

PURPOSE OF THE PERFORMANCE-BASED DETENTION STANDARDS

The Federal Performance-Based Detention Standards is based on the American Correctional Association Standards, and is designed for use in reviewing non-federal facilities that house federal detainees to ensure these facilities are safe, humane, and protect detainee's statutory and constitutional rights. The Federal Performance-Based Detention Standards is an aid for Subject Matter Experts designed to support the Government Contract Quality Assurance Program. The Federal Performance-Based Detention 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).

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SECTION A: ADMINISTRATION AND 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.

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.

A.1.2 Policies and procedures are communicated to:

A.1.2a Appropriate staff members; and

A.1.2b Detainees, where appropriate.

A.1.3 Policies and procedures are reviewed and updated on at least an annual basis.

A.1.4 Staff has been provided with all necessary facility operations and maintenance information including:

A.1.4a Policy and procedures;

A.1.4b Post orders; and

A.1.4c Preventative maintenance protocols (facility-specific).

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)

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.

- A.2.2 Policies and procedures are communicated to:
 - A.2.2a Appropriate staff members; and
 - A.2.2b Detainees, where appropriate.
- A.2.3 Policies and procedures are reviewed and updated.
- 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*
 - A.2.4b Mental health*
 - A.2.4c Dental care*
 - A.2.4d Safety
 - A.2.4e Sanitation and food service
 - A.2.4f Security and control
 - A.2.4g Grievances and responses to grievances
- A.2.5 These inspections and/or reviews are separate from external or continuous inspections and/or reviews conducted by other agencies.
- A.2.6 These inspections and/or reviews identify areas of concern, necessary corrective action, and a system of follow-up.
- A.2.7 Documentation of these inspections and/or reviews is kept on file until the next inspection and/or review is conducted.

ADMINISTRATION & MANAGEMENT: Detainee Records

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

- 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:
 - A.3.1a The use and content of records;
 - A.3.1b Accountability for records;
 - A.3.1c Preservation and schedule for retiring/destroying inactive records; and

- A.3.1d The right to privacy and the observance of all requirements relating to the privacy and confidentiality of records the facility maintains.
- A.3.2 Policies and procedures are communicated to:
 - A.3.2a Appropriate staff members; and
 - A.3.2b Detainees, where appropriate.
- A.3.3 Policies and procedures are reviewed and updated.
- A.3.4 The following detainee records are securely and confidentially maintained:
 - A.3.4a Classification
 - A.3.4b Disciplinary record
 - A.3.4c Escape history
 - A.3.4d Property
 - A.3.4e Education/programming
- A.3.5 Ensure policies and procedures exist for the release and transfer of records.
 - A.3.5a Detainee records are documented.
- A.3.6 Release and transfer of detainee records is conducted.
- A.3.7 Release and transfer of detainee records is documented.

ADMINISTRATION & MANAGEMENT: Admission and Orientation

- A.4 The Facility Director provides a detainee admission and orientation program. (ICE Standard (a))**
 - 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.
 - A.4.2 Policies and procedures are communicated to:
 - A.4.2a Appropriate staff members; and
 - A.4.2b Detainees, where appropriate.
 - A.4.3 Policies and procedures are reviewed and updated.
 - A.4.4 The admission and orientation process includes:

- A.4.4a Photographing;
- A.4.4b Fingerprinting;
- A.4.4c Criminal history check;
- A.4.4d Medical screening and referral;
- A.4.4e A mental health and dental receiving screening will be done;
- A.4.4f Shower;
- A.4.4g Change of clothes;
- A.4.4h Personal hygiene items; and
- A.4.4i Inventory of property.

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):

- A.4.5a The inmate discipline system;
- A.4.5b General and legal mail;
- A.4.5c Access to health and mental health services;
- A.4.5d The facility's refusal to tolerate discrimination;
- A.4.5e The facility's commitment to equality of access to programs and services without regard to race, gender, or national origin;
- A.4.5f Available informal mechanisms for bringing problems and questions (including complaints of victimization) to the attention of staff;
- A.4.5g The use of the formal grievance system;
- A.4.5h Law library access (Access not necessary for under 72-hour ICE facility);
- A.4.5i Pertinent rules and regulations;
- A.4.5j Personal property;
- A.4.5k Telephone and visiting privileges;
- A.4.5l Sick call procedures;
- A.4.5m Facility plan and program for prevention, intervention and remediation of sexual misconduct;
- A.4.5n What constitutes sexual misconduct/sexual harassment; consequences of participating in such activities;
- A.4.5o How to report staff and detainee misconduct, (and explanation of the extent to which such reporting can be confidential and the appropriate DOJ component that should be notified);
- A.4.5p Rules on appropriate interaction with staff; and
- A.4.5q Religious programming (including religious diets).

- A.4.6 Detainees receive the information in a manner calculated for their understanding (e.g., reading ability, or their preferred language).

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)

- 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.
- A.5.2 Policies and procedures are communicated to:
 - A.5.2a Appropriate staff members; and
 - A.5.2b Detainees, where appropriate.
- A.5.3 Policies and procedures are reviewed and updated.
- 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.
- A.5.5 Ensure a system for detainees to challenge discrepancies in their financial accounts exists and is in use.
- A.5.6 Ensure a system for the facility to replace items lost or stolen from detainee property storage exists and is in use.
- 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.
- A.5.8 The facility returns detainee personal property and funds to which the detainee is entitled.

ADMINISTRATION & MANAGEMENT: Detainee Release**A.6 The Facility Director ensures detainee is released only with proper orders, identity verification, and notification. (K.3)**

- 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.
- A.6.2 Policies and procedures are communicated to:
 - A.6.2a Appropriate staff members; and
 - A.6.2b Detainees, where appropriate.
- A.6.3 Policies and procedures are reviewed and updated.
- A.6.4 Prior to releasing a detainee, the facility verifies relevant paperwork/orders, as well as the identity of the detainee being released.
- A.6.5 Authorities are notified of the impending detainee release.

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.**

- 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.
- A.7.2 Policies and procedures are communicated to:
 - A.7.2a Appropriate staff members; and
 - A.7.2b Detainees, where appropriate.
- A.7.3 Policies and procedures are reviewed and updated.
- 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.
 - A.7.4a For those areas that are not safe and accessible, a reasonable alternative has been made available.

- A.7.4b Staff recognizes and responds to the special needs of the physically challenged, elderly, hearing impaired, or visually impaired.
- A.7.5 Disabled detainees are able to access and make use of appropriate areas of the facility.

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.

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:

B.1.1a Policies provide for licensed, trained personnel to conduct such screens and provide for necessary referrals.

B.1.2 Policies and procedures are communicated to:

B.1.2a Appropriate staff members; and

B.1.2b Detainees, where appropriate.

B.1.3 Policies and procedures are reviewed and updated.

B.1.4 Intake Health Screening is performed upon booking (for facilities housing detainees more than 72 hours).

B.1.5 Health screenings include:

B.1.5a Urgent or emergent medical needs are identified.

B.1.5b Emergency medical needs are identified.

B.1.5c Chronic care problems documented

B.1.5d Current medications or medication needs.

B.1.5e Mental status:

- Current or past hospitalization for mental disorders;
- Current or past need for mental health treatment, especially in previous incarcerations;
- Current or past thoughts of hurting or killing oneself;
- Current or past suicidal plans;
- History of suicidal attempts;
- Hearing voices (auditory hallucinations); and

- Seeing things that other people do not appear to see (visual hallucinations).
- B.1.5f Tuberculosis:
- Interview detainee to ascertain if they have had tuberculosis screening within the last twelve months.
 - 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.
 - 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).
 - Persons who have symptoms of tuberculosis are referred to a health professional within the same day of identification of symptoms.
 - Persons with positive tuberculin skin testing have a follow-up assessment within 48 hours.
 - If a detainee has been implanted within the last 12 months from another facility and there is sufficient documentation. Implanting is not required.
- B.1.5g Pregnancy testing (as appropriate).
- B.1.5h Drug and alcohol intoxication and withdrawal.
- B.1.5i Data on positive skin tests for TB are maintained.
- B.1.6 Until detainees are health screened:
- B.1.6a Staff provide visual monitoring.
 - B.1.6b Detainees are provided the opportunity to report illness and emergent medical, mental and dental health needs.
 - B.1.6c The facility follows up on detainee report by ensuring a properly trained and qualified healthcare provider examines the detainee in a timely manner.
- 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.
 - B.1.7b Promptly referred for emergency treatment as indicated.
- 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).

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)

- 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:
 - B.2.1a Timely completion of health appraisals;
 - B.2.1b Collection and recording of health assessment data;
 - B.2.1c Protocols and procedures for appraisals are determined by the responsible physician and meet recognized professional standards; and
 - B.2.1d Documented provisions for people who wish to refuse the assessment.
- B.2.2 Policies and procedures are reviewed and updated as appropriate.
- B.2.3 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.
- B.2.4 Health appraisals include:
 - B.2.4a Review of health screenings and prior medical records;
 - B.2.4b History of past and current illnesses;
 - B.2.4c Vital signs, including temperature, blood pressure, and pulse
 - B.2.4d Weight and height;
 - B.2.4e Physical examination;
 - B.2.4f Clinically appropriate diagnostic testing;
 - B.2.4g Review of immunizations for juveniles;
 - B.2.4h Oral/dental inspections;
 - B.2.4i Abuse history;
 - B.2.4j Pelvic exams, as appropriate;
 - B.2.4k Allergies and chemical sensitivities; and
 - B.2.4l Determination of whether the detainee's medical circumstances preclude the use of any force devices.

- B.2.5 Mental health appraisals include:
 - B.2.5a Chemical dependency;
 - B.2.5b Psychiatric hospitalizations;
 - B.2.5c Psychiatric treatments;
 - B.2.5d Mental retardation;
 - B.2.5e Cognitive impairments;
 - B.2.5f Developmental disabilities;
 - B.2.5g Mental status examination; and
 - B.2.5h Suicide risk assessment.
- B.2.6 Physical examinations are conducted only by a physician's assistant, nurse practitioner, or physician (and trained registered nurse permitted by law).
- B.2.7 Information regarding medical circumstances that impact upon use of force, housing or programming for detainees is communicated to security or other staff.
- B.2.8 Mental health dispositions are formulated based on the health care appraisal results.
- B.2.9 Mental health appraisals are conducted by a physician or other licensed health/mental health professional.
- B.2.10 Dental appraisals include:
 - B.2.10a Review of screenings and prior dental records; and
 - B.2.10b Documentation of Refusal.

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)

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:
 - B.3.1a Transfer detainees to outside medical facilities or health care providers.

- B.3.2 Policies and procedures are communicated to:
- B.3.2a Appropriate staff members; and
 - B.3.2b Detainees, where appropriate.
- B.3.3 Policies and procedures are reviewed and updated.
- 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.
 - B.3.4b Detainees in segregation have daily opportunities to request health care without the request being transmitted by another detainee.
 - B.3.4c Detainees in segregation are visually assessed by medical staff daily to determine the detainee's health status.
 - B.3.4d Detainee requests or needs are documented.
- B.3.5 Detainees are not denied access to health care due to inability to pay co-payment.
- B.3.5a Indigent and chronic detainees are not charged co-pays.
- B.3.6 Detainee routine requests are triaged through visual contact with the detainee by a healthcare professional within 24 hours on weekdays.
- B.3.7 Triage requests are acted upon by the recommended level of health care professional in a timely manner.
- B.3.8 Detainees with chronic medical problems are scheduled to be seen regularly as their illnesses dictate.
- B.3.9 Medical Involuntary Treatment
- Note: A request for authorization is required from the appropriate agency (ICE, USMS, etc.) prior to providing involuntary medical treatment.
 - Ensure written policies and procedures exist for involuntary medical treatment. These policies include at least the implementation subjects addressed in this section.
- B.3.10 Policies and procedures are communicated to:
- B.3.10a Appropriate staff members; and
 - B.3.10b Detainees, where appropriate.
- B.3.11 Policies and procedures are reviewed and updated.

- 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.
- 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).

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.
- B.3.15 Policies and procedures are communicated to:
- B.3.15a Appropriate staff members; and
 - B.3.15b Detainees, where appropriate.
- B.3.16 Policies and procedures are reviewed and updated.
- B.3.17 Treatment plans are developed and updated in a timely fashion by a physician or other health care professional.
- B.3.18 The facility follows the treatment plan.
- B.3.19 Treatment plans include instruction about:
- B.3.19a Diet;
 - B.3.19b Exercise;
 - B.3.19c Adaptation to the correctional environment;
 - B.3.19d Medication;
 - B.3.19e Type and frequency of diagnostic testing; and
 - B.3.19f Frequency of follow-up for medical evaluation and adjustment of treatment modality.
- B.3.20 Medical care is provided to detainees.

- B.3.20a This care is provided under the direction and supervision of a doctor.
- B.3.20b Medical
- B.3.20c Mental health
- B.3.20d Dental

Special Needs

B.3.21 Ensure written policies and procedures exist for special needs patients, incorporating the concepts of this section and also:

- B.3.21a Policy dictates guidance for care and decision making for detainees with special needs requiring close medical supervision or multi-disciplinary care.

B.3.22 Policies and procedures are communicated to:

- B.3.22a Appropriate staff members; and
- B.3.22b Detainees, where appropriate.

B.3.23 Policies and procedures are reviewed and updated.

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.

B.3.25 Special needs patients include:

- B.3.25a Chronically ill;
- B.3.25b Detainees with communicable diseases;
- B.3.25c Physically disabled;
- B.3.25d Pregnant;
- B.3.25e Frail elderly;
- B.3.25f Terminally ill; and
- B.3.25g Developmentally disabled.

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.

- B.3.27 Pregnant detainees are referred to and evaluated by an Obstetrician / Gynecologist or qualified practitioner for routine prenatal care.
- B.3.28 Detainee emergent needs are handled promptly.
- B.3.29 Special needs detainees receive necessary care.
 - B.3.29a Detainees are enrolled in chronic care clinics in an appropriate timeframe.
 - B.3.29b Appropriate diagnostic testing is done.
 - B.3.29c Detainees receive appropriately targeted physical examinations.
 - B.3.29d Detainees receive appropriate and timely subspecialty consults.
 - B.3.29e Detainees receive preventative health care, as appropriate (e.g. influenza vaccines).

Dental Health Care

- B.3.30 Ensure written policies and procedures exist for dental health care. These policies include at least the implementation subjects addressed in this section.
- B.3.31 Policies and procedures are communicated to:
 - B.3.31a Appropriate staff members; and
 - B.3.31b Detainees, where appropriate.
- B.3.32 Policies and procedures are reviewed and updated.
- B.3.33 Dental care is provided to detainees under the direction of and supervision of a dentist.
- B.3.34 Routine requests for dental care are triaged by a properly trained health care provider within 24 hours on weekdays.
- B.3.35 Triage requests for dental care are acted upon by the appropriate level of health care provider.
- B.3.36 Detainees with a length of stay greater than one year have access to routine dental care including cleanings.
- B.3.37 Detainee emergent needs are handled promptly.
- B.3.38 Detainees receive necessary mental health care.

Mental Health Care

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:

- B.3.39a Brief mental health assessments;
- B.3.39b Comprehensive mental health evaluations;
- B.3.39c Referrals;
- B.3.39d Treatment plans;
- B.3.39e Administration of psychotropic medication; and
- B.3.39f Discharge planning.

B.3.40 Policies and procedures are communicated to:

- B.3.40a Appropriate staff members; and
- B.3.40b Detainees, where appropriate.

B.3.41 Policies and procedures are reviewed and updated.

B.3.42 A system is in place for detainees to be referred or to self refer when mental health needs arise after classification.

B.3.43 The facility provides a safe, secure, and humane environment for detainees undergoing mental health treatment.

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.

B.3.45 The facility provides a comprehensive mental health evaluation where indicated for treating mental disorders.

B.3.46 Immediate evaluations are made available in emergent situations, and the detainee is watched until the crisis responder arrives.

B.3.47 Following a brief mental or comprehensive mental evaluation, treatment plans are created where indicated.

B.3.48 Treatment plans are followed.

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- B.3.49 The facility provides access to the following types of mental health care, as necessary:
- B.3.49a Crisis Care;
 - B.3.49b Infirmary Care;
 - B.3.49c Hospital Care; and
 - B.3.49d Outpatient Care.
- B.3.50 A facility has a system for providing psychotropic medications as needed, including in emergency circumstances
- 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.
- B.3.52 Policies and procedures are communicated to:
- B.3.52a Appropriate staff members; and
 - B.3.52b Detainees, where appropriate.
- B.3.53 Policies and procedures are reviewed and updated.
- B.3.54 The facility provides a safe, secure, and humane environment for sexually assaulted detainees undergoing mental health treatment.
- 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.
 - B.3.55b Evaluations are performed.
 - B.3.55c Injuries are documented.
 - B.3.55e Referrals are made.
 - B.3.55f With detainee's consent, evidence is taken.
 - B.3.55g Prophylactic treatment is provided, as necessary.
 - B.3.55h Testing and counseling is provided, as necessary.
 - B.3.55i Evaluation and referral by mental health professional is performed.
 - B.3.55j Facility takes measures to protect victims from further assault by their assailants.

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.
- B.3.57 Policies and procedures are communicated to:
 - B.3.57a Appropriate staff members; and
 - B.3.57b Detainees, where appropriate.
- B.3.58 Policies and procedures are reviewed and updated.
- B.3.59 Necessary written agreements with other agencies exist.
- B.3.60 Staff practice medical emergency plans, and bi-annual trial runs are documented.
- B.3.61 Supplies necessary for medical emergencies are readily available.
- B.3.62 Detainee emergent needs are handled promptly.

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.
- B.3.64 Policies and procedures are communicated to:
 - B.3.64a Appropriate staff members; and
 - B.3.64b Detainees, where appropriate.
- B.3.65 Policies and procedures are reviewed and updated.
- B.3.66 Records of administration and distribution of medication are properly maintained and documented.
- B.3.67 The facility complies with pertinent state and federal rules and regulations. Effects of medications are properly monitored.
- B.3.68 Medications are administered by properly trained staff consistent with state law.
- 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.

- 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.
- B.3.71 Narcotics and psychotropic medications are delivered to detainees on a “watch/swallow” basis.

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.
- B.3.73 Policies and procedures are communicated to:
 - B.3.73a Appropriate staff members; and
 - B.3.73b Detainees, where appropriate.
- B.3.74 Policies and procedures are reviewed and updated.
- B.3.75 Responsible health authority oversees the provision of medical, mental and dental health services.
- B.3.76 Medical decisions are made by and oversight is provided by a designated, licensed, responsible physician.
- 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.
- B.3.78 Trained, non-licensed direct care personnel are supervised by the responsible health authority.
- B.3.79 Detainees are prohibited from all direct patient healthcare.
- B.3.80 There are active and ongoing efforts to evaluate the quality of patient care.
- B.3.81 There are active and ongoing efforts to evaluate the quality of patient care.
- 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.

Facilities

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

Medical Records and Information

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

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:
 - B.3.90a Criteria for application for restraints.
 - B.3.90b Therapeutic setting with staff and medication available.
 - B.3.90c Authority to order and renew orders.

- B.3.90d Discontinuation of restraints.
- B.3.90e Documentation requirements.
- B.3.90f Monitoring frequency by ordering authority and support staff.
- B.3.90g Types of restraints allowed, when, where and how long they may be used.

