICES AND PROGRAMS: Legal Materials (ICE Standard (b))

G.6 The Director affords detainees reasonable and equitable access to legal materials and reasonable opportunities to prepare and copy legal materials.

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

<u>On-Site Assessment Items:</u>

Review relevant policies, procedures, and documentation concerning access to legal materials.

Interview facility management staff, corrections staff, security staff, and detainees.

Interview special housing unit and law library staff to determine how legal services are provided to segregated inmates.

Tour law library area.

Identify hours law library is open and determine procedures for gaining access.
- Interview staff responsible for law library.
- Interview sample of inmates whose names appear on law library log.

Determine extent of usage and fact of usage by all general population housing units by reviewing log.

Through interviews with random inmates and law library staff, verify:
- Access to copies of unique forms and to copying services.
- Access to writing materials, writing implements, and postage.
- Provision of free materials, services, and postage to indigent inmates (after determining the facility's criteria for indigence).
- General access to notary services for documents that require notarization.

Review all grievances over the past 90 days regarding access to legal materials and services.

	Review Checklist		Comments
G.6.1	Ensure written policies and procedures exist for equitable access to legal materials and reasonable opportunities to prepare and copy legal documents. These policies include at least the implementation subjects addressed in this section.	Y N NA	
G.6.2 G.6.2a G.6.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
G.6.3	Policies and procedures are reviewed and updated.	Y N NA	
G.6.4	Detainees are provided access to sufficient legal research materials and a reasonable opportunity to prepare legal documents.	Y N NA	
G.6.5	Detainees are provided reasonable access to copies of unique forms required for agency processes and reasonable access to copying services for submission of documents to agencies and the courts.	Y N NA	

G.6.6	Detainees are afforded access to sufficient writing materials, writing implements and postage.	Y N NA	
G.6.6a	Indigent detainees receive writing materials, writing implements, notary services when required by the court, and postage without charge in order to prepare and send legal documents to agencies and the courts.	Y N NA	
G.6.7	Detainees have access to notary services to obtain notarization of documents for which there is a legal requirement of notarization.	Y N NA	

SERVICES AND PROGRAMS: Legal Representation *(ICE Standard (c))*

G.7 The Facility Director ensures that detainees have reasonable and equitable access to legal representation and the courts. (K.18)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

<u>On-Site Assessment Items:</u>

Review relevant policies, procedures, and documentation concerning access to legal representation.

Interview facility management staff, corrections staff, security staff, and detainees,..

Review documentation of inmates' access to and contact with legal representatives (including paraprofessionals employed by attorneys).

Review schedule for attorney/client visits.

Review all grievances over the past 90 days regarding access to legal representatives.

	Review Checklist		Comments
G.7.1	Ensure written policies and procedures exist for reasonable access to legal representation and the courts. These policies include at least the implementation subjects addressed in this section	Y N NA	
G.7.2	Policies and procedures are communicated to:		
G.7.2a	Appropriate staff members	Y N NA	
G.7.2b	Detainees, where appropriate	Y N NA	
G.7.2c	Outside organizations, as appropriate	Y N NA	
G.7.3	Policies and procedures are reviewed and updated.	Y N NA	
G.7.4	Detainees are afforded access to legal representatives, including paraprofessionals employed by attorneys, during those periods provided by the facility.	Y N NA	
G.7.5	Detainee access to legal representation and the courts is documented	Y N NA	

SERVICES AND PROGRAMS: Telephone Access (ICE Standard (d))

G.8 The Facility Director ensures that detainees have reasonable and equitable access to telephones.

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

<u>On-Site Assessment Items:</u>

Review relevant policies, procedures, and documentation concerning telephone access.

Interview facility management staff, corrections staff, security staff, and detainees.

Identify means by which inmates gain access to telephones.

Interview high-ranking staff re telephone call policies and practices, including monitoring of calls.
Verify through interviews of random inmates.
Review any available documentation regarding monitoring

Review any inmate grievances or other complaints over the past 90 days regarding access to telephones and the opportunity to make unmonitored calls to authorized persons.