B.3.91 Medical policies and procedures are communicated to:

- B.3.91a Appropriate staff members; and
- B.3.91b Detainees, where appropriate.

B.3.92 Medical policies and procedures are reviewed and updated.

B.3.93 Restraints are removed as soon as possible.

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.

Restrained or secluded detainees are seen **and evaluated**, at a minimum, every 4 hours by a physician or licensed practitioner professional **to determine if the restraints or seclusion should continue. (This is not to be confused with the 15 minute check requirement in step B.3.95 which is essentially a circulation/vital sign check)** The uses of psychiatric restraints or seclusion are limited to times such as 4 hours, 8, 12 hours, but not to exceed 24 hours. Every 24 hours a new order is needed.

B.3.95 Restrained or secluded detainees are seen, at a minimum, every 4 hours by a healthcare professional.

B.3.96 Restrained or secluded detainees are checked every 15 minutes by correctional personnel or qualified healthcare professional.

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.

B.3.98 Policies and procedures are communicated to:

- B.3.98a Appropriate staff members; and
- B.3.98b Detainees, where appropriate.

B.3.99 Policies and procedures are reviewed and updated.

- 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.
- 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.
- B.3.102 Discharge plans are initiated and include provisions for:
- B.3.102a A 7-day supply for females/3-day supply for males of non-prescription medical supplies (i.e., bandages, wrappings, syringes, etc.) referral.
 - B.3.102b Diet.
 - B.3.102c Medications.

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.

- B.4.1 Ensure written policies and procedures exist for experimental research. These policies include at least the implementation subjects addressed in this section.
- B.4.2 Policies and procedures are communicated to:
- B.4.2a Appropriate staff members; and
 - B.4.2b Detainees, where appropriate.
- B.4.3 Policies and procedures are reviewed and updated.
- 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.
- B.4.4a Detainees may not be subjects of research limited or barred by applicable state or local law.
- B.4.5 The detainee receives treatment, including medicine, under a Department of Health and Human Services (DHHS) approved clinical trial.
- B.4.5a Enrollment in DHHS-approved clinical trials requires the written approval of the responsible physician and the agency of custody.

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.

- 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.
- B.5.2 Policies and procedures are communicated to:
 - B.5.2a Appropriate staff members; and
 - B.5.2b Detainees, where appropriate.
- B.5.3 Policies and procedures are reviewed and updated.
- B.5.4 There is a sufficient health training program for corrections and health care staff.
- B.5.5 Corrections staff facilitate detainee access to medical care.
- B.5.6 Staff assigned to intake screening receive sufficient training and ongoing supervision by a qualified healthcare professional.
- B.5.7 Health care staff work with corrections staff to ensure that detainee health needs are met.
- 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.

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.

- 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.

- B.6.2 Policies and procedures are communicated to:
 - B.6.2a Appropriate staff members; and
 - B.6.2b Detainees, where appropriate.
- B.6.3 Policies and procedures are reviewed and updated.
- B.6.4 All staff is trained to recognize and respond to the warning signs of suicide-prone detainees.
- B.6.5 All staff is trained to recognize and respond to suicide attempts in progress.
- B.6.6 Staff and detainees bring suicidal detainees to the attention of mental health professionals.
- 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:
 - 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.
 - 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.
- B.6.8 Potentially suicidal detainees are monitored through direct supervision at the assessed level of need.
- B.6.9 There is housing for detainees that allows for direct visual surveillance and is as suicide-resistant as possible.
- B.6.10 The following are documented with detail:
 - B.6.10a Identification and monitoring of potential and attempted suicides; and
 - B.6.10b Completed suicides.
- B.6.11 At a minimum, the following parties are notified of an attempted or completed suicide:
 - B.6.11a Family members;
 - B.6.11b Facility administrator; and
 - B.6.11c Component agency.
- B.6.12 Detainees who exhibit suicidal symptoms receive medical and mental health care, housing and supervision.

- B.6.13 Critical incident debriefings for suicides and suicide attempts are held with affected staff and detainees.
- B.6.14 Suicidal detainees are treated respectfully.

HEALTH CARE: Detainee Hunger Strikes

B.7 The Facility Director ensures that all staff is 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.

- 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.

- B.7.2 Policies and procedures are communicated to:
- B.7.2a Appropriate staff members; and
 - B.7.2b Detainees, where appropriate.
- B.7.3 Policies and procedures are reviewed and updated.
- B.7.4 Detainees on hunger strike receive medical care.
- B.7.5 The detainee on hunger strike is in isolated housing and for close monitoring to include levels of food consumption.
- B.7.6 Baseline height, weight, vital signs, and psychological evaluation performed upon initial referral of a detainee on hunger strike.
- B.7.7 There is documentation in the medical record for the ongoing medical and mental health monitoring and care.

- B.7.8 Three meals per day are offered to a detainee on hunger strike and it is documented.
- B.7.9 Ensure a supply of drinking water is offered to a detainee on hunger strike and it is documented.

HEALTH CARE: Detainee Death

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.

- B.8.1 Ensure written policies and procedures exist for response to detainee death, including the following topics:
 - B.8.1a Policies require immediate notification of the DOJ/DHS agency with custody.
 - B.8.1b Policies require the notification of next-of-kin.
 - B.8.1c Policies reflect directives from the DOJ/DHS agency with custody.
- B.8.2 Policies and procedures are communicated to:
 - B.8.2a Appropriate staff members; and
 - B.8.2b Detainees, where appropriate.
- B.8.3 Policies and procedures are reviewed and updated.
- B.8.4 The local coroner or state medical examiner is notified, in concert with state law and procedure.
- B.8.5 Local law enforcement is notified in cases where death occurred under suspicious circumstances.
- B.8.6 Consistent with religious requirements and medical circumstances, postmortem examinations are performed as quickly as possible.
- B.8.7 A mortality review with written findings and recommendations is conducted by the facility within 30 days.
- B.8.8 Results of the mortality review are acted upon in a timely manner and it is documented.
- B.8.9 The body is not to be released until the presiding DOJ/DHS component

gives the facility permission to do so.

HEALTH CARE: Informed Consent/ Right to Refuse Care

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.

- 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:
 - B.9.1a Right of detainees to refuse health care.
- B.9.2 Policies and procedures are communicated to:
 - B.9.2a Appropriate staff members; and
 - B.9.2b Detainees, where appropriate.
- B.9.3 Policies and procedures are reviewed and updated.
- B.9.4 Informed consent is obtained in writing before a detainee receives examination, treatment and medical procedures, consistent with applicable laws.
- 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.
- 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.
- B.9.7 Consent for examination, treatment and medical procedures for detainees under legal age is obtained in accordance with applicable law.

HEALTH CARE: Infectious Diseases

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

- 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.
- B.10.2 Policies and procedures are communicated to:
 - B.10.2a Appropriate staff members; and
 - B.10.2b Detainees, where appropriate.
- B.10.3 Policies and procedures are reviewed and updated.
- B.10.4 The infection control program includes:
 - B.10.4a Immunizations will be provided as medically appropriate;
 - B.10.4b Tuberculin skin testing for high-risk detainees and staff;
 - B.10.4c Infection control training; and
 - B.10.4d Isolation planning.
 - B.10.4e Diagnostic testing for sexually transmitted diseases where the incidence of these diseases is deemed high by public health officials.
 - B.10.4f Management of exposure to blood and body fluids.
- B.10.5 Current documentation on testing and clearance of infectious diseases is maintained.
 - B.10.5a Detainee testing.
 - B.10.5b Staff testing.
- B.10.6 Methods exist for the compilation and filing of all reportable infections and communicable diseases, found among detainees that are consistent with local, state and federal laws and regulations.
- B.10.7 Infection control monitoring includes:
 - B.10.7a Incident follow-up to include blood born exposure; and
 - B.10.7b Airborne exposure (including monitoring for TB).
- B.10.8 This program addresses issues of universal precautions which include:
 - B.10.8a Surveillance procedures;
 - B.10.8b Data Collection on TB occurrence and testing;
 - B.10.8c Decontamination;
 - B.10.8d Use of disposable equipment (gloves, masks, etc.);

- B.10.8e Access to immunization; and
- B.10.8f Plan for addressing active infectious diseases.

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)

- 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.
- C.1.2 Policies and procedures are communicated to:
 - C.1.2a Appropriate staff members; and
 - C.1.2b Detainees, where appropriate.
- C.1.3 Policies and procedures are reviewed and updated.
- C.1.4 Separate post orders for every security post are available.
- C.1.5 Post orders are legible and relevant to the post.
- C.1.6 Chronological duties are listed in sequence.
- 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.
- C.1.8 Ensure post orders define the duties, responsibilities and expectations of the post.
- C.1.9 Post orders emphasize custody, safety, security and supervision of detainees.
- C.1.10 Post orders are reviewed at least quarterly by a designated staff person and updated as necessary.
- C.1.11 Post orders are signed and dated by the person vested with this responsibility.
- 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.

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.

- 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.
- C.2.2 Policies and procedures are communicated to:
 - C.2.2a Appropriate staff members; and
 - C.2.2b Detainees, where appropriate.
- C.2.3 Policies and procedures are reviewed and updated.
- C.2.4 A permanent record is maintained to enter daily information and document emergencies or any unusual incidents.
- 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.
- C.2.6 Shift supervisors review entries on a daily basis.
- C.2.7 Reviews by shift supervisors are documented.
- C.2.8 Relevant information from the permanent records is shared with responsible department heads and other persons.

SECURITY AND CONTROL: Security Features

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

- 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.

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

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)

- 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.
- C.4.2 Policies and procedures are communicated to:
 - C.4.2a Appropriate staff members; and

- C.4.2b Detainees, where appropriate.
- C.4.3 Policies and procedures are reviewed and updated.
- 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.
- C.4.5 Detainee housing searches and shakedowns are conducted on a regular and as-needed basis.
- C.4.6 The results of the inspections and/or reviews are forwarded to staff for review, and if necessary, corrective action is taken.
- C.4.7 Staff who conducts the inspections and/or reviews is trained to detect security concerns.

SECURITY AND CONTROL: Control of Contraband

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

- 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:
 - C.5.1a The definition of contraband.
 - C.5.1b The definition of visitor contraband.
 - C.5.1c An approved list of items exists explaining what detainees may have in their possession.
 - C.5.1d Step-by-step handling of contraband that may be used in criminal prosecution or in institutional disciplinary hearings.
 - 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.
- C.5.2 Policies and procedures are communicated to:
 - C.5.2a Appropriate staff members; and
 - C.5.2b Detainees, where appropriate.
- C.5.3 Policies and procedures are reviewed and updated.
- C.5.4 Detainees are informed of the approved list of items explaining what they may have in their possession.

- C.5.5 Possession of contraband is referred to proper authorities for criminal prosecution.
- C.5.6 Policy on identification, handling and disposition of contraband has been reviewed and acknowledged by all employees.
- C.5.7 A program is in place to prevent the introduction of contraband items into the facility by detainees, visitors or staff member.

SECURITY AND CONTROL: Detainee Searches

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

- 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:
 - 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.
 - C.6.1b Definition of the role of correctional staff and medical personnel regarding body cavity searches of detainees.
 - C.6.1c Definition of who must grant permission and under what circumstances.
- C.6.2 Policies and procedures are communicated to:
 - C.6.2a Appropriate staff members; and
 - C.6.2b Detainees, where appropriate.
- C.6.3 Policies and procedures are reviewed and updated.
- C.6.4 Searches are conducted in a professional and respectful manner that ensures the privacy of the detainee.
- C.6.5 Documentation is completed and maintained when body cavity or any non-routine searches are performed.
- C.6.6 Reasonable efforts are made to ensure that strip searches are conducted by staff of the appropriate gender.

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.

- 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:
 - C.7.1a The requirement of at least one physical count of all detainees on each shift (maximum of 8 hours between counts).
 - C.7.1b The need for all detainees to be accounted for in each count.
- C.7.2 Policies and procedures are communicated to:
 - C.7.2a Appropriate staff members; and
 - C.7.2b Detainees, where appropriate.
- C.7.3 Policies and procedures are reviewed and updated.
- C.7.4 The facility maintains continuous accountability of all detainees.
- C.7.5 Counts are completed and documented and documents are maintained.
- C.7.6 Staff has access to a detainee picture I.D. card that lists pertinent information, e.g., D.O.B., physical characteristics and security concerns.
- C.7.7 Accountability procedures provide for staff safety and staff presence.
- C.7.8 Correctional officers provide surveillance of detainees, through direct supervision or regular rounds of housing units.
- C.7.9 Supervisory personnel make at least daily rounds of housing units.
- C.7.10 There is sufficient supervision to ensure detainee safety.
- 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.
- C.7.12 Staff makes an effort to gain and use information about potential threats to detainees in order to provide threatened detainees with a safe living environment.
- 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.

C 7.14 Detainees who threaten the physical safety of others are segregated from their potential victims.

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.

Note the Following Definitions:

- *“Use of Force” is any intentional physical contact with an inmate for the purpose of controlling that inmate’s behaviors, 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.*

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:

C.8.1a Description of the circumstances when the use of force is authorized.

C.8.1b Description of who has the authority, time permitting, to grant the permission for its application.

C.8.1c Description of the necessary precautions to be taken when using chemical agents.

C.8.1d Description of the necessary care and clean-up to be used following the use of chemical agents.

C.8.1e The requirement that all pre-planned and calculated use of force incidents be videotaped and that a supervisory officer is present during any such use of force.

C.8.1f A means for informing DOJ component regarding the use of force on their detainee(s).

C.8.2 Policies and procedures are communicated to:

C.8.2a Appropriate staff members; and

C.8.2b Detainees, where appropriate.

C.8.3 Policies and procedures are reviewed and updated.

- C.8.4 All calculated use of force incidents is videotaped.
- C.8.5 Supervisory officer is present during calculated use of force.
- 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.
- C.8.7 Use of Force reports identify in factual terms:
 - C.8.7a The type and amount of force used by all staff;
 - C.8.7b The justification for use of force; and
 - C.8.7c Any violation of the facility's Use of Force policies committed or observed.
- C.8.8 DOJ component is informed of use of force of any of their detainees.
- 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 specify ICE rules on the use of deadly force).
- 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 pregnant women or detainees with heart problems).
- C.8.11 Detainees who are subjected to uses of force receive a medical evaluation and medical treatment, as necessary.
 - C.8.11a The treatment is administered as quickly as possible following the conclusion of the use of force incident.
 - 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.
- C.8.12 Supervisory personnel review uses of force reports to ensure adherence to the facility's use of force policy.
- C.8.13 Force is used only when necessary, only for as long as necessary and only to the extent necessary.

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.

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

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:

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; and when less restrictive interventions have been determined to be ineffective.

C.9.1b Hog-tying is strictly prohibited.

C.9.1c Use of restraints as punishments is prohibited

C.9.1d Restraints are only used as necessary in the least intrusive means possible and for the shortest duration that is safe.

C.9.1e Instructions for the use for all restraint equipment in inventory.

C.9.1f Instructions stating who must grant permission for its use and for what duration.

C.9.1g The involvement of the medical department in the use of 4-point restraints, strait jackets and any other similar incapacitating restraints.

C.9.1h Frequent mechanical checks and evaluations of all restraint equipment.

C.9.2 Policies and procedures are communicated to:

C.9.2a Appropriate staff members; and

C.9.2b Detainees, where appropriate.

C.9.3 Policies and procedures are reviewed and updated as appropriate.

C.9.4 The non-routine use of restraints is documented and investigated as use of force.

C.9.5 Restraint equipment is checked and evaluated regularly.

C.9.6 Restraint equipment is readily available to staff.

- C.9.7 A system exists for oversight and review by the Facility Director.
- C.9.8 Staff from the medical department provides advice regarding the use of 4-point restraints, straitjackets or other similar incapacitating restraints.
- C.9.9 Restraints are only used as necessary in the least intrusive means possible and for the shortest duration that is safe.
- C.9.10 The facility does not use hog-tying.
- C.9.11 Restraints are not used for punishment.

SECURITY AND CONTROL: Tool and Equipment Control

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

- 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:
 - C.10.1a Required posted inventories or another acceptable accounting system for all tools, keys, and supplies.
 - C.10.1b Timely notification process for missing tools and for attempting to locate the item.
 - C.10.1c Identifying what tools can be issued to detainees and what degree of staff supervision is required when detainees use these tools.
 - C.10.1d Employee review and signature by employee of above mentioned policies.
- C.10.2 Policies and procedures are communicated to:
 - C.10.2a Appropriate staff members; and
 - C.10.2b Detainees, where appropriate.
- C.10.3 Policies and procedures are reviewed and updated.
- C.10.4 Emergency keys:
 - C.10.4a Are kept in a secure but accessible location;
 - C.10.4b Reach every area of the facility;

- C.10.4c Usage is controlled; and
- C.10.4d Usage is documented.
- 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.
- C.10.6 Dangerous kitchen implements are tethered to work stations to reduce the risk of their use as weapons.
- C.10.7 Missing tools, including culinary equipment and medical items, are reported promptly and an effort is made to locate the lost items.
- C.10.8 Supplies with the potential to compromise institutional security, including vehicles, are stored securely and inventoried periodically.

SECURITY AND CONTROL: Weapons Control

C.11 The Facility Director ensures control of weapons.

- 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:
 - C.11.1a Control, security and maintenance for weapons, firearms, and ammunitions.
 - C.11.1b Required posted inventories or another acceptable accounting system for all weapons, firearms, and ammunitions.
 - C.11.1c All firearms and ammunitions are secured in gun lockers or armory and issued only to qualified and trained staff.
 - C.11.1d Inventory checks of all weapons, firearms, and ammunitions.
 - C.11.1e A timely notification process for missing weapons, firearms, or ammunitions and procedures for attempting to locate the item.
- C.11.2 Policies and procedures are communicated to:
 - C.11.2a Appropriate staff members; and
 - C.11.2b Detainees, where appropriate.
- C.11.3 Policies and procedures are reviewed and updated.
- C.11.4 A checkout system exists for weapons and ammunition, and the inventories are reconciled at the end of a shift or workday.

- C.11.5 Facility tracks and maintains control of all weapons.
- C.11.6 Inventory checks are conducted of all weapons, firearms, and ammunitions.
- C.11.7 Missing weapons issues are resolved quickly.
- C.11.8 Weapons are maintained so that they are accessible and in working order.
- C.11.9 All visitors check weapons in secure lockers before entering the facility.

SECURITY AND CONTROL: Detainee Discipline

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

- 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:
 - 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.
 - 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.
- C.12.2 Policies and procedures are communicated to:
 - C.12.2a Appropriate staff members; and
 - C.12.2b Detainees, where appropriate.
- C.12.3 Policies and procedures are reviewed and updated.
- C.12.4 A record of all detainee discipline is maintained.
- 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.
- C.12.6 All disciplinary convictions relate to institutional rules of which detainees have been made aware pursuant to C.12.5, above.
- 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.

C.12.8 In the case of charges that could lead to the loss of good time or the imposition of solitary confinement:

C.12.8a Detainees receive reasonable notice of the filing of disciplinary charges against them in advance of a disciplinary hearing;

C.12.8b Detainees are given the benefit of a hearing prior to any adjudication of guilt or imposition of punishment;

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;

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;

C.12.8e Detainees who are illiterate receive the assistance of a counsel substitute, who may be a staff member;

C.12.8f Detainees who do not speak the English language receive the assistance of an interpreter during the course of the hearing;

C.12.8g Detainees receive a written statement of the evidence behind a decision and the reason for the punishment imposed; and

C.12.8h All disciplinary hearings or other proceedings are conducted by an impartial decision maker.

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.

SECURITY AND CONTROL: Supervision for Special Housing

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

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:

C.13.1a Frequency of visits by supervisory staff to the special housing units.

C.13.1b Ensure security for protection cases, cell-alone situations, and keep-separated individuals.

- C.13.1c Definition of items of personal property a detainee may have in special housing:
 - Clothing;
 - Bedding, linens;
 - Religious materials;
 - Writing materials; and
 - Legal materials.
- C.13.1d Access to health services for detainees in Special Housing.
- C.13.2 Policies and procedures are communicated to:
 - C.13.2a Appropriate staff members; and
 - C.13.2b Detainees, where appropriate.
- C.13.3 Policies and procedures are reviewed and updated.
- C.13.4 Daily visits by supervisory staff are performed, visits are documented, and documentation is maintained.
- C.13.5 Detainees in Special Housing have daily access to health and mental health services and as needed.
- C.13.6 Detainees have all permitted property unless restricted on an individual basis for sound security reasons.
- C.13.7 Detainees requiring protection are provided surveillance.

SECURITY AND CONTROL: Contingency/Emergency Plans

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

- 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:
 - C.14.1a Work stoppage.
 - C.14.1b Disturbance.
 - C.14.1c Hunger strike.
 - C.14.1d Hostage situation.
 - C.14.1e Escape.

- C.14.1f Natural disaster.
 - C.14.1g Fire.
 - C.14.1h Demonstrations.
 - C.14.1i Bomb threats.
 - C.14.1j Utility outages.
 - C.14.1k Evacuations.
 - C.14.1l Chemical leaks.
 - C.14.1m Emergency unlocking of detainees in every area of the facility.
 - C.14.1n Authority to contact outside emergency assistance (e.g., whom to contact and under what circumstances).
 - C.14.1o Utility shut off valves, phone disconnects and electrical termination switches.
 - C.14.1p Evacuating detainees and staff from the facility.
- C.14.2 Policies and procedures are communicated to:
- C.14.2a Appropriate staff members; and
 - C.14.2b Detainees, where appropriate.
- C.14.3 Policies and procedures are reviewed and updated.
- 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).
- 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.
- C.14.6 Facility staff members are trained in emergency procedures.

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)

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:

- D.1.1a Food storage facilities;
- D.1.1b Food preparation areas;
- D.1.1c Dining rooms;
- D.1.1d Off-site/satellite serving areas;
- D.1.1e Dish rooms; and
- D.1.1f Pot and pan rooms.

D.1.2 Policies and procedures are communicated to:

- D.1.2a Appropriate staff members; and
- D.1.2b Detainees, where appropriate.

D.1.3 Policies and procedures are reviewed and updated.

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:

- D.1.4a The use of a food inspection worksheet;
- D.1.4b Examination of documentation that detainees working in food service are trained in the safe use of equipment and safety procedures;
- 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 in foot hazard areas, eye protection, machine guarding, and use of equipment).

- D.1.4d Verification that job descriptions list the duties and responsibilities of detainees assigned to food service.
- 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.
- 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) dining facilities (tables, serving lines/sneeze guards, beverage bars) and small wears (serving utensils, cups, ladles, tongs, dippers, spoons and trays used in preparation, display and service of food) exist and are in use.
 - D.1.6a Cleaning schedules are available and are being followed.
 - D.1.6b Foods are protected from contamination
 - D.1.6c Foods are separated and protected.
 - D.1.6d Proper disposition of returned, previously served and unsafe foods.
 - D.1.6e Insects, rodents and animals not present.
 - D.1.6f Toxic substances properly identified, stored and used.
- D.1.7 Are temperatures maintained in accordance with policy:
 - D.1.7a Dish machine temperatures are maintained at established industry standards .
 - 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).
 - 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).
 - 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.
 - 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.
 - D.1.7f Potentially hazardous foods (fish, chicken, meats) are thawed under refrigeration that maintains food temperature at 41F or below.
 - D.1.7f.a Proper cooking times and temperatures are met.
 - D.1.7f.b Proper cooling times and temperatures are maintained

for potentially hazardous foods.

D.1.7f.c Proper holding temperatures are maintained.

D.1.7f.d Proper date marking and disposition followed.

D.1.7f.e Time as a public health control to ensure proper procedures and marking are followed.

D.1.7g Staff members perform and record the calibration of thermometers.

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).

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.

D.1.10 Ensure written policies and procedures exist for requiring medical clearance for food service staff and detainees who work in food service.

D.1.10a Staff employed in food service have received premedical clearance prior to employment.

D.1.10b All detainees working in food service receive medical clearance before being assigned to food service.

FOOD SERVICE: Ensure Meals are Varied

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

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.

D.2.2 Policies and procedures are communicated to:

D.2.2a Appropriate staff members; and

D.2.2b Detainees, where appropriate.

D.2.3 Policies and procedures are reviewed and updated.

- D.2.4 If there are juvenile detainees housed in the facility, they are provided meals that are nutritional for their age and size.
- D.2.5 Master cycle menus and as-served menus are on file, evaluated at least quarterly, and maintained for at least one year.
 - D.2.5a Nutritional analyses are performed on all regular and special needs meal plans, including juvenile, medical and religious diets, and are on file.
- D.2.6 Menus include at least one hot meal per day.
- D.2.7 Approved recipes are available to staff and detainee food service workers and are used for meal preparation.
- 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.
- D.2.9 There is a provision for alternative meals that can be eaten without utensils when utensils would present a security risk.
 - D.2.9a These meals must still meet basic nutritional requirements.
- D.2.10 Menus provide items for a culturally diverse population.
- D.2.11 No more than fourteen (14) hours pass between the service of one meal to the next meal.

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.

- 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, Ramadan, 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.
- D.3.2 Policies and procedures are communicated to:
 - D.3.2a Appropriate staff members; and

- D.3.2b Detainees, where appropriate.
- D.3.3 Policies and procedures are reviewed and updated.
- D.3.4 Evaluation and approval memos by the Clinical Director or a dietitian are on file for detainees who require medical diets (i.e., bland diets, salt or fat free meals, soft food for dental patients, or supplemental feedings for insulin-dependent diabetes).
- D.3.5 Detainees are provided with information and an explanation concerning their special diet by a registered dietitian or another health care provider.
- D.3.6 Detainees receive their prescribed medical diets.
- D.3.7 A notification process exists to communicate to food service staff when a detainee requires a medical diet.
- D.3.8 Utensils and scales are available for use in portion control for the various special diets.
- D.3.9 A chaplain is available to review and approve detainee requests for religious diets.
- D.3.10 A notification process exists to communicate to food service staff when a detainee requires a religious diet.
- D.3.11 Religious meals are prepared and offered to accommodate detainees whose religious dietary needs cannot be met by the regular menu.
- D.3.12 The religious diet menu meets detainee nutritional needs.

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)

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.

E.1.1a Comprehensive program for staff/ detainee communications

E.1.2 Policies and procedures are communicated to:

E.1.2a Appropriate staff members; and

E.1.2b Detainees, where appropriate.

E.1.3 Policies and procedures are reviewed and updated.

E.1.4 Detainees are afforded the opportunity to present oral and written requests or concerns to staff.

E.1.5 Detainee requests and concerns are addressed in a timely manner.

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.

E.1.7 Ensure that the written institution policies available to detainees are updated and published annually.

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.

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, etc.).

E.1.9a Ensure Prisoner Rape Elimination Act (PREA) pamphlet is posted in

detainee housing units (Toll Free Contact Number is displayed on the pamphlet).

- E.1.9b Ensure detainees can call the PREA Toll Free Contact Number using an unmonitored telephone.
- 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.

STAFF/DETAINEE/COMMUNICATION: Diversity Training

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

- 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.
- E.2.2 Policies and procedures are communicated to:
 - E.2.2a Appropriate staff members; and
 - E.2.2b Detainees, where appropriate.
- E.2.3 Policies and procedures are reviewed and updated.
- E.2.4 Staff receive diversity training upon employment and annually thereafter. The training is 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.
- E.2.5 Staff training has been designed and implemented to enhance staff members' ability to communicate with diverse detainees in an effective manner.
- E.2.6 Staff do not use demeaning language or racial/ethnic/gender-related slurs within the facility.

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)

- 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.
- E.3.2 Policies and procedures are communicated to:
 - E.3.2a Appropriate staff members; and
 - E.3.2b Detainees, where appropriate.
- E.3.3 Policies and procedures are reviewed and updated as appropriate.
- 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.
- 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.
- 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.
- E.3.7 Filed complaints have been or are in the process of being investigated and completed investigations have been resolved.

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.

- 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:
 - F.1.1a Reporting;
 - F.1.1b Extinguishing; and
 - F.1.1c Evacuation procedures for detainees, consistent with emergency/ contingency plans.
- F.1.2 Policies and procedures are communicated to:
 - F.1.2a Appropriate staff members; and
 - F.1.2b Detainees, where appropriate.
- F.1.3 Policies and procedures are reviewed and updated.
- F.1.4 All staff members review the emergency fire control plan annually.
- F.1.5 An emergency fire control program has been approved and issued to the local fire authority with jurisdiction.
- F.1.6 An annual inspection of the facility is conducted by local or state fire officials.
- F.1.7 Monthly inspections and/or reviews of the facility are conducted to ensure compliance with safety and fire prevention standards.
- F.1.8 A weekly fire and safety inspection is conducted of the facility by a qualified staff member.
- F.1.9 Ensure that fire extinguishers are available for use throughout the facility.
 - F.1.9a All fire extinguishers are inspected on a monthly basis and maintenance performed as needed.
 - F.1.9b Staff are given annual training on the use of fire extinguishers.

- F.1.10 Fire detection and alarm systems are tested quarterly.
- 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.
- F.1.12 All exits are marked as required by National Fire Protection Standards.
- F.1.13 Ensure emergency lighting exists throughout the facility.
- F.1.14 Use of padlocks and/or chains are prohibited on cell doors or areas of assembly.
- F.1.15 If facility has SCBA's ensure staff are properly trained and medically cleared.
- F.1.16 Facility has emergency fire keys set aside from regular issue keys.
- F.1.17 Exit diagrams indicating "you are here" include point of reference and emergency equipment locations.
- F.1.18 Evacuation plan been certified by an independent inspector trained in the application of national fire codes.
 - F.1.18a Evacuation plan is reviewed annually.
- F.1.19 Quarterly fire drills at a minimum, are conducted within all areas of the facility and for each shift in detainee housing areas.
 - F.1.19a Fire drills are documented and evaluated.
- 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.
- F.1.21 Staff report problems that violate the fire plan.
- F.1.22 Reported problems are remedied.

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.

- 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.

F.2.2 Policies and procedures are communicated to:

F.2.2a Appropriate staff members; and

F.2.2b Detainees, where appropriate.

F.2.3 Policies and procedures are reviewed and updated.

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.

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.*

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.*

F.2.7 Trash receptacles are made of metal or approved plastics

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.

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:

F.3.1a Separate noncombustible receptacles for smoking materials.

F.3.1b The control of hazardous materials, such as asbestos and lead paint, caustics, flammable substances.

- F.3.2 Policies and procedures are communicated to:
 - F.3.2a Appropriate staff members; and
 - F.3.2b Detainees, where appropriate.
- F.3.3 Policies and procedures are reviewed and updated.
- F.3.4 All flammable, toxic and caustic materials are stored in areas inaccessible to detainees.
- F.3.5 Incompatible substances are stored separately.
- F.3.6 All flammable materials and substances are stored or discarded in approved storage containers.

SAFETY AND SANIATION: Environmental Control

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

- 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:
 - F.4.1a A comprehensive sanitation and hygiene program;
 - F.4.1b The control of vermin and pests;
 - F.4.1c Daily housekeeping and maintenance schedules; and
 - F.4.1d Preventive maintenance systems such as the HVAC system and refrigeration units.
- F.4.2 Policies and procedures are communicated to:
 - F.4.2a Appropriate staff members; and
 - F.4.2b Detainees, where appropriate.
- F.4.3 Policies and procedures are reviewed and updated.
- F.4.4 Federal, state, or local sanitation and health officers inspect the facility.
 - F.4.4a Inspection reports are maintained.
- F.4.5 Qualified personnel conduct thorough monthly inspections and/or reviews.

- F.4.5a Inspection reports are maintained.
- F.4.6 Qualified staff conduct weekly sanitation inspections and/or reviews.
 - F.4.6a Inspection reports are maintained.
- F.4.7 Personnel in the field of vermin and pest control conduct monthly inspections and/or reviews and treat as needed.
 - F.4.7a Inspection reports are maintained.
- F.4.8 Hazardous and medical wastes and disposable sharps are locked, secured and labeled.
- F.4.9 Hazardous waste and medical waste tracking documents are maintained.
- F.4.10 A program exists to monitor environmental conditions, including:
 - F.4.10a Lighting;
 - F.4.10b Ambient and water temperature;
 - F.4.10c Air volume;
 - F.4.10d Noise levels; and
 - F.4.10e Reports are reviewed to determine necessary actions to ensure compliance.
- F.4.11 The following are maintained at levels appropriate for health and safety, including:
 - F.4.11a Lighting;
 - F.4.11b Ambient and water temperatures;
 - F.4.11c Air volume; and
 - F.4.11d Noise levels.
- F.4.12 Maintenance systems such as the HVAC system and refrigeration units documents/inspections and/or reviews/maintenance reports maintained.
 - F.4.12a Documentation is reviewed and necessary actions are taken.
- F.4.13 For facilities not serviced by a public water supply, the facility ensures that the non-public water supply is tested daily and certified by the local authority with jurisdiction.

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)

- 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.
- F.5.2 Policies and procedures are communicated to:
 - F.5.2a Appropriate staff members; and
 - F.5.2b Detainees, where appropriate.
- F.5.3 Policies and procedures are reviewed and updated.
- F.5.4 All detainees receive clean and sanitary clothing, towels and bedding on at least a weekly basis.
- F.5.5 Clothing, towels and bedding provided are:
 - F.5.5a Clean;
 - F.5.5b Suitable for climate; and
 - F.5.5c Well maintained.
- F.5.6 Detainees have the opportunity to exchange clothing three times a week.
- F.5.7 Towels are exchanged at least twice per week.
- F.5.8 Bedding is exchanged at least once per week.

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.

- 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.

- F.6.2 Policies and procedures are communicated to:
 - F.6.2a Appropriate staff members; and
 - F.6.2b Detainees, where appropriate.
- F.6.3 Policies and procedures are reviewed and updated.
- 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.
- F.6.5 Detainees have access to facilities that allow for personal hygiene needs.
- F.6.6 All detainees have access to hygiene items.
 - F.6.6a Indigent detainees receive hygiene items without cost.
- F.6.7 Detainees have access to barbering and hair care services.
- F.6.8 Hair cutting tools are cleaned and disinfected.

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)

- 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.
- F.7.2 Policies and procedures are communicated to:
 - F.7.2a Appropriate staff members; and
 - F.7.2b Detainees, where appropriate.
- F.7.3 Policies and procedures are reviewed and updated.
- F.7.4 Walking and climbing surfaces in the jail are of good condition so as to prevent slips, trips and falls.
- F.7.5 Smoke-free housing is available to detainees.
- F.7.6 Showers and living areas are free of mold and mildew.

- F.7.7 The physical facility and equipment are maintained so that they do not present hazards to detainees, employees and visitors.
- 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.
- F.7.9 Emergency back-up generators are tested as required by manufacturer's instructions and the National Electrical Code (NEC).

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)

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:

G.1.1a Prior offense (with emphasis on the assaultive nature of such offenses).

G.1.1b Known or reported history for violence in a confinement setting.

G.1.1c Known or reported existence of “victimization” factors (e.g., homosexuality, physical appearance).

G.1.1d Known cultural or gang affiliated violence potential.

G.1.1e Behavior and unusual incidents of conduct while within the facility.

G.1.2 Policies and procedures are communicated to:

G.1.2a Appropriate staff members; and

G.1.2b Detainees, where appropriate.

G.1.3 Policies and procedures are reviewed and updated.

G.1.4 Detainees are classified and placed appropriately, in accordance with applicable classification factors.

G.1.5 There is a routine review of the classification of detainees.

G.1.6 The appropriate facility staff understand the classification system and are using it.

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)

- 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.
- G.2.2 Policies and procedures are communicated to:
 - G.2.2a Appropriate staff members; and
 - G.2.2b Detainees, where appropriate.
- G.2.3 Policies and procedures are reviewed and updated.
- G.2.4 Detainees of all faiths have reasonable and equitable opportunities to participate in the practices of their faith.
- G.2.5 Providers of religious services have access to the facility, and are not denied solely on the basis of faith group membership.

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.

- 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.
- G.3.2 Policies and procedures are communicated to:
 - G.3.2a Appropriate staff members; and
 - G.3.2b Detainees, where appropriate.
- G.3.3 Policies and procedures are reviewed and updated.
- G.3.4 A “work/volunteer” document is on file for all detainees participating in non-routine housekeeping and sanitation work assignments.

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.

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:

G.4.1a Ensure policies and procedures exist that describe the work assignments available to detainees.

G.4.2 Policies and procedures are communicated to:

G.4.2a Appropriate staff members; and

G.4.2b Detainees, where appropriate.

G.4.3 Policies and procedures are reviewed and updated.

G.4.4 Detainee work assignments do not involve unsupervised use of items constituting weapons or escape paraphernalia.

G.4.5 Detainees work under the direction of staff and not under other detainees.

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.

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.

G.5.2 Policies and procedures are communicated to:

G.5.2a Appropriate staff members; and

G.5.2b Detainees, where appropriate.

- G.5.3 Policies and procedures are reviewed and updated.
- 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.
- G.5.5 Recreation periods are consistently afforded to detainees.
 - G.5.5a Mandatory minimum periods are documented.

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.

- 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.
- G.6.2 Policies and procedures are communicated to:
 - G.6.2a Appropriate staff members; and
 - G.6.2b Detainees, where appropriate.
- G.6.3 Policies and procedures are reviewed and updated.
- G.6.4 Detainees are provided access to sufficient legal research materials and a reasonable opportunity to prepare legal documents.
- 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.
- G.6.6 Detainees are afforded access to sufficient writing materials, writing implements and postage.
 - 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.
- G.6.7 Detainees have access to notary services to obtain notarization of documents for which there is a legal requirement of notarization.

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)

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.

G.7.2 Policies and procedures are communicated to:

G.7.2a Appropriate staff members;

G.7.2b Detainees, where appropriate; and

G.7.2c Outside organizations, as appropriate.

G.7.3 Policies and procedures are reviewed and updated.

G.7.4 Detainees are afforded access to legal representatives, including paraprofessionals employed by attorneys, during those periods provided by the facility.

G.7.5 Detainee access to legal representation and the courts is documented.

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

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

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.

G.8.2 Policies and procedures are communicated to:

G.8.2a Appropriate staff members; and

G.8.2b Detainees, where appropriate.

G.8.3 Policies and procedures are reviewed and updated.

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.

- 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.

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.

- 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.

- G.9.2 Policies and procedures are communicated to:

- G.9.2a Appropriate staff members; and
- G.9.2b Detainees, where appropriate.

- G.9.3 Policies and procedures are reviewed and updated.