	Review Checklist		Comments
G.8.1	Ensure written policies and procedures exist for reasonable and equitable access of detainees to telephones. These policies include at least the implementation subjects addressed in this section.	Y N NA	
G.8.2 G.8.2a G.8.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
G.8.3	Policies and procedures are reviewed and updated.	Y N NA	
G.8.4	Detainees are afforded reasonable telephonic access to the community, which affords them opportunities to contact family members, public officials, and legal representatives.	Y N NA	
G.8.5	With the exception of confidential unmonitored telephonic access (e.g., no voice monitoring) to federal officials and legal representatives, unless otherwise restricted by judicial order, all telephone calls by detainees are recorded and monitored.	Y N NA	

SERVICES AND PROGRAMS: Visitation Privileges ***(ICE Key Access Standard (e))***

G.9 The Facility Director ensures that detainees are allowed visitation with family and friends.

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

<u>On-Site Assessment Items:</u>

Review relevant policies, procedures, and documentation concerning visitation privileges.

Interview facility management staff, corrections staff, security staff, and detainees.

Review schedule for general visiting.

Review documentation of visiting sessions.
If policy/practice do not permit at least one visit per week for each inmate, identify and evaluate basis/justification for limitation (e.g., space limitations.

Observe visiting session and search of visitors and their property before entry into the facility.

Review all grievances over the past 90 days regarding general visiting.

	Review Checklist		Comments
G.9.1	Ensure written policies and procedures exist for the allowance of reasonable visitation with family and friends, including the search of family and friends for contraband items. These policies include at least the implementation subjects addressed in this section.	Y N NA	
G.9.2 G.9.2a G.9.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
G.9.3	Policies and procedures are reviewed and updated.	Y N NA	
G.9.4	The facility provides a reasonable and equitable visitation program to all detainees.	Y N NA	
G.9.5 G.9.5a	Detainees are afforded reasonable and frequent access to family, friends, and community representatives. Access is confirmed by documentation.	Y N NA Y N NA	

SERVICES AND PROGRAMS: Detainee Mail and Correspondence

G.10 The Facility Director ensures detainees can send and receive mail and maintains the confidentiality of privileged correspondence. (K.19)

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

<u>On-Site Assessment Items:</u>

Review relevant policies, procedures, and documentation concerning detainee mail and correspondence.

Interview facility management staff, corrections staff, security staff, and detainees.

Observe practices in mail room. Interview person responsible for mail room concerning:
- Procedures for inspecting incoming mail,
- Handling of checks/money orders/cash in incoming mail,
- Processing of incoming and outgoing mail to ensure next day delivery to inmate or postal service,
- Confidential treatment of legal mail, and
- Lack of access by prisoners to other detainees' mail.

Observe delivery of general/legal mail if possible.

Review random inmates re mail practices.

Review all grievances over the past 90 days regarding mail-related practices.

	Review Checklist		Comments
G.10.1	Ensure written policies and procedures exist that cover the handling, sending, receipt, and confidentiality of mail and privileged correspondence. These policies include at least the implementation subjects addressed in this section.	Y N NA	
G.10.2	Policies and procedures are communicated to:		
G.10.2a	Appropriate staff members	Y N NA	
G.10.2b	Detainees, where appropriate	Y N NA	
G.10.3	Policies and procedures are reviewed and updated.	Y N NA	
G.10.4	The facility assures the following, unless special circumstances preclude (e.g., security, translation…):	Y N NA	
G.10.4a	Mail processed for delivery to detainees is inspected for prohibited enclosures, including the accounting of money.	Y N NA	
G.10.4b	Mail is processed in a timely manner, with a minimum of next day delivery to the postal service or detainee.	Y N NA	
G.10.4c	Appropriately labeled legal correspondence is separated and handled in a confidential manner.	Y N NA	
G.10.4d	Mail to and from detainees is not accessed by and not processed by other confined individuals.	Y N NA	

Section H: WORKFORCE INTEGRITY

WORKFORCE INTEGRITY: Staff Background and Reference Checks

H.1 The Facility Director ensures that all staff have initial background and reference checks before they are hired and that periodic criminal history checks are conducted once staff are employed.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

<u>On-Site Assessment Items</u>

Review relevant policies, procedures, and documentation concerning staff background and reference checks.

Interview facility management staff, corrections staff, security staff, and detainees.