- G.9.4 The facility provides a reasonable and equitable visitation program to all detainees.

- G.9.5 Detainees are afforded reasonable and frequent access to family, friends, and community representatives.

- G.9.5a Access is confirmed by documentation.

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)

- 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.

- G.10.2 Policies and procedures are communicated to:
 - G.10.2a Appropriate staff members; and
 - G.10.2b Detainees, where appropriate.
- G.10.3 Policies and procedures are reviewed and updated.
- G.10.4 The facility assures the following, unless special circumstances preclude (e.g., security, translation, etc):
 - G.10.4a Mail processed for delivery to detainees is inspected for prohibited enclosures, including the accounting of money.
 - G.10.4b Mail is processed in a timely manner, with a minimum of next day delivery to the postal service or detainee.
 - G.10.4c Appropriately labeled legal correspondence is separated and handled in a confidential manner.
 - G.10.4d Mail to and from detainees is not accessed by and not processed by other confined individuals.

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.

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

H.1.2 Policies and procedures are communicated to:

H.1.2a Appropriate staff members; and

H.1.2b Detainees, where appropriate.

H.1.3 Policies and procedures are reviewed and updated.

H.1.4 Applicants for facility employment are screened prior to entering on duty (EOD). The screening includes:

H.1.4a An arrest check through the National Crime Information Center (NCIC);

H.1.4b A credit history check, and a drug screening examination; and

H.1.4c Domestic Violence Civil Protective Orders.

H.1.5 Newly hired staff are placed in accordance with results of the screening.

H.1.6 All staff are required to immediately report arrests or other integrity violations relating to themselves or to fellow-employees.

H.1.7 Periodic background checks of staff are conducted.

WORKFORCE INTEGRITY: Staff Training, Licensing, and Credentialing

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.

- H.2.1 Ensure written policies and procedures exist for the training, verification of license, credentialing, and adherence to expected standards of conduct for all staff. These policies include at least the implementation subjects addressed in this section and also:
 - H.2.1a A written code of conduct is included in the policies and procedures that outlines the professional expectations of all personnel
- H.2.2 Policies and procedures are communicated to:
 - H.2.2a Appropriate staff members; and
 - H.2.2b Detainees, where appropriate.
- H.2.3 Policies and procedures are reviewed and updated.
- H.2.4 A formal training plan for staff exists and is in use. The plan includes the following:
 - 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;
 - H.2.4b Training records are maintained for each staff member (full time, part time, and volunteer); and
 - H.2.4c Requisite hours of training and the training curricula are documented and specified.
- 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.
- H.2.6 Staff who deliver direct patient care are qualified by training, licensure, registration, and/or certification.
 - H.2.6a Medical, nursing and dental professional staff are licensed and in good standing in the state(s) in which they are practicing
 - H.2.6b Medical staff gets orientation in security procedures.
 - H.2.6c Staff are performing only within the scope of their license.
 - 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).
 - H.2.6e Administrator verifies the accuracy of medical licensure (primary verification) with the appropriate state agency.
 - H.2.6f Physician's files include an explanation of any malpractice litigation made against the physician.

- H.2.6g Where there are supervisory physicians, physician credentials are reviewed by a senior physician.
 - 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.
 - H.2.6i Professional staff are practicing with a current, active license in good standing.
- H.2.7 Staff receive pre-service training and annual in-service training on proper security practices relating to:
- H.2.7a Keys;
 - H.2.7b Tools;
 - H.2.7c Culinary equipment;
 - H.2.7d Medical equipment;
 - H.2.7e Supplies;
 - H.2.7f Security inspections and/or reviews; and
 - H.2.7g Vehicles.
- 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.
- H.2.8a Refresher training and re-certification is conducted at least once each year.
- 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;
 - H.2.9b Safe use of force;
 - H.2.9c Defensive tactics;
 - H.2.9d De-escalation tactics; and
 - H.2.9e Non-forceful options for responding to violence or threats of violence by detainees.
- H.2.10 Staff receive at least annual training in reporting fire, leaks and other emergencies.
- H.2.10a Staff know who has the authority to call in emergency services, and the procedure for doing so.
 - H.2.10b The facility conducts regular drills to prepare for emergencies.
 - H.2.10c Staff recognize hazards that could lead to an emergency and

- know how to report or correct them.
- H.2.10d Emergency plans provide for safe exit for physically, visually or hearing impaired detainees.
- H.2.11 Staff receive training in the preventing, intervening in, and remedying of sexual harassment and sexual misconduct which includes:
- H.2.11a Staff obligation to monitor and report behavior of other staff;
 - H.2.11b How to report misconduct;
 - H.2.11c How to observe and interact with opposite gender detainees;
 - H.2.11d How to supervise opposite gender detainees;
 - H.2.11e How detainees are harmed by such conduct;
 - H.2.11f How the security of the facility is jeopardized by sexual harassment and sexual misconduct;
 - H.2.11g Legal and employment consequences of sexual harassment and sexual misconduct; and
 - H.2.11h How to handle reports of sexual harassment and sexual misconduct appropriately.
 - H.2.11i Prisoner Rape Elimination Act (PREA) information is provided to staff during pre-service training and annual in-service training.
- 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.
- H.2.13 Staff are trained at least annually on suicide risk prevention measures.

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.

- 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.
- H.3.2 Policies and procedures are communicated to:
- H.3.2a Appropriate staff members; and
 - H.3.2b Detainees, where appropriate.

- H.3.3 Policies and procedures are reviewed and updated.
- H.3.4 The facility provides for confidential reporting of staff misconduct by other staff and/ or detainees.
- H.3.5 The facility provides for reporting to the following:
- H.3.5a Appropriate placing federal agency.
 - H.3.5b Facility staff.
 - H.3.5c Office of the Inspector General; and
 - H.3.5d Local law enforcement.
- H.3.6 Staff responsible for receiving reports of misconduct do so with sensitivity.
- H.3.7 All inappropriate, suspected, or reported allegations of staff misconduct are:
- H.3.7a Reported to a specified staff member;
 - H.3.7b A thorough investigation is conducted; and
 - H.3.7c In a timely and professional manner.
- 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).
- 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.
- 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.
- H.3.11 Staff are identifiable by name to all facility staff and detainees.
- H.3.12 Staff found to be in violation of use of force policy are disciplined.

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

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 and Management

- K.I/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.1 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.1 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.11/D.2 It is ensured that nutritional and varied meals are prepared.

Staff and Detainee Communication

- K.12/E.1 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.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.16/G.1 Detainees are appropriately classified and managed commensurate with security and custody requirements to promote institution and public safety.

- K.I8/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.

IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) STANDARDS

The following Immigration and Customs Enforcement (ICE) Standards are listed in the Federal 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)

CROSS-REFERENCE GUIDE: FPBDS AND ALDF STANDARDS

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>ADMINISTRATION AND MANAGEMENT</p> <p>A.1 Policy Development and Monitoring</p> <p>The facility director ensures that staff has current operations manuals and other information reflecting the facility's policies and procedures.</p>	<p>4-ALDF-7D-06 Written Policies and procedures describe all facets of facility operation, maintenance, and administration, and are reviewed annually. These are available to all employees unless security concerns justify limited access. .</p> <p>4-ALDF-7D-07 Employees participate in the formulation of policies, procedures, and programs.</p> <p>4-ALDF-7D-08 New or revised policies and procedures are disseminated to staff, and, where appropriate, to contractors, volunteers, and inmates, prior to implementation.</p>
<p>A.2 Internal Inspections and/or Reviews</p> <p>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)</p>	<p>4-ALDF-7D-01 The facility has established measurable goals and objectives that are reviewed at least annually and updated, as needed.</p> <p>4-ALDF-7D-02 There is an internal system of assessing achievement of goals and objectives that documents findings. As necessary, program changes are implemented in response to findings.</p> <p>4-ALDF-7D-09 The facility administrator or designee inspects and reviews operations and programs inspects and reviews operations and programs at least annually to evaluate compliance with policies and procedures. A report describing findings and corrective plans is submitted to the appropriate authority responsible for the facility.</p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>A.3 Detainee Records</p> <p>The facility director maintains detainee records (including medical and mental health records) and ensures their security and confidentiality.</p>	<p>4-ALDF-7D-19 Intake booking information is recorded for every person admitted to the facility and includes at least the following data, unless prohibited by law: photograph; booking number; name and aliases of individual; current address (or last-known address; date of arrest and admission, duration of confinement, and a copy of the court order or other legal basis for commitment; name, title, agency, and signature of delivering officer; specific charges, sex, age, date of birth, place of birth, race, present or last place of employment; health status, including any current medical or mental health needs; emergency contact (name, relation, address, and phone number); driver's license and social security numbers (where applicable); notation of cash and property; additional information concerning special custody requirements, service needs, or other identifying information such as birthmarks or tattoos.</p> <p>4-ALDF-7D-20 The facility maintains custody records on all inmates committed or assigned to the facility, which includes but is not limited to the following: intake/booking information; court-generated background information; cash and property receipts; reports of disciplinary actions; grievances; incidents; or crime(s) committed while in custody; dispositions of court hearings; records of program participation; work assignments; classification records. The contents of inmate records are identified and separated according to a format approved by the facility administrator</p> <p>4-ALDF-7D-21 Unless release of information is required by statute, inmates sign a release of information consent form that complies with applicable federal and state regulations prior to release of information. A copy of the form is maintained in the inmate's case record.</p> <p>4-ALDF-7D-22 Electronic record-keeping systems and data are protected from unauthorized access.</p>
<p>A.4 Admission and Orientation</p> <p>The facility director provides a detainee admission and orientation program.</p>	<p>4-ALDF-2A-19 Prior to accepting custody of an inmate, staff determines that the inmate is legally committed to the facility, and that the inmate is not in need of immediate medical attention.</p> <p>4-ALDF-2A-20 The inmate and his/her property are immediately searched upon arrival at the facility.</p> <p>4-ALDF-2A-21 Admission processes for a newly admitted inmate include, but are not limited to: recording basic personal data and information to be used for mail and visiting list; criminal history check; photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics; assignment of registered number to the inmate; medical, dental, and mental health screenings; screening to detect signs of drug/alcohol abuse; suicide screening; inventory of personal property; and secure storage of inmate property, including money and other valuables. The inmate is given a receipt for all property held until release.</p> <p style="text-align: right;"><i>(continued)</i></p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>A.4 Admission and Orientation (continued)</p> <p>The facility director provides a detainee admission and orientation programs.</p>	<p>4-ALDF-2A-22 Newly admitted inmates are separated from the general population during the admission process. Inmates are assigned to initial holding settings according to their immediate security needs, physical and mental condition, and other considerations.</p> <p>4-ALDF-2A-25 Before reassignment from intake and short-term holding, there is an initial classification of the inmate that considers safety and security issues.</p> <p>4-ALDF-2A-26 Prior to placing an inmate in the general population, the inmate is given the opportunity to shower and is issued clean, laundered clothing.</p> <p>4-ALDF-2A-27 Prior to being placed in the general population, each inmate is provided with an orientation to the facility, which includes at a minimum: written materials describing facility rules and sanctions; explanation of mail and visiting procedures; explanation of transportation options for visitors; explanation of grievance procedures; explanation of all fees, charges, or co-payments that may apply; description of services, programs, and eligibility requirements; information on how to access medical care; identification of available pretrial release options. This information is contained in a written handbook that is given to each inmate. The handbook is translated into those languages spoken by significant numbers of inmates.</p> <p>4-ALDF-2A-28 If an inmate cannot read, orientation materials are read to the inmate by a staff member, or are provided through the use of an audio or video tape. For inmates who do not speak English, interpretive services are provided. Inmates verify, by signature, the receipt of their initial orientation and of the inmate handbook and written orientation materials. Signed acknowledgement of receipt of the handbook is maintained in the inmate's file.</p> <p>4-ALDF-2A-29 Information is provided to inmates about sexual abuse/assault including: prevention/intervention; self-protection; reporting sexual abuse/assault; treatment and counseling. The information is communicated orally and in writing, in a language clearly understood by the inmate, upon arrival at the facility.</p> <p>4-ALDF-6A-07 (MANDATORY) Inmates are not subjected to personal abuse, corporal punishment, personal injury, disease, property damage, or harassment. Inmate personal property is protected.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>A.5 Personal Property and Money</p> <p>The facility director ensures personal property and monies are properly recorded, stored, and returned to detainees upon their release. (K.2)</p>	<p>4-ALDF-2A-23 There is an itemized inventory of all personal property of newly admitted inmates and secures storage of inmate property, including money and other valuables. The inmate is given a receipt for all property held until release.</p> <p>4-ALDF-2A-24 Space is provided for storing the personal property of inmates safely and securely.</p>

<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>A.6 Detainee Release</p> <p>The facility director ensures detainees are released only with proper orders, identity verification, and notification. (K.3)</p>	<p>4-ALDF-5B-13 All inmates held for 30 or more days that will be released to the community are provided with preparation for release that includes information about community resources.</p> <p>4-ALDF-5B-14 When the facility is designated to operate any type of pretrial intervention service or other release programs, its authority and responsibility are stated by statute or administrative regulation.</p> <p>4-ALDF-5B-15 When pretrial intervention program, diversion program, pretrial release program, or supervised release program is conducted in the facility, sufficient staff, space, and equipment are provided to service the program.</p> <p>4-ALDF-5B-16 Where temporary release programs exist, the programs have the following elements: written operational procedures; careful screening and selection procedures; written rules of inmate conduct; a system for evaluating program effectiveness; efforts to obtain community cooperation and support.</p> <p>4-ALDF-5B-17 Where work release and/or educational release are authorized, the facility administrator has authority to approve or disapprove participation for each inmate.</p> <p>4-ALDF-5B-18 Procedures for releasing inmates from the facility at the end of their term include, but are not limited to, the following: identification of outstanding warrants, wants, or detainees; verification of identity; verification of release papers; completion of release arrangements, including notification of the parole authorities in the jurisdiction of release, if required; return of personal property; verification that no facility property leaves the facility; arrangements for completion of any pending action, such as grievances or claims for damages or lost possessions; medical screening and arrangement for community follow-up where needed, to include medication, and instructions for forwarding or return of mail.</p>
<p>A.7 Accommodations for the Disabled</p> <p>The facility director ensures that accommodations are made for disabled detainees if the particular facility accepts disabled detainees.</p>	<p>4-ALDF-6B-04 Inmates with disabilities, including temporary disabilities, are housed in a manner that provides for their safety and security. Housing used by inmates with disabilities, including temporary disabilities, is designed for their use and provides for integration with other inmates. Program and service areas are accessible to inmates with disabilities who reside in the facility.</p> <p>4-ALDF-6B-05 Discrimination on the basis of disability is prohibited in the provision of services, programs, and activities.</p> <p>4-ALDF-6B-06 Appropriately trained individuals are assigned to assist disabled inmates who cannot otherwise perform basic life functions.</p> <p>4-ALDF-6B-07 Inmates with disabilities are provided with the education, equipment, and facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment.</p> <p style="text-align: right;"><i>(continued)</i></p>

<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>A.7 Accommodations for the Disabled (continued)</p> <p>The facility director ensures that accommodations are made for disabled detainees if the particular facility accepts disabled detainees.</p>	<p>4-ALDF-6B-08 Staff and inmates have access to an appropriately trained and qualified individual who is educated in the problems and challenges faced by inmates with physical and/or mental impairments, programs designed to educate and assist disabled inmates, and all legal requirements for the protection of inmates with disabilities.</p> <p>4-ALDF-7E-05 Reasonable accommodation is made to ensure that all parts of the facility that are accessible to the public are accessible and usable by staff and visitors with disabilities.</p>
<p>HEALTH CARE</p> <p>B.1 Intake Health Screening</p> <p>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.</p>	<p>4-ALDF-4C-22 (MANDATORY) Intake medical screening for inmates commences upon the inmate's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority. The screening includes at least the following:</p> <p><u>Inquiry into:</u> any past history of serious infectious or communicable illness, and any treatment or symptoms and medications; current illness and health problems, including communicable diseases; dental problems; use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use; the possibility of pregnancy; History of problem; other health problems designated by the responsible physician.</p> <p><u>Observation of the following:</u> behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating; body deformities and other physical abnormalities; ease of movement; condition of the skin, including trauma, markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse.</p> <p><u>Medical disposition of the inmate:</u> refusal of admission until inmate is medically cleared; cleared for general population; cleared for general population with prompt referral to appropriate health care service; referral to appropriate health service for emergency treatment. Inmates, who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention, are referred. When they are referred to an emergency department, their admission or return to the facility is predicated on written clearance. When screening is conducted by trained custody staff, a subsequent review of positive findings by the licensed health care staff is required. The responsible physician, in cooperation with the facility manager, established protocols. Facilities that have reception and diagnostic units or a holding room conduct receiving screening on all inmates on their arrival at the facility as part of the admission procedures.</p> <p style="text-align: right;"><i>(continued)</i></p>

<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.1 Intake Health Screening (continued)</p> <p>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.</p>	<p>4-ALDF-4C-23 (MANDATORY) All intrasystem transfer inmates receive a health screening by health-trained or qualified health care personnel, which commences on their arrival at the facility. All findings are recorded on a screening form approved by the health authority. At a minimum, the screening includes the following:</p> <p><u>Inquiry into</u>: whether the inmate is being treated for a medical or dental problem; whether the inmate is presently on medication; whether the inmate has a current medical or dental complaint;</p> <p><u>Observation of</u>: general appearance and behavior; physical deformities; evidence of abuse or trauma;</p> <p><u>Medical disposition of inmates</u>: cleared for general population; cleared for general population with appropriate referral to health care service; referral to appropriate health care service for emergency treatment.</p> <p>A-ALDF-4C-29 (MANDATORY) All inmates receive an initial mental health screening at the time of admission to the facility by mental-health trained or qualified mental-health care personnel. The mental health screening includes, but is not limited to:</p> <p><u>Inquiry into whether the inmate</u>: has a present suicide ideation; his a history of suicidal behavior; is presently prescribed psychotropic medication; has a current mental health complaint; is being treated for mental health problems; has a history of inpatient and outpatient psychiatric treatment; his a history of treatment for substance abuse;</p> <p><u>Observation of</u>: general appearance and behavior; evidence of abuse and/or trauma; current symptoms of psychosis, depression, anxiety, and/or aggression;</p> <p><u>Disposition of inmate</u>: cleared for general population; cleared for general population with appropriate referral to mental-health care service; referral to appropriate mental-health care services for emergency treatment.</p>

<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.2 Medical, Dental, and Mental Health Appraisals</p> <p>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 day of arrival. (K.4)</p>	<p>4-ALDF-4C-24 (MANDATORY) A comprehensive health appraisal for each inmate is completed within 14 days after arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, a new health appraisal is not required except as determined by the designated health authority. Health appraisal includes the following: review of the earlier receiving screening; collection of additional data to complete the medical, dental, mental health, and immunization histories; laboratory and/or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis; recording of height, weight, pulse, blood pressure, and temperature; other tests and examinations, as appropriate; medical examination, including review of mental and dental status; review of the results of the medical examination, tests, and identification of problems by a physician or other qualified health care personnel, if such is authorized in the medical practice act; initiation of therapy, when appropriate; development and implementation of treatment plan, including recommendations concerning housing, job assignment, and program participation.</p> <p>4-ALDF-4C-25 Health appraisal data collection and recording includes the following: a uniform process as determined by the health authority; health history and vital signs collected by health-trained or qualified health care personnel; collection of all other health appraisal data performed only by qualified health personnel; review of the results of the medical examination, tests, and identification of problems is performed by a physician or mid-level practitioner, as allowed by law.</p> <p>4-ALDF-4C-30 (MANDATORY) Inmates who are referred as a result of the mental health screening or by staff referral will receive a mental health appraisal by a qualified mental health person within 14 days of admission to the facility. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health examinations include, but are not limited to: assessment of current mental status and condition; assessment of current suicidal potential and person-specific circumstances that increase suicide potential; assessment of violence potential and person-specific circumstances that increase violence potential; review of available historical records of inpatient and outpatient psychiatric treatment; review of history of treatment with psychotropic medication; review of history of psychotherapy, psycho-educational groups, and classes or support groups; review of history of drug and alcohol treatment; review of educational history; review of history of sexual abuse victimization and predatory behavior; assessment of drug and alcohol abuse and/or addiction; use of additional assessment tools, as indicated; referral to treatment, as indicated; development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.</p> <p style="text-align: right;"><i>(continued)</i></p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>B.2 Medical, Dental, and Mental Health Appraisals (continued)</p> <p>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 day of arrival. (K.4)</p>	<p>4-ALDF-4C-34 Inmates with severe mental illness or who are severely developmentally disabled receive a mental health evaluation. Where appropriate, these inmates are referred for placement in non-correctional facilities or in units specifically designated for handling this type of individual.</p>
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services</p> <p>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)</p>	<p>4-ALDF-4C-01 (MANDATORY) All inmates are informed about how to access health services and the grievance system during the admission/intake process. This information is communicated orally and in writing, and is conveyed in a language that is easily understood by each inmate. The information is translated into those languages spoken by significant numbers of inmates. When a literacy or language problem prevents an inmate from understanding written information, a staff member or translator assists the inmate.</p> <p>4-ALDF-4C-02 When medical co-payment fees are imposed, the program ensures that, at a minimum: all inmates are advised, in writing, at the time of admission to the facility of the guidelines of the co-payment program; co-payment fees are waived when appointments or services, including follow-up appointments, are initiated by medical staff.</p> <p>4-ALDF-4C-03 There is a process for all inmates to initiate requests for health services on a daily basis. These requests are triaged daily by health professionals or health-trained personnel. A priority system is used to schedule clinical setting at least five days a week and are performed a physician or other qualified health care professional. Health care request forms are readily available to all inmates.</p> <p>4-ALDF-4C-04 Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated.</p> <p>4-ALDF-4C-05 Inmate who need health care beyond the resources available in the facility, as determined by the responsible physician, are transferred under appropriate security provisions to a facility where such care is on call or available 24 hours per day. A written list of referral sources includes emergency and routine care. The list is reviewed and updated annually.</p> <p>4-ALDF-4C-06 A transportation system that assures timely access to services that are only available outside the correctional facility is required. Such a system addresses the following issues: prioritization of medical need; urgency (for example, an ambulance versus a standard transport); transfer of medical information.</p> <p style="text-align: center;"><i>(continued)</i></p>

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<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>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)</p>	<p>4-ALDF-4C-07 There is a treatment plan for inmates who require close medical supervision, including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, and is approved by the appropriate licensed physician, dentist, or mental health practitioner for each inmate.</p> <p>4-ALDF-4C-08 (MANDATORY) There is 24-hour emergency medical, dental, and mental health services. Services include the following: on-site emergency first aid and crisis intervention; emergency evacuation of the inmate from the facility; use of an emergency medical vehicle; use of one or more designated hospital emergency rooms or other appropriate health facilities; emergency on-call or physician, dentist, and mental health professional services are available 24 hours per day, when the emergency health facility is not located in a nearby community; security procedures ensure the immediate transfer of inmates, when appropriate.</p> <p>4-ALDF-4C-09 If infirmary care is provided onsite, it includes, at a minimum, the following: definition of the scope of infirmary care services available; a physician on call or available 24 hours per day; health care personnel have access to a physician or a registered nurse and are on duty 24 hours per day when patients are present; all inmates/patients are within sight or sound of a staff member; an infirmary care manual that includes nursing care procedures; an infirmary record that is a separate and distinct section of the complete medical record; compliance with applicable state statutes and local licensing requirements.</p> <p>4-ALDF-4C-10 Inmates in the medical housing unit or infirmary area have access to operable washbasins with hot and cold running water at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio.</p> <p>4-ALDF-4C-11 Sufficient bathing facilities are provided in the medical housing unit or infirmary area to allow inmates to bathe daily. At least one bathing facility is configured and equipped to accommodate inmates who have physical impairments or who need assistance to bathe. Water for bathing is thermostatically controlled to temperatures ranging from 100 degrees Fahrenheit to 120 degrees Fahrenheit.</p> <p>4-ALDF-4C-12 Inmates in the medical housing unit of infirmary have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance. Toilets are provided at a minimum ratio of one for every 12 inmates in male facilities and one for every eight inmates in female facilities. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing unit with three or more inmates have a minimum of two toilets. These ratios apply unless state or local building or health codes specify a different ratio.</p> <p style="text-align: center;"><i>(continued)</i></p>

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<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>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)</p>	<p>4-ALDF-4C-13 (MANDATORY) If female inmates are housed; access to pregnancy management services is available. Provision of pregnancy management includes the following: pregnancy testing; routine and high-risk prenatal care; management of chemically addicted pregnant inmates; comprehensive counseling and assistance, appropriate nutrition; postpartum follow up.</p> <p>4-ALDF-4C-19 (MANDATORY) Inmates with chronic conditions such as hypertension, diabetes, and other diseases, receive periodic care and treatment that includes: monitoring of medications; laboratory testing; use of chronic care clinics.</p> <p>4-ALDF-4C-20 Routine and emergency dental care is provided to each inmate under the direction and supervision of a licensed dentist. There is a defined scope of available dental services, including emergency dental care, which includes the following: a dental screening conducted within 14 days of admission, unless completed within the last six months, conducted on initial intake with instructions of dental hygiene; a dental examination by a dentist within 12 months of admission, supported by diagnostic x-rays, if necessary; treatment of dental pain; sedative fillings, extractions of non-restorable teeth, gross debridement of symptomatic areas, and repair of partials and dentures for those inmates with less than 12 months detention; a treatment plan with x-rays for those inmates who request care with more than 12 months detention; a defined charting system that identifies the oral health condition and specifies the priorities for treatment by category; development of a individualized treatment plan for each inmate receiving dental care; consultation and referral to dental specialists, including oral surgery, when necessary.</p> <p>4-ALDF-4C-21 Health education and wellness information is provided to all inmates.</p> <p>4-ALDF-4C-26 The health authority determines the conditions for periodic health examinations for inmates.</p> <p>4-ALDF-4C-27 (MANDATORY) Mental health services include at a minimum: screening for mental health problems on intake as approved by the mental health professional; referral to outpatient services for the detection, diagnosis, and treatment of mental illness; crisis intervention and the management of acute psychiatric episodes; stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting; referral and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment capability of the facility; obtaining and documenting informed consent.</p> <p>4-ALDF-4C-28 Mental health services and activities are approved by the appropriate mental health authority.</p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>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)</p>	<p>4-ALDF-4C-31 Inmates referred for mental health treatment receive a comprehensive evaluation by a licensed mental health professional. The evaluation is completed within 14 days of the referral request date and includes at least the following: review of mental health screening and appraisal data; direct observations of behavior; collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities; compilation of the individual's mental health history; development of an overall transfer to mental health facility for inmates whose psychiatric needs exceed the treatment capability of the facility.</p> <p>4-ALDF-4C-35 When the health of the inmate would otherwise be adversely affected, as determined by the responsible physician or dentist, medical or dental adaptive devices are provided.</p> <p>4-ALDF-4C-36 (MANDATORY) Detoxification is done only under medical supervision in accordance with local, state, and federal laws. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. Inmates experiencing severe, life-threatening intoxication (an overdose) or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available.</p> <p>4-ALDF-4C-38 (MANDATORY) Management of pharmaceuticals includes: a formulary; a formalized method for obtaining non-formulary medications; prescription practices, including, requirements that medications are prescribed only when clinically indicated as one facet of a program of therapy, and a prescribing provider reevaluates a prescription prior to its renewal; medication procurement, receipt, distribution, storage, dispensing, administration, and disposal; secure storage and perpetual inventory of all controlled substances, syringes, and needles; administration and management in accordance with state and federal law and supervision by properly licensed personnel; administration of medication by persons properly trained and under the supervision of the health authority and facility of program administrator or designee; accountability for administering or distributing medications in a timely manner and according to physician orders.</p> <p>4-ALDF-4C-40 The facility and program administrator, or a designee, and the responsible clinician, or designee, consult prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled inmates in the following areas: housing assignments; program assignments; disciplinary measures; transfers to other facilities. When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.</p> <p>4-ALDF-4C-41 Exercise areas are available to meet exercise and physical therapy requirements of individual inmate treatment plans.</p> <p style="text-align: right;"><i>(continued)</i></p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>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)</p>	<p>4-ALDF-4D-02 (MANDATORY) Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians.</p> <p>4-ALDF-4D-04 A health-trained staff member coordinates the health delivery services under the joint supervision of the responsible health authority and facility administrator, when qualified health care personnel are not on duty.</p> <p>4-ALDF-4D-08 (MANDATORY) Correctional and health care personnel are trained to respond to health-related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following: recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations; administration of basic first aid; certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization; methods of obtaining assistance; signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal; procedures for patient transfers to appropriate medical facilities or health care providers; suicide intervention.</p> <p>4-ALDF-4D-09 First aid kits are available in designated areas of the facility as determined by the designated health authority in conjunction with the facility administrator. The health authority approves the contents, number, location, and procedures for monthly inspection of the kit(s) and written protocols for use by non-medical staff. An automatic external defibrillator is available for use at the facility.</p> <p>4-ALDF-4D-13 (MANDATORY) Information about an inmate’s health status is confidential. The active health record is maintained separately from the confinement case record. Access to the health record is in accordance with state and federal law.</p> <p>4-ALDF-4D-14 (MANDATORY) The health authority shares with the superintendent or the warden information regarding an inmate’s medical management. The circumstances are specified when correctional staff are advised of an inmate’s health status. Only that information necessary to preserve the health and safety of an inmate, other inmates, volunteers, visitors, or the correctional staff is provided. Information provided to correctional, classification staff, volunteers, and visitors addressed only the medical needs of the inmate as it relates to housing, program placement, security, and transport.</p> <p>4-ALDF-4D-19 Health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmate’s privacy. Female inmates are provided a female escort for encounters with a male health care provider.</p> <p style="text-align: right;"><i>(continued)</i></p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>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)</p>	<p>4-AL This standard has been deleted per the ACA 2008 Standards Supplement.</p> <p>4-ALDF-4D-22-1 through 4D-22-8 are still in effect as originally published.</p> <p>DF-4D-21 (MANDATORY) The use of restraints on inmates for medical or psychiatric purposes includes: conditions under which restraints may be applied; types of restraints to be applied; identification of a qualified medical or mental health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not successful; monitoring procedures; length of time restraints are to be applied; documentation of efforts for less restrictive treatment alternatives as soon as possible; an after-incident review.</p> <p>4-ALDF-4D-22 The facility will ensure that information is provided to offenders about sexual abuse/assault including: Prevention/intervention; Self-protection; Reporting sexual abuse/assault; Treatment and counseling. The information is communicated orally and in writing, in a language clearly understood by the offender, upon arrival at the facility.</p> <p>4-ALDF-4D-22-1 Detainees are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly.</p> <p>4-ALDF-4D-22-2 An investigation is conducted and documented whenever a sexual assault or threat is reported.</p> <p>4-ALDF-4D-22-3 Detainees identified as high risk with a high risk with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional. Detainees with a history of sexually assaultive behavior are identified, monitored, and counseled.</p> <p>4-ALDF-4D-22-4 Detainees identified as at risk for sexual victimization are assessed by a mental health or other qualified professional. Detainees at risk for sexual victimization are identified, monitored, and counseled.</p> <p>4-ALDF-4D-22-5 Sexual conduct between staff and detainees, volunteers or contract personnel and detainees, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions.</p> <p style="text-align: center;"><i>(continued)</i></p>

<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>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)</p>	<p>4-ALDF-4D-22-6 (MANADATORY) Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. If these procedures are performed in-house, the following guidelines are used: A history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victims consent, the examination includes collection of evidence from the victim, using a kit approved by the appropriate authority; Provision is made for testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases) and counseling, as appropriate; Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate; Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up; A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant.</p> <p>4-ALDF-4D-22-7 Detainees who are victims of sexual abuse have the option to report the incident to a designated staff member other than immediate point-of-contact line officer.</p> <p>4-ALDF-4D-22-8 All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule.</p> <p>4-ALDF-4D-24 (MANDATORY) A system of internal review is developed and implemented by the health authority. The necessary elements of the system will include: participating in a multidisciplinary quality improvement committee; collecting, trending, and analyzing data combined with planning, intervening, and reassessing; evaluating defined data; on-site monitoring of health service outcomes on a regular basis through: 1.) chart reviews by the responsible physician or his or her designee, including investigation of complaints and quality of health records; 2.) review of prescribing practices and administration of medication practices; 3.) systematic investigation of complaints and grievances; 4.) monitoring of corrective action plans; 5.) reviewing all deaths in custody, suicide attempts, and illness outbreaks; 6.) developing and implementing corrective action plans to address and resolve identified problems and concerns; 7.) reevaluating problems or concerns to determine whether the corrective measures have achieved and sustained the desired results; 8.) incorporating findings of internal review activities into the organization’s educational and training activities; 9.) maintaining appropriate records of internal review activities; 10.) issuing a quarterly report to the health services administrator and facility administrator of the findings of internal review</p>

	<p>activities; 11.) ensuring records of internal review activities comply with legal requirements on confidentiality of records.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>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)</p>	<p>4-ALDF-4D-26 The health record file is complete and contains the following items filed in a uniform manner: patient identification on each sheet; a completed receiving screening form; health appraisal data forms; a problem summary; a record of immunizations; all findings, diagnoses, treatments, and dispositions; a record of prescribed medications and their administration, if applicable; laboratory, x-ray, and diagnostic studies; the place, date, and time of health encounters; health service reports; an individualized treatment plan, when applicable; progress reports; a discharge summary of hospitalization and other termination summaries; a legible signature and the title of the provider (may use ink, type, or stamp under signature); consent and refusal forms; release of information forms. The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping are approved by the health authority. The health record is made available to, and is used for documentation by all practitioners.</p> <p>4-ALDF-4D-27 Non-emergency inmate transfers require the following: summaries, originals, or copies of the health record accompany the inmate to the receiving facility; health conditions, treatments, and allergies are included in the record; confidentiality of the health record; determination of suitability for travel based on medical evaluation, with particular attention given to communicable disease clearance; written instructions regarding medication or health interventions required en route for transporting officers separate from the medical record; specific precautions to be taken by transportation officers, including universal precautions and the use of masks and/or gloves. A medical summary sheet is required for all inter- and intra-system transfers to maintain continuity of care. Information included does not require a release-of-information form.</p> <p>4-ALDF-4D-28 Inactive health record files are retained as permanent records in compliance with the legal requirements of the jurisdiction. Health record information is transmitted to specific and designated physicians or medical facilities in the community upon written request or authorization of the inmate.</p>
<p>B.4 Experimental Research</p> <p>The facility director ensures that detainees do not volunteer or are recruited for biomedical, behavioral, pharmaceutical, or cosmetic research.</p>	<p>4-ALDF-4D-18 (MANDATORY) The use of inmate for medical, pharmaceutical, or cosmetic experiments is prohibited. Inmates are not precluded from individual treatment based on their need for a specific medical procedure that is not generally available. Facilities electing to perform research will comply with all state and federal guidelines. An individual's treatment with a new medical procedure by his or her physician is undertaken only after the inmate has received a full explanation of the positive and negative feature of the treatment and only with informed consent.</p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>B.5 Response to Medical, Mental, and Dental Health Needs</p> <p>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.</p>	<p>4-ALDF-4D-01 (MANDATORY) The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract, or job description. The responsibilities of the health authority include; establishing a mission statement that defines the scope of health care services; developing mechanisms, including written agreements, when necessary, to assure that the scope of services is provided and properly monitored; developing a facility’s operational health policies and procedures; identifying the type of health care providers needed to provide the determined scope of services; establishing systems for the coordination of care among multidisciplinary health care providers; developing a quality management program.</p> <p>The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician. The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to day operations of the health services program.</p>
<p>B.6 Suicide Prevention</p> <p>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.</p>	<p>4-ALDF-4C-32 (MANDATORY) A suicide-prevention program is approved by the health authority and reviewed by the facility or program administrator. It includes specific procedures for handling intake, screening, identifying, and supervising of a suicide-prone inmate and is signed and reviewed annually. The program includes staff and inmate critical incident debriefing that covers the management of suicidal incidents, suicide watch, and death of an inmate or staff member. It ensures a review of critical incidents by administration, security, and health services. All staff with responsibility for inmate supervision is trained on an annual basis in the implementation of the program. Training includes but is not limited to: identifying the warning signs and symptoms of impending suicidal behavior; understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors; responding to suicidal and depressed inmates; communicating between correctional and health care personnel; using referral procedures; housing observation and suicide-watch level procedures; follow-up monitoring of inmate who make a suicide attempt.</p> <p>4-ALDF-4C-33 When standard issued clothing presents a security or medical risk, the inmate is supplied with a security garment that promotes inmate safety and prevents humiliation and degradation.</p>
<p>B.7 Detainee Hunger Strike</p> <p>The facility director ensures that all staff is trained to recognize and respond to a</p>	