Interview personnel director to determine extent of pre-hire screening and review random personnel files.
- Identify staff whose screening revealed negative information and note posts to which such staff are assigned.
- Identify post-hire arrests and other integrity violations and determine source of that information to jail officials.
- Observe documentation of periodic post-hire background checks.

	Review Checklist		Comments
H.1.1	Ensure written policies and procedures exist for initial background/reference checks and periodic criminal history checks of facility staff. These policies include at least the implementation subjects addressed in this section	Y N NA	
H.1.2	Policies and procedures are communicated to:		
H.1.2a	Appropriate staff members	Y N NA	
H.1.2b	Detainees, where appropriate	Y N NA	
H.1.3	Policies and procedures are reviewed and updated.	Y N NA	
H.1.4	Applicants for facility employment are screened prior to entering on duty (EOD). The screening includes:	Y N NA	
H.1.4a	An arrest check through the National Crime Information Center (NCIC)	Y N NA	
H.1.4b	A credit history check, and a drug screening examination	Y N NA	
H.1.4c	Domestic Violence Civil Protective Orders	Y N NA	
H.1.5	Newly hired staff are placed in accordance with results of the screening.	Y N NA	
H.1.6	All staff are required to immediately report arrests or other integrity violations relating to themselves or to fellow-employees.	Y N NA	
H.1.7	Periodic background checks of staff are conducted.	Y N NA	

WORKFORCE INTEGRITY: Staff Training, Licensing, and Credentialling

H.2 The Facility Director ensures that all staff are adequately trained, licensed, and credentialed according to applicable local and state regulations and that expected standards of conduct are included in the facility's overall training program.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items

Review relevant policies, procedures, and documentation concerning staff training, licensing, and credentialing. Interview facility management staff, corrections staff, security staff, and detainees.

Examine training plan.
Confirm pre-hire orientation and training component.
Confirm annual in-service training component.

Review random training records and confirm the following:
Required training in identified security practices;
Required training/certification for staff authorized to use weapons (with special attention to those on armed posts at the time of the audit);
Required training in use of force-related issues;

Training in reporting fire, leaks, and other emergencies;
Training in issues relating sexual harassment and sexual misconduct; and
Training to respond to the needs of disabled inmates.

Obtain training schedules and curricula to identify segments of required pre-service and post-hire training.
Obtain copy of Code of Conduct and ask random staff if they received a copy.

Review files of staff who deliver direct care regarding training, licensure, registration, and certification. [A health care expert should be able to expand on key indicators for H.2.4 and its subparts.]
Review records and documentation of emergency drills over past 12 months.
Review emergency plans to identify provisions for safe exit for physically, visually, or hearing impaired inmates.

Interview random staff regarding the recognition, repair, and reporting of hazards that could lead to an emergency.
During the course of the several days of the review, ask staff questions and observe practices that suggest the extent of effectiveness of the training programs.

	Review Checklist		Comments
H.2.1	Ensure written policies and procedures exist for the training, verification of license, credentialling, and adherence to expected standards of conduct for all staff. These policies include at least the implementation subjects addressed in this section and also:	Y N NA	
H.2.1a	A written code of conduct is included in the policies and procedures that outlines the professional expectations of all personnel	Y N NA	
H.2.2	Policies and procedures are communicated to:		
H.2.2a	Appropriate staff members	Y N NA	
H.2.2b	Detainees, where appropriate	Y N NA	
H.2.3	Policies and procedures are reviewed and updated.	Y N NA	

	Review Checklist		Comments
H.2.4	A formal training plan for staff exists and is in use. The plan includes the following:	Y N NA	
H.2.4a	All new personnel are required to participate in new employee orientation and training designed to prepare them for working in the correctional environment	Y N NA	
H.2.4b	Training records are maintained for each staff member (full time, part time, and volunteer)	Y N NA	
H.2.4c	Requisite hours of training and the training curricula are documented and specified	Y N NA	
H.2.5	Staff are provided with a copy of the code of conduct and trained in the expectations of staff on and off the job.	Y N NA	