<p>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.</p>	<p style="text-align: center;">NO STANDARD REFERENCED</p>
<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.8 Detainee Death</p> <p>The facility director ensures that staff is 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.</p>	<p>4-ALDF-4D-23 Authorities having jurisdiction are immediately notified of an inmate's death. There is a protocol that describes actions to be taken in the event of the death of an inmate.</p>
<p>B.9 Informed Consent/ Involuntary Treatment</p> <p>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.</p>	<p>4-ALDF-4D-15 (MANDATORY) Informed consent standards of the jurisdiction are observed and documented for inmate care in a language understood by the inmate. In the case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any inmate may refuse, in writing, medical, dental, and mental health care. If the inmate declines to sign the refusal form, it must be signed by a least two witnesses. The form then must be sent to medical and reviewed by a qualified health care professional. If there is a concern about decision-making capacity, an evaluation is done, especially if the refusal is for critical or acute care.</p> <p>4-ALDF-4D-16 There are guidelines that govern elective procedures or surgery for inmates. They must include decision-making processes for elective surgery needed to correct a substantial functional deficit or if an existing pathological process threatens the well-being of the inmate over a period of time.</p> <p>4-ALDF-4D-17 (MANDATORY) Involuntary administrations of psychotropic medication(s) to inmates complies with applicable laws and regulations of the jurisdiction. When administered, the following conditions must be met: administration is authorized by a physician who specifies the duration of therapy; less restrictive intervention options have been exercised without success as determined by the responsible physician or psychiatrist; details are specified about why, when, where, and how the medication is to be administered; the inmate is monitored for adverse reactions and side effects; treatment plans are prepared for less restrictive treatment alternatives as soon as possible.</p> <p>4-ALDF-4D-20 Due process is ensured prior to a transfer that results in an inmate's placement in a non-correctional facility or in a special unit within the facility or agency, specifically designated for the care and treatment of the severely mentally ill or developmentally disabled. Procedures for transfer comply with federal, state, and local law. In emergency situations, a hearing is held as soon as possible after the</p>

	transfer.
<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.10 Infectious Disease</p> <p>The facility director ensures that there is an infectious disease control program which promotes a safe and healthy environment for staff, detainees, and visitors.</p>	<p>4-ALDF-4C-14 (MANDATORY) There is a written plan that addresses the management of infectious and communicable diseases. The plan includes procedures for prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting requirements to applicable local, state, and federal agencies. A multidisciplinary team that includes clinical, security, and administrative representatives, meets at least quarterly to review and discuss communicable disease and infection control activities. Agencies work with the responsible public health authority to establish policy and procedure that include the following: an ongoing education program for staff and inmates; control, treatment, and prevention strategies, which may include screening and testing, special supervision, or special housing arrangements, as appropriate; protection of individual confidentiality; and media relations.</p> <p>4-ALDF-4C-15 There is a written plan that addresses the management of tuberculosis. The plan includes procedures for initial and ongoing testing for infection, surveillance, treatment, including treatment of latent tuberculosis, follow-up, and isolation, when indicated.</p> <p>4-ALDF-4C-16 (MANDATORY) There is a written plan that addresses the management of hepatitis A, B, and C. The plan includes procedures for the identification; surveillance; immunization, when applicable; treatment, when indicated; follow-up; and isolation, when indicated.</p> <p>4-ALDF-4C-17 (MANDATORY) There is a written plan that addresses the management of HIV infection. The plan includes procedures for the identification; surveillance; immunization, when applicable; treatment; follow-up; and isolation, when indicated.</p> <p>4-ALDF-4C-18 (MANDATORY) Management of bio-hazardous waste and decontamination of medical and dental equipment complies with applicable local, state and federal regulations.</p> <p>4-ALDF-4D-05 All professional staff comply with applicable state and federal licensure, certification, or registration requirements. Verification of current credentials and job descriptions are on file in the facility.</p> <p>4-ALDF-4D-06 All new direct care staff receive a test for tuberculosis prior to job assignment and periodic testing thereafter.</p>
<p>SECURITY AND CONTROL</p>	<p>4-ALDF-2A-04 There is current written orders for every correctional</p>

<p>C.1 Post Orders</p> <p>The facility director will establish separate written post orders that clearly outline duties, responsibilities, and expectations for every duty post. (K.6)</p>	<p>officer post. Officers assigned to those posts acknowledge in writing that they have read and understand the orders and record the date. The facility administrator or designee reviews post orders annually and updates them as needed.</p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>C.2 Permanent Logs</p> <p>The facility director ensures that permanent logs are maintained for recording daily information, including routine occurrences, emergencies, or any unusual incidents.</p>	<p>4-ALDF-2A-11 Correctional staff maintains a permanent log and prepare shift reports that record routine information, emergency situation, and unusual incidents.</p>
<p>C.3 Security Features</p> <p>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)</p>	<p>4-ALDF-2A-13 Written policy, procedure, and practice require that the chief security officer or qualified designee conduct at least weekly inspections of all security devices noting the items needing repair or maintenance. The inspections are reported in writing to the warden/superintendent and/or chief security officer.</p>
<p>C.4 Security Inspections and/or Reviews</p> <p>The facility director ensures security patrols of all areas of the facility are conducted regularly. (K.8)</p>	<p>4-ALDF-2A-12 Supervisory staff conducts a daily patrol, including holidays and weekends, of all areas occupied by inmates. Unoccupied areas are to be inspected at least weekly. Patrols and inspections are documented.</p>
<p>C.5 Control of Contraband</p> <p>The facility director ensures the control and disposition of contraband.</p>	<p>4-ALDF-2C-01 Procedures guide searches of facilities and inmates to control contraband.</p> <p>4-ALDF-2C-06 Procedures govern the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or institutional regulation. At a minimum, the procedures address the following: chain of custody; evidence handling; location and storage requirements; manner of disposition.</p>
<p>C.6 Detainee Searches</p> <p>The facility director ensures that a detainee search program exists that preserves constitutional rights.</p>	<p>4-ALDF-2C-03 A strip search of a detainee at intake shall only be conducted when there is reasonable belief or suspicion that he/she may be in possession of an item of contraband. The least-invasive form of search is conducted. Reasonable belief may be based on: current charges or previous convictions for escape, possession of drugs or weapons, or crimes of violence; current or historical institutional behaviors of contraband possession or refusals to be searched or; contact with the public or exposure to public areas.</p> <p>4-ALDF-2C-04 A strip search of general population inmates is only conducted when there is reasonable belief that the inmate may be in</p>

	<p>possession of an item of contraband. The least-invasive form of search is conducted.</p> <p>4-ALDF-2C-05 Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the inmate is concealing contraband and when authorized by the facility administrator or designee. Health care personnel conduct the inspection in private.</p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>C.7 Detainee Accountability and Supervision</p> <p>The facility director ensures the physical accountability and supervision of detainees to ensure the safety of both staff and detainees.</p>	<p>4-ALDF-2A-16 There is an inmate population management system that includes records on the admission, processing, and release of inmates.</p> <p>4-ALDF-2A-17 The facility has a system for physically counting inmates. The system includes strict accountability for inmate assigned to work and educational release, furloughs, and other approved temporary absences. At least one formal count is conducted for each shift, with no less than three counts daily.</p>
<p>C.8 Use of Force</p> <p>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 use, it is not excessive and it is properly documented and reported.</p>	<p>4-ALDF-2B-01 (MANDATORY) The use of physical force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. In no event is physical force used as punishment.</p>
<p>C.9 Non-routine Use of Restraints</p> <p>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.</p>	<p>4-ALDF-2B-02 Restraint devices are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application.</p> <p>4-ALDF-2B-03 (MANDATORY) Four/five point restraints are used only in extreme instances and only when other types of restraints have proven ineffective. Advance approval is secured from the facility administrator/designee before an inmate is placed in a four/five point restraint. Subsequently, the health authority or designee must be notified to assess the inmate's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be in a medical/mental health unit for emergency involuntary treatment with sedation and /or other medical management, as appropriate. If the inmate is not transferred to a medical/mental health unit and is restrained in a four/five point position, the following minimum procedures are followed: direct visual observation by staff is continuous prior to obtaining approval from the health authority or designee; subsequent visual observation is made at least every 15 minutes; restraint procedures are in accordance with guidelines approved by the designated health authority; all decisions and actions are documented.</p>
<p>C.10 Tool & Equipment Control</p>	<p>4-ALDF-2D-01 (MANDATORY) The use of keys is controlled.</p>

<p>The facility director ensures control of keys, tool, culinary equipment, medical equipment, supplies, and vehicles.</p>	<p>4-ALDF-2D-02 (MANDATORY) The use of tools and culinary equipment is controlled.</p> <p>4-ALDF-2D-03 (MANDATORY) Medical and dental instruments, equipment, and supplies (syringes, needles, and other sharps) are controlled and inventoried.</p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>C.11 Weapons Control</p> <p>The facility director ensures control of weapons.</p>	<p>4-ALDF-2B-04 Procedures govern the availability, control, and use of firearms, less lethal devices, and related security devices, and specify the level of authority required for their access and use. Chemical agents and electrical disablers are used only with the authorization of the facility administrator or designee.</p> <p>4-ALDF-2B-05 Space is provided for the secure storage of less lethal devices and related security equipment. Access is restricted to authorized persons only, and the storage space is located in an area separate and apart from inmate housing or activity areas.</p> <p>4-ALDF-2B-06 The facility maintains a written record of routine and emergency distribution of security equipment. Firearms, chemical agents, and related security equipment are inventoried at least monthly to determine their condition and expiration dates.</p> <p>4-ALDF-2B-07 Written reports are submitted to the facility administrator or designee no later than the conclusion of the tour of duty when any of the following occur: discharge of a firearm or other weapon; use of less lethal devices to control inmates; use of force to control inmates; inmate(s) remaining in restraints at the end of the shift.</p> <p>4-ALDF-2B-08 (MANDATORY) The use of firearms complies with the following requirements: weapons are subjected to stringent safety regulations and inspections; a secure weapons locker is located outside the secure perimeter of the facility; except in emergency situations, firearms and weapons such as nightsticks are permitted only in designated areas to which inmates have no access; employees supervising inmates outside the facility perimeter follow procedures for the security of weapons; employees are instructed to use deadly force only after other actions have been tried and found ineffective, unless the employee believes that a person's life is immediately threatened; employees on duty use only firearms or other security equipment that have been approved by the facility administrator; appropriate equipment is provided to facilitate safe unloading and loading of firearms.</p>
<p>C.12 Detainee Discipline</p> <p>The facility director ensures a fair detainee disciplinary system is in place</p>	<p>4-ALDF-3A-01 Rules of inmate conduct specify acts prohibited within the facility and the range of penalties that can be imposed for various degrees of violation. The rules are reviewed annually and updated, if necessary.</p>

<p>that preserves due process.</p>	<p>4-ALDF-3A-02 Disciplinary procedures governing inmate rule violations address the following: rules; minor and major violations; criminal offenses; disciplinary reports; pre-hearing actions/investigation; pre-hearing detention.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>C.12 Detainee Discipline (continued)</p> <p>The facility director ensures a fair detainee disciplinary system is in place that preserves due process.</p>	<p>4-ALDF-6C-01 There is written guidelines for resolving minor inmate infractions that include a written statement of the rule violated and a hearing and decision within seven days, excluding weekends and holidays, by a person not involved in the rule violation; the inmate may waive the hearing.</p> <p>4-ALDF-6C-02 An inmate who allegedly commits an act covered by criminal law is referred to the appropriate criminal justice agency.</p> <p>4-ALDF-6C-03 When rule violations require formal resolutions, staff members prepare a disciplinary report and forward it to the designated supervisor.</p> <p>4-ALDF-6C-04 Disciplinary reports include, but are not limited to, the following information: specific rule(s) violated; a formal statement of the charge; any unusual inmate behavior; any staff witnesses; an explanation of the event that includes who was involved, what transpired, and the time and location of the occurrence; any physical evidence and its disposition; any immediate action taken, including the use of force; reporting staff member's signature and date and time of report.</p> <p>4-ALDF-6C-05 When an alleged rule violation is reported, an appropriate investigation is begun within 24 hours of the time the violation is reported and is completed without unreasonable delay, unless there are exceptional circumstances for delaying the investigation.</p> <p>4-ALDF-6C-06 There is a provision for pre-hearing detention of inmates who are charged with a rule violation. The facility administrator or designee reviews the inmate's pre-hearing status within 72 hours, including weekends and holidays.</p> <p>4-ALDF-6C-07 An inmate charged with a rule violation receives a written statement of the charge(s), including a description of the incident and specific rules violated. The inmate is given the statement at the same time the disciplinary report is filed with the disciplinary committee but not less than 24 hours prior to the disciplinary hearing. The hearing may be held in less than 24 hours, only with the inmate's written consent.</p> <p>4-ALDF-6C-08 Inmates charged with rule violations are present at the hearing, unless they waive that right in writing or through their behavior. Inmates may be excluded during testimony. Any inmate's</p>

	<p>absence or exclusion in documented.</p> <p>4-ALDF-6C-09 Disciplinary hearings are convened as practical but no later than seven days, excluding weekends and holidays, after the alleged violation. Inmates are notified of the hearing at least 24 hours in advance of the hearing.</p> <p>4-ALDF-6C-10 There is provisions for postponement or continuance of the disciplinary hearing for a reasonable period and good cause. Reasons for postponement or continuance are documented.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>C.12 Detainee Discipline (continued)</p> <p>The facility director ensures a fair detainee disciplinary system is in place that preserves due process.</p>	<p>4-ALDF-6C-11 An impartial person or panel of persons conducts disciplinary hearings on rule violations. A record of the proceedings is made and maintained for at least six months.</p> <p>4-ALDF-6C-12 Inmates have an opportunity to make a statement and present documentary evidence at the hearing and can request witnesses on their behalf; the reasons for denying such a request are stated in writing</p> <p>4-ALDF-6C-13 A staff member or agency representative assists inmates at disciplinary hearing. A representative is appointed when it is apparent that an inmate is not capable of collecting and presenting evidence on his or her own behalf.</p> <p>4-ALDF-6C-14 Disciplinary committee decisions are based solely on information obtained in the hearing process, including staff reports, the statements of the inmate charged, and the evidence derived from witnesses and documents.</p> <p>4-ALDF-6C-15 A written report is made of the decision and the supporting reasons, and a copy is given to the inmate. The hearing record and supporting documents are kept in the inmate's file and in the disciplinary committee's records.</p> <p>4-ALDF-6C-16 If an inmate is found not guilty of an alleged rule violation, the disciplinary report is removed from all of the inmate's files.</p> <p>4-ALDF-6C-17 The facility administrator or designee reviews all disciplinary hearings and dispositions to assure conformity with policy and regulations.</p> <p>4-ALDF-6C-18 Inmates may appeal decisions of the disciplinary hearing officer(s) to the administrator or independent authority. The administrator or independent authority must affirm or reverse the decision of the disciplinary hearing officer(s) within 15 days of the appeal. For facilities that are part of an agency with a system-wide appeal process, the decision to affirm or deny the appeal is made within 30 days.</p> <p>4-ALDF-6C-19 Procedures govern all searches and preservation of evidence when an inmate is suspected of all new crime. Only the facility administrator or designee authorizes such searches unless</p>

	<p>immediate action is necessary; in such cases, the facility administrator or designee is fully informed as soon as possible after the search.</p>
<p>C.13 Supervision for Special Housing</p> <p>The facility director ensures supervision of detainees in administration segregation, protective custody, and disciplinary detention.</p>	<p>4-ALDF-2A-44 The facility administrator or designee can order immediate segregation when it is necessary to protect the inmate or others. The action is reviewed within 72 hours by the appropriate authority.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>C.13 Supervision for Special Housing (continued)</p> <p>The facility director ensures supervision of detainees in administration segregation, protective custody, and disciplinary detention.</p>	<p>4-ALDF-2A-45 (MANDATORY) When an inmate is transferred to segregation, health care personnel are informed immediately and provide assessment and review as indicated by the protocols established by the health authority. Unless medical attention is needed more frequently, each inmate in segregation receives a daily visit from a health care provider. The presence of a health care provider in segregation is announced and recorded. The health authority determines the frequency of physician visits to segregation units.</p> <p>4-ALDF-2A-46 An inmate is admitted to protective custody status when there is documentation that protective custody is warranted and no reasonable alternatives are available.</p> <p>4-ALDF-2A-47 An inmate is placed in disciplinary detention for a rule violation only after a hearing.</p> <p>4-ALDF-2A-48 The status of inmates in administrative segregation and protective custody is reviewed every seven days for the first two months and at least every 30 days thereafter.</p> <p>4-ALDF-2A-49 There is a review process used to release an inmate from administrative segregation or protective custody.</p> <p>4-ALDF-2A-50 There is a sanctioning schedule for rule violations. The maximum sanction for rule violations is no more than 60 days for all violations arising out of one incident. Continuous confinement for more than 30 days requires the review and approval of the facility administrator.</p> <p>4-ALDF-2A-51 Segregation housing units provide living conditions that approximate those of the general inmate population. All exceptions are clearly documented. Segregation cells/rooms permit the inmates assigned to them to converse with and be observed by staff members. Cell/room used for segregation are single occupancy and encompass at least 70 square feet of floor area of which 35 square feet is unencumbered.</p> <p>4-ALDF-2A-52 All special management inmates are personally observed by a correctional officer at least every 30 minutes on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates are under continuous observation until</p>

	<p>seen by a mental health professional. Subsequent supervision routines are in accordance with that ordered by the mental health professional.</p> <p>4-ALDF-2A-53 Inmates in segregation receive daily visits from the facility administrator or designee, members of the program staff on request</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>C.13 Supervision for Special Housing (continued)</p> <p>The facility director ensures supervision of detainees in administration segregation, protective custody, and disciplinary detention.</p>	<p>4-ALDF-2A-54 Staff assigned to work directly with inmates in special management units are selected based on criteria that includes: completion of probationary period; experience; suitability for this population. Staff is closely supervised and their performance is documented at least annually. There are provisions for rotation to other duties.</p> <p>4-ALDF-2A-55 Staff operating special management units maintain a permanent log that contains at a minimum the following information for each inmate admitted to segregation: name, number, housing location, date admitted, type of infraction or reason for admission, tentative release, date, and special medical or psychiatric problems or needs. Officials who inspect the units or counsel the inmate’s behavior and all releases also use the log to record all visits.</p> <p>4-ALDF-2A-56 All inmates in special management units are provided prescribed medication, clothing that is not degrading and access to basic personal items for use in their cells unless there is imminent danger that an inmate or any other inmate(s) will destroy an item or induce self-injury.</p> <p>4-ALDF-2A-57 Inmates in special management units have the opportunity to shave and shower at least three times per week. Inmates in special management units receive laundry, barbering, and hair care services, and are issued and exchange clothing, bedding, and linen on the same basis as inmates in the general population. Exceptions are permitted only when determined to be necessary. Any exception is recorded in the unit log and justified in writing.</p> <p>4-ALDF-2A-58 When an inmate in segregation is deprived of any usual authorized items or activity, a report of the action is made and forwarded to the facility administrator.</p> <p>4-ALDF-2A-59 If an inmate uses food or food service equipment in a manner that is hazardous to self, staff, or other inmates, alternative meal service may be provided. Alternative meal service is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs with the written approval of facility administrator or designee and responsible health authority. The substitution does not exceed seven days.</p>

	<p>4-ALDF-2A-60 Inmates in special management units can write and receive letters on the same basis as inmates in the general population.</p> <p>4-ALDF-2A-61 Inmates in special management units have opportunities for visitation unless there are substantial reasons for withholding such privileges. All denials for visitation are documented.</p> <p>4-ALDF-2A-62 Inmates in special management units have access to legal materials.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>C.13 Supervision for Special Housing (continued)</p> <p>The facility director ensures supervision of detainees in administration segregation, protective custody, and disciplinary detention.</p>	<p>4-ALDF-2A-63 Inmates in special management units have access to reading materials.</p> <p>4-ALDF-2A-64 Inmates in special management unit receive a minimum of one hour of exercise per day outside their cells, five days per week, unless security or safety considerations dictate otherwise.</p> <p>4-ALDF-2A-65 Inmates in disciplinary detention are allowed limited telephone privileges consisting of telephone calls related specifically to access to the judicial process and family emergencies as determined by the facility administration.</p> <p>4-ALDF-2A-66 Inmates in administrative segregation and protective custody have access to programs and services that include, but are not limited to the following: educational services; commissary services; library services; social services; counseling services; religious guidance; recreational programs; telephone access.</p>
<p>C.14 Contingency/Emergency Plans</p> <p>The facility director ensures that an effective, written contingency/ emergency plan is in place. (K.9)</p>	<p>4-ALDF-1C-01 (MANDATORY) There is a plan that guides the facility response to emergencies. All facility personnel are trained annually in the implementation of the emergency plan.</p> <p>4-ALDF-1C-05 (MANDATORY) There is a plan that specifies the procedures to be followed in situations that threaten facility security. Such situations that threaten facility security. Such situations include but are not limited to: riots, hunger strikes, disturbances, escapes, and the taking of hostages. The plan is made available to all applicable personnel, reviewed at least annually, and updated, as needed.</p> <p>4-ALDF-1C-06 A plan for continuing operations in the event of all staff work stoppage or other job action. Copies of this plan are available to appropriate supervisory personnel.</p>
<p>FOOD SERVICE</p> <p>D.1 Sanitation Requirements</p>	<p>4-ALDF-4A-01 Dining space is large enough to allow meals to be served affording each inmate the opportunity to have at least 20 minutes of dining time for each meal.</p>