	Review Checklist		Comments
H.2.6	Staff who deliver direct patient care are qualified by training, licensure, registration, and/or certification	Y N NA	
H.2.6a	Medical, nursing and dental professional staff are licensed and in good standing in the state(s) in which they are practicing	Y N NA	
H.2.6b	Medical staff gets orientation in security procedures.	Y N NA	
H.2.6c	Staff are performing only within the scope of their license	Y N NA	
H.2.6d	Administrators keep a file for each physician that includes photocopies of licensure, controlled substance license, and, Drug Enforcement Administration license (DEA license)	Y N NA	
H.2.6e	Administrator verifies the accuracy of medical licensure (primary verification) with the appropriate state agency	Y N NA	
H.2.6f	Physician's files include an explanation of any malpractice litigation made against the physician	Y N NA	
H.2.6g	Where there are supervisory physicians, physician credentials are reviewed by a senior physician	Y N NA	
H.2.6h	Other professional staff (registered nurses, nurse practitioners, physician assistants, dentists, etc.) have a copy of their license to practice on file in the administrator's office	Y N NA	
H.2.6i	Professional staff are practicing with a current, active license in good standing.	Y N NA	

	Review Checklist		Comments
H.2.7	Staff receive pre-service training and annual in-service training on proper security practices relating to:		
H.2.7a	keys,	Y N NA	
H.2.7b	tools,	Y N NA	
H.2.7c	culinary equipment,	Y N NA	
H.2.7d	medical equipment,	Y N NA	
H.2.7e	supplies,	Y N NA	
H.2.7f	security inspections and/or reviews, and	Y N NA	
H.2.7g	vehicles.	Y N NA	
H.2.8	Staff who are authorized to use firearms receive requisite training and certification prior to placement on any assignment requiring the use of these weapons.	Y N NA	
H.2.8a	Refresher training and re-certification is conducted at least once each year	Y N NA	
H.2.9	Staff receive pre-service and at least annual in-service training on:		
H.2.9a	Policies and procedures regarding the use of force	Y N NA	
H.2.9b	Safe use of force	Y N NA	
H.2.9c	Defensive tactics	Y N NA	
H.2.9d	De-escalation tactics	Y N NA	
H.2.9e	Non-forceful options for responding to violence or threats of violence by detainees	Y N NA	

	Review Checklist		Comments
H.2.10	Staff receive at least annual training in reporting fire, leaks and other emergencies.	Y N NA	
H.2.10a	Staff know who has the authority to call in emergency services, and the procedure for doing so	Y N NA	
H.2.10b	The facility conducts regular drills to prepare for emergencies	Y N NA	
H.2.10c	Staff recognize hazards that could lead to an emergency and know how to report or correct them	Y N NA	
H.2.10d	Emergency plans provide for safe exit for physically, visually or hearing impaired detainees	Y N NA	
H.2.11	Staff receive training in the preventing, intervening in, and remedying of sexual harassment and sexual misconduct which includes:	Y N NA	
H.2.11a	Staff obligation to monitor and report behavior of other staff	Y N NA	
H.2.11b	How to report misconduct	Y N NA	
H.2.11c	How to observe and interact with opposite gender detainees	Y N NA	
H.2.11d	How to supervise opposite gender detainees	Y N NA	
H.2.11e	How detainees are harmed by such conduct	Y N NA	
H.2.11f	How the security of the facility is jeopardized by sexual harassment and sexual misconduct	Y N NA	
H.2.11g	Legal and employment consequences of sexual harassment and sexual misconduct	Y N NA	
H.2.11h	How to handle reports of sexual harassment and sexual misconduct appropriately	Y N NA	

	Review Checklist		Comments
H.2.12	Staff are trained to respond to the special needs of the disabled including, but not limited to: the elderly, the hearing impaired, or the visually impaired.	Y N NA	
H.2.13	Staff are trained at least annually on suicide risk prevention measures.	Y N NA	

WORKFORCE INTEGRITY: Staff Misconduct

H.3 The Facility Director ensures that written policies and procedures are in place to report allegations of staff misconduct and that such reports are thoroughly investigated and addressed, including forms of misconduct covered by other specific review guidelines.

❑ **Acceptable**	❑ **Deficient**	❑ **Repeat Deficiency**	❑ **At- Risk**	❑ **Not Applicable**

Reviewer's Initials:	**Date:**

On-Site Assessment Items:

Review relevant policies, procedures, and documentation concerning staff misconduct.