<p>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 requirement. (K.10)</p>	<p>4-ALDF-4A-02 The food preparation area includes space and equipment for food preparation based on population size, type of food preparation, and methods of meal service. There are sanitary, temperature-controlled areas for food storage.</p> <p>4-ALDF-4A-03 Toilet and washbasin facilities are available to food service personnel and inmates in the vicinity of the food preparation area.</p> <p>4-ALDF-4A-04 A person who is experienced in food service management supervises food service operations.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>FOOD SERVICE</p> <p>D.1 Sanitation Requirements (continued)</p> <p>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 requirement. (K.10)</p>	<p>4-ALDF-4A-05 Food service budgeting, purchasing, and accounting practices, include but are not limited to the following systems: food expenditure cost accounting designed to determine cost per meal per inmate; estimation of food service requirements; purchase of supplies at wholesale and other favorable prices and conditions, when possible; determination of and responsiveness to inmate eating preferences; refrigeration of food, with specific storage periods.</p> <p>4-ALDF-4A-06 Accurate records are maintained of all meals served.</p> <p>4-ALDF-4A-11 (MANDATORY) There is documentation by an independent, outside source that food service facilities and equipment meet established governmental health and safety codes. Corrective action is taken on deficiencies, if any.</p> <p>4-ALDF-4A-12 All staff, contractors, and inmate workers are trained in the use of equipment safety procedures to be followed in the food service department.</p> <p>4-ALDF-4A-13 (MANDATORY) There is adequate health protection for all inmates and staff in the facility, and for inmates and other persons working in food service, including the following: where required by laws and/or regulations applicable in the community where the facility is located, all persons involved in the preparation of the food receive a pre-assignment medical examination and periodic reexamination to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils; all examinations are conducted in accordance with local requirements; when an outside agency or individual provides the facility's food services, the facility has written verification that the outside provider complies with the state and local regulations regarding food service; all food handlers are instructed to wash their hands on reporting to duty and after using toilet facilities. Inmates and other persons working in food service and monitored each day for health and cleanliness by the food service supervisor or designee.</p> <p>4-ALDF-4A-14 When required by statute, food products that are grown or produced within the system are inspected and approved by the appropriate government agency; there is a distribution system that</p>

	<p>ensures prompt delivery of foodstuffs to facility kitchens.</p> <p>4-ALDF-4A-15 (MANDATORY) There are weekly inspections of all food service areas, including dining and food preparation areas and equipment, by administrative, medical, or dietary personnel; these include the person supervising food service operations or his/her designee. Water temperature is checked and recorded daily by administrative, medical, or dietary personnel.</p> <p>4-ALDF-4A-16 Stored shelf goods are maintained at 45 degrees to 80 degrees Fahrenheit, refrigerated foods at 35 degrees to 40 degrees Fahrenheit, and frozen foods at 0 degrees Fahrenheit or below, unless national or state health codes specify otherwise. Temperatures are checked and recorded daily.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>FOOD SERVICE</p> <p>D.1 Sanitation Requirements (continued)</p> <p>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 requirement. (K.10)</p>	<p>4-ALDF-4A-17 Meals are prepared, delivered, and served under staff supervision.</p> <p>4-ALDF-4A-18 Three meals, including at least two hot meals, are provided at regular times during each 24 hour period, with no more than 14 hours between the evening meal and breakfast. Variations may be allowed based on weekend and holiday food service demands provided basic nutritional goals are met.</p> <p>4-ALDF-7B-04 A pre-assignment physical examination is conducted for all employees. Information obtained as part of a required medical examination and/or inquiry obtained regarding the medical condition or history of applicants and employees is collected and maintained on separate forms and in separate medical files and treated as confidential medical record. Provisions exist for reexamination, when indicated.</p>
<p>D.2 Ensure Meals are Varied</p> <p>The facility director ensures that nutritional and varied meals are provided. (K.11)</p>	<p>4-ALDF-4A-07 (MANDATORY) The facility's dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure that they meet the nationally recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings.</p> <p>4-ALDF-4A-08 Food service staff plans menus and substantially follows the plan. The planning and preparation of all meals takes into consideration food flavor, texture, temperature, appearance, and palatability. Menu substitutions are recorded.</p>
<p>D.3 Special Diets</p> <p>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.</p>	<p>4-ALDF-4A-09 Therapeutic diets are provided as prescribed by appropriate clinicians. A therapeutic diet manual is available in the health services and food services areas for reference and information. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten annually, or more often as clinically indicated.</p>

	<p>4-ALDF-4A-10 Special diets are provided for inmates whose religious beliefs require the adherence to religious dietary laws when approved by the facility chaplain.</p>
<p>STAFF-DETAINEE COMMUNICATION</p> <p>E.1 Staff-Detainee Communication</p> <p>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.</p>	<p>4-ALDF-2A-05 Personal contact and interaction between staff and inmates are required and are facilitated.</p> <p>4-ALDF-2A-06 The facility administrator or assistant facility administrator, and designated department heads visit the facility's living and activity areas at least weekly to encourage informal contact with staff and inmates and to informally observe living and working conditions.</p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>E.2 Diversity Training</p> <p>The facility director provides staff with annual diversity and sensitivity training. (K.12)</p>	<p>4-ALDF-7B-08 All new professional and support employees, including contactors, who have regular or daily inmate contact, receive training during their first year of employment. Forty hours are completed prior to being independently assigned to a particular job. An additional 40 hours of training is provided each subsequent year of employment. At a minimum, this training covers the following areas: security procedures and regulations; supervision of inmates; signs of suicide risk; suicide precautions; use-of-force regulations and tactics; report writing; inmate rules and regulations; key control; rights and responsibilities of inmates; safety procedures; all emergency plans and procedures; interpersonal relations; social/cultural lifestyles of the inmate population; cultural diversity for understanding staff and inmates; communication skills; cardiopulmonary resuscitation (CPR)/first aid; counseling techniques; sexual harassment/sexual misconduct awareness; and code of ethics.</p>
<p>E.3 Detainee Grievances</p> <p>The facility director ensures that an established written grievance procedure is in place for detainees to express their concerns. (K.13)</p>	<p>4-ALDF-6B-01 An inmate grievance procedure is made available to all inmates and includes at least one level of appeal.</p>
<p>SAFETY AND SANITATION</p> <p>F.1 Fire Safety</p> <p>The facility director ensures that a fire safety program conforming to all applicable local, state, and federal laws is in place.</p>	<p>4-ALDF-1C-02 (MANDATORY) An evacuation plan is used in the event of fire or major emergency. The plan is approved by an independent outside inspector trained in the application of national fire safety codes and is reviewed annually, updated if necessary, and reissued to the local fire jurisdiction. The plan includes the following: location of building/room floor plan; use of exit signs and directional arrows for traffic flow; location of publicly posted plan; at least quarterly drills in all facility locations, and on every shift, including administrative areas; drills that involve only staff in instances when evacuation of extremely dangerous inmate is not advisable.</p> <p>4-ALDF-1C-03 (MANDATORY) There is a means for the immediate</p>

	<p>release of inmates from locked areas in case of emergency and provisions for a back-up system.</p> <p>4-ALDF-1C-04 (MANDATORY) The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of inmates and staff in the event of fire or other emergency. All housing areas and places of assembly for 50 or more persons have two exits.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>SAFETY AND SANITATION</p> <p>F.1 Fire Safety (continued)</p> <p>The facility director ensures that a fire safety program conforming to all applicable local, state, and federal laws is in place.</p>	<p>4-ALDF-1C-07 (MANDATORY) The facility conforms to applicable federal, state, and/or local fire safety codes. The authority having jurisdiction documents compliance. A fire alarm and automatic detection system are required, as approved by the authority having jurisdiction, or there is a plan for addressing these or other deficiencies within a reasonable time period. The authority approves any variances, exceptions, or equivalencies and these must not constitute a serious life-safety threat to the occupants of the facility.</p> <p>4-ALDF-1C-08 (MANDATORY) The facility's fire prevention regulations and practices ensure the safety of staff, inmates, and visitors. These include, but are not limited to: an adequate fire protection service; availability of fire hoses or extinguishers at appropriate locations throughout the facility.</p> <p>4ALDF-1C-09 (MANDATORY) There is a comprehensive and thorough monthly inspection of the facility by a qualified fire and safety officer for compliance with safety and fire prevention standards. There is a weekly fire and safety inspection of the facility by a qualified departmental staff member. Fire safety equipment is tested at least quarterly. There is an annual inspection by local or state fire officials or other qualified persons.</p>
<p>F.2 Non-Hazardous Furnishing</p> <p>The facility director ensures that all furnishings and materials are fire-resistant, non-toxic, and do not present a fire or safety hazard.</p>	<p>4-ALDF-1C-10 (MANDATORY) Facility furnishings meet fire safety performances requirements.</p>
<p>F.3 Control of Dangerous Materials</p> <p>The facility director controls the storage, exposure, use, and disposal of all</p>	<p>4-ALDF-1A-02 (MANDATORY) Disposal of liquid, solid, and hazardous material complies with applicable government regulations.</p> <p>4-ALDF-1C-11 (MANDATORY) Flammable, toxic, and caustic</p>

<p>flammable, caustic, toxic, and hazardous materials and other waster in compliance with OSHA and any other applicable requirements.</p>	<p>materials are controlled and used safely.</p>
<p>F.4 Environmental Control</p> <p>The facility director provides all detainees with clean, sanitary, and well-ventilated facilities with climate control.</p>	<p>4-ALDF-1A-01 (MANDATORY) The facility complies with all applicable laws and regulations of the governing jurisdiction, and there is documentation by an independent, outside source that any past deficiencies noted in annual inspections have been corrected. The following inspections are implemented: weekly sanitation inspections of all facility area by a qualified departmental staff member; comprehensive and thorough monthly inspections by a safety/sanitation specialist; at least annual inspections by federal, state, and/or local sanitation and health officials or other qualified person(s).</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>F.4 Environmental Control (continued)</p> <p>The facility director provides all detainees with clean, sanitary, and well-ventilated facilities with climate control.</p>	<p>4-ALDF-1A-03 (MANDATORY) Vermin and pests are controlled. A control plan includes, at a minimum, monthly inspections by a qualified person.</p> <p>4-ALDF-1A-04 The facility is clean and in good repair. A housekeeping and maintenance plan addresses all facility area and provides for daily housekeeping and regular maintenance by assigning specific duties and responsibilities to staff and inmates.</p> <p>4-ALDF-1A-07 (MANDATORY) The facility's potable water source and supply, whether owned and operated by the public water department or the facility, is certified at least annually by an independent, outside source to be in compliance with jurisdictional laws and regulations.</p> <p>4-ALDF-1A-14 Light levels in inmate cells/room are at least 20 foot candles in personal grooming areas and at the writing surface. Lighting throughout the facility is sufficient for the tasks performed.</p> <p>4-ALDF-1A-15 All inmate room/cells provide the occupants with access to natural light. (Existing only)</p> <p>ALDF-1A-18 Noise levels in inmate housing units do not exceed 70 dBA (A Scale) in daytime and 45 dBA (A Scale) at night. Measurements are documented by a qualified, independent source and are checked not less than once per accreditation cycle.</p> <p>4-ALDF-1A-19 A ventilation system supplies at least 15 cubic feet per minute of circulated air per occupant with a minimum of five cubic feet per minute of outside air. Toilet rooms and cells with toilets have no less than four air changes per hour unless state or local codes require a different number of air changes. Air qualities are documented by a qualified technician and are checked not less than once per accreditation cycle.</p> <p>4-ALDF-4B-08 Inmates have access to toilets, and washbasins with temperature-controlled hot and cold running water 24 hours per day</p>

	<p>and are able to use toilet facilities without staff assistance when they confined in their cell/sleeping areas. Toilets are provided at a minimum ratio of one for every 12 inmates in male facilities and one for every eight inmates in female facilities and one wash basin for every 12</p> <p>inmates unless national or state building or health codes specify a different ratio. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with three or more inmates have a minimum of two toilets.</p> <p>4-ALDF-4B-09 Inmates have access to operable showers with temperature-controlled hot and cold running water, at a minimum ratio of one shower for every 12 inmates, unless national or state building or health codes specify a different ratio. Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit to ensure the safety of inmates and to promote hygienic practices.</p>
<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>F.5 Clothing and Bedding</p> <p>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 climate conditions of the area. (K.14)</p>	<p>4-ALDF-4B-01 Space is provided in the facility to store and issue clothing, bedding, cleaning supplies, and other items required for daily operation.</p> <p>4-ALDF-4B-02 Written policy, procedure, and practice provide for the issue of suitable, clean bedding and linen, including two sheets, pillow and pillowcase, one mattress, not to exclude a mattress with integrated pillow, and sufficient blankets to provide comfort under existing temperature controls. There is provision for linen exchange, including towels, at least weekly. Blanket exchange must be available at least quarterly.</p> <p>4-ALDF-4B-03 There is needed cleaning and storage of inmate personal clothing and the issue of suitable facility clothing to all inmates. Facility clothing is properly fitted, climatically suitable, durable, and presentable. Standard clothing items issued at intake include trousers and shirts, or jumpsuits, undergarments, socks, shoes, and outerwear suitable to the climate.</p> <p>4-ALDF-4B-04 There is no delay in replacing clothing, linen, and bedding.</p> <p>4-ALDF-4B-05 Inmates are accountable for clothing and bedding assigned to them.</p>
<p>F.6 Personal Hygiene/Well-Being</p> <p>The facility director promotes and facilitates detainee's personal hygiene and well-being by providing access to basic personal care items.</p>	<p>4-ALDF-4B-06 Articles necessary for maintaining proper personal hygiene are available to all inmates.</p> <p>4-ALDF-4B-07 Hair care services are available to inmates.</p> <p>4-ALDF-6A-08 Inmates are allowed freedom in personal grooming except when a valid interest justifies otherwise.</p>
<p>F.7 Physical Facility and Equipment</p>	<p>4-ALDF-1A-21 Smoking is not allowed in the facility.</p>

<p>The facility director ensures that physical facility and equipment do not present a hazard to detainees, employees, and visitors. (K.15)</p>	<p>4-ALDF-1C-12 (MANDATORY) Essential lighting and life-sustaining functions are maintained inside the facility and with the community in an emergency.</p> <p>4-ALDF-1C-13 Preventive maintenance is guided by a plan that provides emergency repairs or replacement in life-threatening situations.</p> <p>4-ALDF-1C-14 Safety and security equipment is repaired or replaced immediately by qualified personnel.</p> <p>4-ALDF-1C-15 Emergency equipment and systems are tested at least quarterly. Power generators are inspected weekly and load tested quarterly at a minimum, or in accordance with the manufacturer's recommendations and instruction manual.</p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>SERVICES AND PROGRAMS</p> <p>G.1 Classification, Review, and Housing</p> <p>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)</p>	<p>4-ALDF-2A-30 There is a formal classification process that starts at admission, for managing and separating inmates, and administering the facility based upon the agency mission, classification goals, and inmate custody and program needs. The process uses verifiable and documented data about inmates. The classification system is used to separate inmates into groups that reduce the probability of assault and disruptive behavior. At a minimum, the classification system evaluates the following: mental and emotional stability; escape history; history of assaultive behavior; medical status; age; need to keep separate.</p> <p>4-ALDF-2A-31 The inmate classification process ensures periodic review of inmate status, and revision of inmate status as needed in response to changes in inmate behavior or circumstances. There is a process for appeal of classification decisions.</p> <p>4-ALDF-2A-32 Inmate management and housing assignment are based on age, gender, legal status, custody, need, special problems and needs, and behavior. Male and female inmates are housed in separate rooms/cells.</p> <p>4-ALDF-2A-33 The facility supports inmate separation according to existing laws and regulation and/or according to the facility's classification plan. (Addition, new construction)</p> <p>4-ALDF-2A-34 Single occupancy cells/rooms are available when indicated for the following: maximum and close custody; inmates with severe medical disabilities; inmates suffering from serious mental illness; sexual predators; inmates likely to be exploited or victimized by others; inmates who have other special needs for single-occupancy housing. No less than 10 percent of the rated capacity of the facility is available for single occupancy.</p> <p>4-ALDF-2A-36 Inmates participating in work or educational release programs are separated from inmates in the general population.</p>

<p>G.2 Religious Practices</p> <p>The facility director ensures that detainees of all faiths have reasonable and equitable opportunities to participate in the practices of their faith. (K.17)</p>	<p>4-ALDF-5C-17 Inmates have the opportunity to participate of their religious faith that are deemed essential by the faith’s judicatory, limited only by documentation showing a threat to the safety of persons involved in such activity itself or disruption of order in the facility.</p> <p>4-ALDF-5C-18 The facility administrator designates a staff member, contractor, or volunteer to coordinate religious activities for inmates.</p> <p>4-ALDF-5C-19 There is a chaplain(s) with the minimum qualifications of clinical pastoral education or equivalent specialized training, and endorsement by the appropriate religious-certifying body. The chaplain assures equal status and protection for all religions.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>G.2 Religious Practices (continued)</p> <p>The facility director ensures that detainees of all faiths have reasonable and equitable opportunities to participate in the practices of their faith. (K.17)</p>	<p>4-ALDF-5C-20 Written policy, procedure, and practice provide that assigned chaplain(s) (whether they be classified employees, contract employees or volunteers), in consultation with and approval from facility administration, plans, directs, and supervises all aspects of the religious program, including approval and training of both lay and clergy volunteers from faiths represented in the inmate population.</p> <p>4-ALDF-5C-21 The chaplain and religious coordinator have physical access to all areas of the facility to minister to inmates and staff.</p> <p>4-ALDF-5C-22 When a religious leader of an inmate’s faith is not represented through the chaplaincy staff or volunteers, the religious coordinator and chaplain assist the inmate in contacting such a person. That person must have the appropriate credentials from the faith’s judicatory and may minister to the inmate under the supervision of the religious coordinator or chaplain.</p> <p>4-ALDF-5C-23 The facility provides space and equipment adequate for conducting and administering religious programs. The facility provides for the availability of non-inmate clerical staff for confidential materials.</p> <p>4-ALDF-5C-24 The chaplain(s) in cooperation with the facility administrator or designee develops and maintains communications with faith communities and approves donations of equipment or materials for use in religious programs.</p> <p>4-ALDF-7F-04 The facility provides for recruiting citizens and volunteers for facility involvement. The screening and selecting of volunteers allows for recruitment from all cultural and socioeconomic parts of the community.</p> <p>4-ALDF-7F-06 There is an official registration and identification system for volunteers.</p>