Interview facility management staff, corrections staff, security staff, and detainees.
Interview Facility Director regarding reporting and investigating procedures, as well as procedures/policies for imposing discipline in the case of staff misconduct.
Obtain information regarding reporting to federal agencies, facility staff, the Office of the Inspector General, and local law enforcement officials.
Interview person(s) responsible for investigating allegations of staff misconduct.

Review all allegations of staff misconduct (including those in inmate grievances) over past 120 days. Determine extent of investigation and follow-up.
Review any available investigation logs, as well as a sample of investigation files for completeness and timeliness.
- Note whether files are maintained confidentially.
- Note whether results are conveyed to Facility Director or designee.
- Identify actions, if any, taken during investigation to protect inmates and other staff.
- Identify nature of discipline imposed, if any. [This may require review of other files, e.g., personnel files]

Conduct thorough tour of institution, and note whether all staff display legible identification indicating their names.

H 3.1	Ensure written policies and procedures exist for the reporting and investigations of allegations of staff misconduct. These policies include at least the implementation subjects addressed in this section.	Y N NA	
H.3.2 H.3.2a H.3.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
H.3.3	Policies and procedures are reviewed and updated.	Y N NA	
H.3.4	The facility provides for confidential reporting of staff misconduct by other staff and/ or detainees.	Y N NA	
H.3.5 H.3.5a H.3.5b H.3.5c H.3.5d	The facility provides for reporting to the following: Appropriate placing federal agency Facility staff Office of the Inspector General Local law enforcement	 Y N NA Y N NA Y N NA Y N NA	
H.3.6	Staff responsible for receiving reports of misconduct do so with sensitivity.	Y N NA	
H.3.7 H.3.7a H.3.7b H.3.7c	All inappropriate, suspected, or reported allegations of staff misconduct are: Reported to a specified staff member, A thorough investigation is conducted, In a timely and professional manner.	 Y N NA Y N NA Y N NA	
H.3.8	Procedures to protect institutional, staff and detainee safety and security have been implemented (e.g., staff are not permitted contact with detainees if he/she is under investigation for inappropriate activity involving detainees).	Y N NA	

H.3.9	The results of investigations into alleged staff impropriety are maintained in a confidential manner with the information conveyed to the Facility Director and designated senior staff in accordance with established law and agency policy.	Y N NA	
H.3.10	If investigation ascertains that personnel have violated the law or facility policy, corrective and/or disciplinary action is taken by the Facility Director or delegated senior staff members.	Y N NA	
H.3.11	Staff are identifiable by name to all facility staff and detainees.	Y N NA	
H.3.12	Staff found to be in violation of use of force policy are disciplined.	Y N NA	

Section I: DETAINEE DISCRIMINATION

DETAINEE DISCRIMINATION: Discrimination Prevention

I.1 The Facility Director ensures that staff do not display favoritism or preferential treatment of one detainee or group of detainees over others.

❑ Acceptable	❑ Deficient	❑ Repeat Deficiency	❑ At- Risk	❑ Not Applicable

Reviewer's Initials:	Date:

<u>On-Site Assessment Items:</u>

Review relevant policies, procedures, and documentation concerning discrimination prevention.

Interview random inmates reflecting different genders, races, religions, and national origins, as well as disabled inmates.

Interview Facility Director to determine how inmates can report a claim of discrimination other than through a grievance.

Review all inmate grievances alleging discrimination on the basis of gender, race, religion, national origin, or discrimination.

Obtain lists of inmates in various programs to identify extent of participation by all groups of prisoners.