<p>G.3 Volunteer Work Assignments</p> <p>The facility director ensures that detainees are not required to work unless they volunteer to do so via a signed waiver form.</p>	<p>4-ALDF-5C-08 Pretrial and unsentenced inmates are not required to work except to do personal housekeeping and to clean their housing area. Inmates are allowed to volunteer for work assignments.</p>
<p>G.4 Work Assignments and Security</p> <p>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.</p>	<p>4-ALDF-2A-09 No inmate or group of inmates is given control, or allowed to exert authority, over other inmates.</p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>G.5 Exercise and Out-of-Cell Opportunities</p> <p>The facility director ensures that staff permits detainees a minimum of one hour of outdoor recreation five days a week, if weather permits.</p>	<p>4-ALDF-5C-01 Inmates have access to exercise opportunities and equipment, including at least one-hour daily of physical exercise outside the cell, and outdoors, when weather permits.</p> <p>4-ALDF-5C-02 Inmates have opportunities to participate in leisure-time activities outside their respective cell or room on a daily basis.</p> <p>4-ALDF-5C-03 Both outdoor and covered/enclosed exercise areas for general population inmates are provided in sufficient number to ensure that each inmate is offered at least one hour of access daily. Use of outdoor areas is preferred, but covered/enclosed areas must be available for use in inclement weather. Covered/enclosed areas can be designed for multiple use as long as the design and furnishings do not interfere with scheduled exercise activities. The minimum space requirements for exercise areas are as follow: outdoor exercise areas in facilities where 100 or more inmates utilize one recreation area—15 square feet per inmate for the maximum number of inmate expected to use the space at one time, but not less than 1,500 square feet of unencumbered space; outdoor exercise area in facilities where less than 100 inmates have unlimited access to an individual recreation area—15 square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 750 square feet of unencumbered space; covered/enclosed exercise areas in facilities where 100 or more inmates utilize one recreation area have 15 square feet per inmate for the maximum number of inmates expected to use the space at one time, with a minimum ceiling height of 18 feet, but not less than 1,000 square feet of unencumbered space; covered enclosed exercise areas in facilities where less than 100 inmates utilize one recreation area have 15 square feet per inmate for the maximum number of inmates expected to use the space at one time, with a minimum ceiling height of 18 feet, but not less than 500 square feet of unencumbered space.</p>

	<p>4-ALDF-5C-04 Segregation units have either outdoor uncovered or outdoor covered exercise areas. The minimum space requirements for outdoor exercise areas for segregation units are as follows: group yard modules—15 square feet per inmate expected to use the space at one time, but not less than 500 square feet of unencumbered space; individual yard modules 180 square feet of unencumbered space. In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire should be made available to the inmates who desire to take advantage of their authorized exercise time.</p>
<p>G.6 Legal Materials</p> <p>The director affords detainees reasonable and equitable access to legal materials and reasonable opportunities to prepare and copy legal materials.</p>	<p>4-ALDF-6A-03 Inmates have access to a law library if there is not adequate free legal assistance to assist them with criminal, civil, and administrative legal matter. Inmates have access to legal materials to facilitate the preparation of documents.</p> <p>4-ALDF-6A-09 Inmates access to health care, programs, services and activities is not precluded by inability to pay. There is a clear definition of indigence.</p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>G.7 Legal Representation</p> <p>The facility director ensures that detainees have a reasonable and equitable access to legal representation and the courts. (K.18)</p>	<p>4-ALDF-6A-01 The right of inmates to have access to courts is ensured.</p> <p>4-ALDF-6A-02 Inmate access to counsel is ensured. Inmates are assisted in making confidential contact with attorneys and their authorized representatives. Such contact includes, but is not limited to, telephone communications, uncensored correspondence, and visits.</p> <p>4-ALDF-6A-07 Foreign nationals have access to the diplomatic representative of the country of citizenship.</p>
<p>G.8 Telephone Access</p> <p>The facility director ensures that detainees have reasonable and equitable access to telephones.</p>	<p>4-ALDF-5B-12 Inmates have access to reasonably priced telephone services. Correctional agencies ensure that: contracts involving telephone services for inmates comply with all applicable state and federal regulations; contracts are based on rates and surcharges that are commensurate with those charged to the general public for like services. Any deviation from ordinary consumer rates reflects actual costs associated with the provision of services in a correctional setting; contracts for inmate telephone services provide the broadest range of calling options determined by the agency administrator to be consistent with the requirements of sound correctional management.</p> <p>4-ALDF-6A-04 Inmates are granted the right to communicate or correspond with persons or organizations, subject to the limitations necessary to maintain order and security. (also referenced at G.10)</p>
<p>G.9 Visitation Privileges</p> <p>The facility director ensures that</p>	<p>4-ALDF-5B-01 Sufficient space is provided for inmate visiting. There is adequately designed space to permit appropriate screening and searching of both inmates and visitors. Space is provided for the</p>

<p>detainees are allowed visitation with family and friends.</p>	<p>storage of visitor's coats, handbags, and other personal items not allowed into the visiting area.</p> <p>4-ALDF-5B-02 The number of visitors an inmate may receive and the length of visits are limited only by the facility's schedule, space, and personnel constraints or when there are substantial reasons to justify such limitations. Conditions under which visits may be denied are defined in writing.</p> <p>4-ALDF-5B-03 Special visits are provided.</p> <p>4-ALDF-5B-04 Visitors identify themselves and register on entry into the facility. The circumstances under which visitors are searched are described in writing.</p>
<p>G.10 Detainee Mail and Correspondence</p> <p>The facility director ensures detainees can send and receive mail and maintains the confidentiality of privileged correspondence. (K.19)</p>	<p>4-ALDF-5B-05 When the inmate bears the mailing cost, there is no limit on the volume of letter he/she can send or receive or on the length, language, content, or source of mail or publications, except when there is reasonable belief that limitation is necessary to protect public safety or maintain facility order security.</p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>G.10 Detainee Mail and Correspondence (continued)</p> <p>The facility director ensures detainees can send and receive mail and maintains the confidentiality of privileged correspondence. (K.19)</p>	<p>4-ALDF-5B-06 Indigent inmates receive a specified postage allowance to maintain community ties, and necessary postage for privileged correspondence.</p> <p>4-ALDF-5B-07 Inmates have access to publications.</p> <p>4-ALDF-5B-08 Inmate mail, both incoming and outgoing, may be opened to intercept cash, checks, and money order and inspected for contraband. Mail is read censored or rejected based on legitimate facility interests of order and security. Inmates are notified in writing when incoming or outgoing letters are withheld in part or in full.</p> <p>4-ALDF-5B-09 Inmates are permitted to send sealed letter to a specified class of persons and organizations, including but not limited to the following: courts; counsel; officials of the confining authority; state and local chief executive officers; administrators of grievance systems; and members of the paroling authority. Staff, in the presence of the inmate, may be allowed to inspect outgoing privileged mail for contraband before it is sealed. Mail to inmates from this specified class of persons and organizations may be opened only to inspect for contraband and only in the presence of the inmate, unless waived in writing, or in circumstances which may indicate contamination.</p> <p>4-ALDF-5B-10 Excluding weekends and holidays or emergency situations, incoming and outgoing letters are held for no more than 48 hours and packages (if allowed) are held no more than 72 hours.</p> <p>4-ALDF-6A-04 Inmates are granted the right to communicate or correspond with persons or organizations, subject to the limitations necessary to maintain order and security (also referenced at G.8).</p>

<p>WORKFORCE INTEGRITY</p> <p>H.1 Staff Background and Reference Checks</p> <p>The facility director ensures that all staff has initial background and reference checks before they are hired and that periodic criminal history checks are conducted once staff are employed.</p>	<p>4-ALDF-7B-03 A criminal record check is conducted on all new employees, contractors, and volunteers prior to their assuming duties to identify whether there are criminal convictions that have a specific relationship to job performance. This record will include comprehensive identifier information to be collected and run against law enforcement indices. If suspect information on matters with potential terrorism connections is returned on a desirable applicant, it is forwarded to the local Joint Terrorism Task Force (JTTF) or another similar agency.</p>
<p>H.2 Staff Training, Licensing, and Credentialing</p> <p>The facility director ensures that all staff is 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.</p>	<p>4-ALDF-4D-03 (MANDATORY) If the facility provides health care services, they are provided by qualified health care personnel whose duties and responsibilities are governed by job description that includes qualifications and specific duties and responsibilities. Job descriptions are on file in the facility and are approved by the health authority. If inmates are treated at the facility by health care personnel other than a licensed provider, the care is provided pursuant to written standing or direct orders by personnel authorized by law to give such orders.</p> <p style="text-align: right;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>H.2 Staff Training, Licensing, and Credentialing (continued)</p> <p>The facility director ensures that all staff is 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.</p>	<p>4-ALDF-4D-05 (MANDATORY) All professional staff complies with applicable state and federal licensure, certification, or registration requirements. Verification of current credentials and job descriptions are on file in the facility</p> <p>4-ALDF-7B-05 Each new employee is provided with an orientation prior to assuming duties. At a minimum, the orientation includes: working conditions; code of ethics; personnel policy manual; employee's rights and responsibilities; overview of the criminal justice system; tour of the facility; facility goals and objective; facility organization; staff rules and regulations; personnel policies; program overview.</p> <p>4-ALDF-7B-06 A qualified individual coordinates the staff development and training program. This person has specialized training for that position. Full-time training personnel complete at least a 40-hour training-for-trainers course. This training plan is reviewed annually.</p> <p>4-ALDF-7B-07 New clerical/support employees who have minimal inmate contact receive at least 16 hours of training during their first year of employment. All persons in this category are given an additional 16 hours of training each subsequent year of employment.</p> <p>4-ALDF-7B-08 All new professional and support employees, including contractors, who have regular or daily inmate contact, receive training during their first year of employment. Forty hours are completed prior to being independently assigned to a particular job. An additional 40 hours of training is provided each subsequent year of employment. At a minimum, this training covers the following areas: security procedures and regulations; supervision of inmates; signs of suicide risk; suicide precautions; use-of-force regulations and tactics; report writing; inmate rules and regulations; key control; rights and</p>

	<p>responsibilities of inmates; safety procedures; all emergency plans and procedures; interpersonal relations; social/cultural lifestyles of the inmate population; cultural diversity for understanding staff and inmates; communication skills; cardiopulmonary resuscitation (CPR)/first aid; counseling techniques; sexual harassment/sexual misconduct awareness; and code of ethics.</p> <p>4-ALDF-7B-09 All new full-time health care employees complete a formalized, 40 hour orientation program before undertaking their assignments. At a minimum, the orientation program includes instruction in the following: the purpose, goals, policies, and procedures for the facility and parent agency; security and contraband regulations; key control; appropriate conduct with inmates; responsibilities of employees; universal precautions; occupational exposure; personal protective equipment; bio-hazardous waste disposal; an overview of the correctional field.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>H.2 Staff Training, Licensing, and Credentialing (continued)</p> <p>The facility director ensures that all staff is 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.</p>	<p>4-ALDF-7B-10 Written policy, procedure, and practice provide that all new correctional officers receive 160 hours of training during their first year of employment. At a minimum, this training covers the following areas: security and safety procedures; emergency and fire procedures; supervision of offenders; suicide intervention/prevention; use of force; offender rights, key control; interpersonal relations; communication skills; standards of conduct; cultural awareness; sexual abuse/assault intervention; and code of ethics.</p> <p>4-ALDF-7B-10-1 Written policy, procedure, and practice provide that all correctional officers receive at least 40 hours of annual training. This training shall include at a minimum the following areas: standards of conduct / ethics; security / safety / fire / medical / emergency procedures; supervision of offenders including training on sexual abuse and assault; and use of force. Additional topics shall be included based upon a needs assessment of both staff and institution requirements.</p> <p>4-ALDF-7B-11 Facility management and supervisor staff receives at least 40 hours of management and supervision training during their first year and at least 24 hours of management training each year thereafter.</p> <p>4-ALDF-7B-12 Written policy, procedure, and practice provide that correctional officers assigned to an emergency unit have at least one year of corrections and 40 hours of specialized training before undertaking their assignments. Other staff must have at least one year of experience in their specialty within a correctional setting. The specialized training may be part of their first year training program. Officers and staff assigned to emergency units receive 40 hours of training annually, at least 16 of which are specifically related to the emergency unit assignment.</p>

	<p>4-ALDF-7B-13 All part-time staff and contract personnel receive formal orientation appropriate to their assignments and additional training, as needed.</p> <p>4-ALDF-7B-14 (MANDATORY) All personnel authorized to use firearms receive appropriate training before being assigned to a post involving the possible use of such weapons. Firearms training covers the use, safety, and care of firearms and constraints on their use. All personnel authorized to use firearms must demonstrate competency in their use at least annually.</p> <p>4-ALDF-7B-15 (MANDATORY) All personnel authorized to use chemical agents receive thorough training in their use and in the treatment of individuals exposed to a chemical agent.</p> <p>4-ALDF-7B-16 All security personnel are trained in self-defense and in the use of force to control inmates.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>H.2 Staff Training, Licensing, and Credentialing (continued)</p> <p>The facility director ensures that all staff is 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.</p>	<p>4-ALDF-7B-17 Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.</p> <p>4-ALDF-7D-17 Staff, contractors and volunteers who work with inmates are informed of the facility's policies on confidentiality of information and acknowledge in writing that they will comply with these policies.</p> <p>4-ALDF-7E-01 There is a personnel policy manual that is available to each employee and is explained at employee orientation. The manual is reviewed annually and revised, as needed. This manual includes, at a minimum: an affirmative action program; an equal employment opportunity program; a policy for selection, retention, and promotion of all personnel on the basis of merit and specified qualifications; a code of ethics; rules for probationary employment; a compensation and benefit plan; provision of the Americans with Disability Act (ADA); sexual harassment/sexual misconduct policy; grievance and appeal procedures; infection control plan; employee disciplinary procedures.</p> <p>4-ALDF-7E-02 The facility maintains a current, confidential personnel record on each employee. Information obtained as part of a required medical examination or inquiry regarding the medical condition or history of applicants and employees is collected and maintained on separate forms and in separate medical files and treated as a confidential medical record.</p> <p>4-ALDF-7F-05 Each volunteer completes an appropriate, documented orientation and/or training program prior to assignment. The lines of authority, responsibility, and accountability for volunteers are specified.</p>

	<p>4-ALDF-1B-06 Transportation of inmates outside the facility emphasizes safety and security. Procedures are provided to all persons involved with transport. Only qualified personnel implement transport.</p>
<p>H.3 Staff Misconduct</p> <p>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.</p>	<p>4-ALDF-7C-01 The facility and administration affirm support for a drug-free workplace for all employees. The policy is reviewed annually and includes at a minimum: prohibition of the use of illegal drugs; prohibition of possession of any illegal drug except in the performance of official duties; the procedures to be used to ensure compliance; the opportunities available for treatment and /or counseling for drug abuse; the penalties for violation of the policy.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>H.3 Staff Misconduct (continued)</p> <p>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.</p>	<p>4-ALDF-7C-02 The facility has a written code of ethics that it provides to all employees. At a minimum, the code: prohibits staff, contractors, and volunteers from using their official positions to secure privileges for themselves or others; prohibits staff, contractors, and volunteers from engaging in activities that constitute a conflict of interest; prohibits staff, contractors, and volunteers from accepting any gift or gratuity from or engaging in personal business transactions with an inmate or an inmate's immediate family; defines acceptable behavior in the areas of campaigning, lobbying, or political activities. All staff, contractors, and volunteers are held accountable for compliance with the code of ethics.</p> <p>4-ALDF-7C-03 New staff acknowledges in writing that they have reviewed facility work rules, ethics, regulations, conditions of employment, and related documents. A copy of the signed acknowledgement is placed in each staff member's personnel file.</p> <p>4-ALDF-7E-04 Employees on permanent status are terminated or demoted only for cause. An appeal process is available to terminated or demoted employees.</p>
<p>DETAINEE DISCRIMINATION</p> <p>I.1 Discrimination Prevention</p> <p>The facility director ensures that staff does not display favoritism or preferential treatment of one detainee or group of detainees.</p>	<p>4-ALDF-6B-02 There is no discrimination regarding administrative decisions or program access based on an inmate's race, religion, national origin, gender, sexual orientation, or disability.</p> <p>4-ALDF-6B-03 When both males and females are housed in the same facility, all available services and programs are comparable. Neither gender is denied opportunities on the basis of its smaller number in the population.</p>

ACA STANDARDS NOT REFERENCED IN THE FPBDS

Crowding	4-ALDF-1A-05
Physical Plant	4-ALDF-1A-06
Single-Occupancy Cells	4-ALDF-1A-09
Multiple-Occupancy Cells/Room	4-ALDF-1A-10
Cells-Room Furnishings	4-ALDF-1A-11
Day Room	4-ALDF-1A-12; 4-ALDF-1A-13
Environmental Conditions	4-ALDF-1A-16; 4-ALDF-1A-17; 4-ALDF-1A-20
Physical Plant	4-ALDF-1A-23
Vehicles	4-ALDF-1B-01; 4-ALDF-1B-02; 4-ALDF-1B-03; 4-ALDF-1B-04; 4-ALDF-1B-05
Control	4-ALDF-2A-01; 4-ALDF-2A-02; 4-ALDF-2A-03; 4-ALDF-2A-07; 4-ALDF-2A-08; 4-ALDF-2A-10
Staffing	4-ALDF-2A-14; 4-ALDF-15
Facility Design	4-ALDF-2A-18
Youthful Offenders	4-ALDF-2A-37; 4-ALDF-2A-38; 4-ALDF-2A-39; 4-ALDF-2A-40; 4-ALDF-2A-41; 4-ALDF-2A-42; 4-ALDF-2A-43
Canine Units	4-ALDF-2C-02
Management of Chemical Dependency	4-ALDF-4C-37
Students and/or Interns	4-ALDF-4D-10
Inmate Assistants	4-ALDF-4D-11
x Notification	4-ALDF-4D-12
Peer Review	4-ALDF-4D-25
Programs and Services	4-ALDF-5A-01; 4-ALDF-5A-02
Counseling	4-ALDF-5A-03
Substance Abuse Programs	4-ALDF-5A-04; 4-ALDF-5A-05; 4-ALDF-5A-06; 4-ALDF-5A-07; 4-ALDF-5A-08
Academic and Vocational Education	4-ALDF-5A-09; 4-ALDF-5A-10

ACA STANDARDS NOT REFERENCED IN THE FPBDS (CONTINUED)

Library Services	4-ALDF-5C-05
Work and Correctional Industries	4-ALDF-5C-06; 4-ALDF-5C-07; 4-ALDF-5C-09; 4-ALDF-5C-10; 4-ALDF-5C-11; 4-ALDF-5C-12; 4-ALDF-5C-13; 4-ALDF-5C-14; 4-ALDF-5C-15; 4-ALDF-5C-16
Commissary/Canteen	4-ALDF-5C-25; 4-ALDF-5C-26
Communications	4-ALDF-6A-05
Inmate Responsibility	4-ALDF-6D-01
Mission	4-ALDF-7D-03
Organization	4-ALDF-7D-04; 4-ALDF-7D-05
Financial Practices	4-ALDF-7D-10; 4-ALDF-7D-11; 4-ALDF-7D-12; 4-ALDF-7D-13; 4-ALDF-7D-14; 4-ALDF-7D-15
Inmate Funds	4-ALDF-7D-16
Facility and Equipment	4-ALDF-7D-23; 4-ALDF-7D-24
Quarterly Meetings (health care)	4-ALDF-7D-25
Community Relations	4-ALDF-7F-01; 4-ALDF-7D-02; 4-ALDF-7F-03