	Review Checklist		Comments
I.1.1	Ensure written policies and procedures exist for the prevention of discrimination against detainees based on gender, race, religion, national origin, or disability. These policies include at least the implementation subjects addressed in this section.	Y N NA	

	Review Checklist		Comments
I.1.2 I.1.2a I.1.2b	Policies and procedures are communicated to: Appropriate staff members Detainees, where appropriate	 Y N NA Y N NA	
I.1.3	Policies and procedures are reviewed and updated.	Y N NA	
I.1.4	Detainees are not subject to discrimination.	Y N NA	
I.2.4a	Policies and procedures are communicated to: Appropriate Staff Appropriate Detainees	 Y N NA Y N NA	
I.1.5	There are program opportunities for all races and ethnic groups.	Y N NA	
I.1.6	There is a fair and equitable system for the reporting of discrimination claims.	Y N NA	

Key Functional Areas - Definitions

The *Key Functional Areas* are those areas that address the minimal requirements necessary to ensure detainees are housed in a safe, secure, and humane environment. While a facility's compliance with each of the functional areas will be evaluated, failure to comply with any *Key Functional* Areas will be considered a material deficiency in the operation of the facility. Use of facilities that fail to develop and implement a corrective action plan to ensure the facility can attain and maintain compliance with the *Key Functional* Areas may be discontinued. Additionally, if the facility is operating under a contract, administrative fee deductions may be assessed.

ADMINISTRATION/MANAGEMENT

K.l/A.2 *The Inter-governmental facility/contractor's Quality Control Program serves to identify deficiencies in the quality of services throughout the entire scope of the contract and implements corrective action before the level of performance becomes deficient.*

K.2/A.5 *Detainee funds and property are properly maintained and accounted for during incarceration.*

K.3/A.6 *Detainees are lawfully committed, processed, and discharged, in a safe and secure environment, with emphasis on the detection and elimination of contraband from their persons and property. The appropriate execution, processing and verification of documents are performed to ensure the accurate and timely release of detainees.*

Health Care

K.4/B.2 *Health information data is recorded accurately, legibly, timely, and maintained in accordance with applicable policy. All detainees are screened for mental health, substance abuse, and other behavioral problems and receive appropriate intervention, treatment and programs to promote a healthy, safe, and secure environment.*

K.5/B.3 *Open access to health care is provided for all detainees in an environment that is safe and secure. Quality health care is provided utilizing qualified personnel and resources in accordance with applicable functional areas.*

Security and Control

K.6/C.l *A safe and secure environment is provided for staff and detainees through effective communication of operation concerns. This includes verbal and written instructions, post orders, local policies, information dissemination, training and crisis prevention.*

K.7/C.3 *Intelligence information related to security concerns is gathered for dissemination to appropriate staff and federal agency (U.S. Marshals Service, Immigration and Customs Enforcement).*

K.8/C.4 *A security inspection system is provided to meet the needs of the institution.*

K.9/C.14 *Emergency readiness is maintained* to *respond* to *institution emergencies.*

Food Service

K.10/D.l *Policy, procedures,* and *practices* are *in place for* a *safe, secure, and sanitary environment. Policy, procedures,* and *essential* resources are *identified, developed,* and *managed* to *meet the operational needs* of *the Food Service Program.*

K.ll/D.2 *It is ensured that nutritional and varied meals are prepared.*

Staff/Detainee Communication

K.12/E.l *Staff are accessible and communicate effectively with detainees to promote positive institutional adjustment.*

K.13/E.3 *A program for detainee grievances exists which provides for the expression and resolution of detainee problems.*

Safety and Sanitation

K.14/F.5 *Clothing, linens, toiletries and laundry services are provided to detainees.*

K.15/F.7 *All facilities are safely operated and maintained in accordance with applicable laws, codes, and regulations.*

Services and Programs

K.16/G.l *Detainees are appropriately classified and managed commensurate with security and custody requirements to promote institution and public safety.*

K.11/G.2 *Impartial religious leadership is provided through resources and programs to accommodate the free exercise of religion and diverse needs of detainees.*

K.l8/G.8 *Detainees are provided the privilege of a detainee telephone system. Effective security measures are in place to prevent misuse of the telephone system.*

K.19/
G.11 *The institution provides detainee mail services, which include timely processing* and *accountability* of *funds, special mail, and general* correspondence.

The following Immigration and Customs Enforcement (ICE) Standards are listed in the Performance-Based Detention Standards Review Book:

1. A.4 Admission and Orientation.....ICE Standard (a)
2. G.6 Legal Materials.....ICE Standard (b)
3. G.7 Legal Representation.....ICE Standard (c)
4. G.9 Telephone Access.....ICE Standard (d)
5. F.10 Visitation Privileges.....ICE Standard (e)