

State of Hawaii
Hawaii Correctional System Oversight Commission
Date of Report: September 2nd, 2022

Commission Chair
Mark Patterson

Commission Members
Hon. Ronald Ibarra (ret.) Martha Torney
Hon. Michael Town (ret.) Theodore Sakai

Oversight Coordinator
Christin M. Johnson

In July of 2022, the first Oversight Coordinator for the Hawaii Correctional System Oversight Commission was hired. Since that time, the Oversight Coordinator has been becoming familiar with each facility run by the Department of Public Safety by touring one of the eight facilities at least weekly. A Commission member, Theodore (Ted) Sakai, has accompanied the Coordinator on these initial tours for additional context and support. To date of this report, the Coordinator and Commissioner Sakai have toured:

- Oahu Community Correctional Center (OCCC)
- Halawa Correctional Facility (HCF)
- Waiawa Correctional Facility (WCF)
- Women’s Community Correctional Center (WCCC)
- Kulani Correctional Facility (KCF)
- Hawaii Community Correctional Center (HCCC)
- Maui Community Correctional Center (MCCC)

It has been the Coordinator’s plan and intention to share initial impressions of each facility tour within the Coordinator’s monthly report shared at the monthly Commission meeting. However, this report is being released outside of the Commission meeting due to serious and immediate concern involving the safety of those who work and live at Hawaii Community Correctional Center (HCCC).

Below are initial observations and impressions from the August 25th tour of HCCC. The impressions are shared by the Oversight Coordinator, Christin Johnson and by Commissioner Ted Sakai. Please note these are only *initial* impressions, and although serious, are not exhaustive. Additionally, the vast majority of impressions will highlight conditions in one particular unit (Punahele), but this does not mean conditions throughout the rest of the facility are acceptable.

Lastly, the Coordinator would like to highlight that the below issues are a system-failure. These issues were not caused by, and cannot be solved by, the Warden or staff at the facility alone. Additionally, many of the below issues took months or years for the conditions to reach their current state. It was the Coordinator’s impression that the Warden is doing the most he can for his staff and the people housed under his supervision. It is clear the Warden

tours the facility often and has respect from staff and people in custody alike. Although the Warden did specify that he has been working with the courts on solutions to the overcrowding, overcrowding and shortage of staff is not a solution he can solve on his own. Therefore, it is the hope of the Oversight Coordinator and the Hawaii Correctional System Oversight Commission that the heads of the Department of Public Safety take this report extremely seriously and take action immediately. It is understood that some of the following concerns will take an extended period of time to address, however, it is expected that the Department will form specific strategies and immediate plans to address the following issues.

In blue, the Oversight Coordinator has noted a selection of the Federal Performance Based Detention Standards. This highlights the importance of having a set plan to fix these issues immediately as these are not only local issues, but issues of potential federal concern. Attached to this report are the Federal Detention Standards from May 2022.

Hawaii Correctional System Oversight Commission
Hawaii Community Correctional Center (HCCC) Initial Tour
Oversight Coordinator, Christin Johnson
Commissioner Ted Sakai
Thursday, August 25th 2022
Approximately 3pm-5pm

Overcrowding

On August 25th, three buildings at HCCC (Punahale, Komohana and Waianuenue) had a head count of 259 while the facility has a design capacity of 152. This puts the facility at a 170% occupancy rate. Nearly every cell, each originally designed for one person, had three or four individuals housed. The back area of Punahale had approximately 15 men housed with mattresses on the floor.

According to Commissioner Sakai, the official capacity of Punahale is 22. This is because the cells are smaller than standard, at about 60 square feet per cell. With six cells out of commission, the capacity is 16. On August 25th, **83** people in custody were housed in the building. The count in Komohana was **92**. Komohana consists of 32 cells, designed to hold two people each. Its operational capacity is 64. Waianuenue consists of two sections, each with five open bays, intended to house four inmates each. Its operational capacity is 40. It held **78** inmates, almost double its capacity.

Severe Safety and Security Concerns

During the tour, the Oversight Coordinator looked into approximately four cells that were being used to house the women in the facility. These cells appeared to be in a hallway of the facility, potentially used as intake or short-term housing. One cell in particular was a dry-cell, meaning it had no toilet or access to water. This cell had at least five women housed inside with mattresses on the floor. The Oversight Coordinator asked the women how long they had been in that cell – one woman said a month and the others had said two

weeks. Dry cells are meant to be used for a few hours while proper placement is found. Dry cells are designed for temporary holding, never to be used as housing.

Another cell had one woman in it who appeared to be on suicide watch, or safety watch. There was no bed or mattress in the dry cell. The last two cells could not be viewed due to the glass being blocked by either a dried liquid or paper from the inside of the cell. It was unclear how long the glass had been blocked. Since the area was a hallway and not been setup as a housing area, it was also difficult to tell how much supervision the women had, or who was designated to allow the five women in the dry-cell opportunities to use the restroom.

From the hallway, the tour moved into a housing unit called Punahale. This space was a large open area (multipurpose room 1) with an officer desk, some tables and chairs, and a TV. In the back was a large glass room (multipurpose room 2), which appeared to be a dayroom or program room at one point in time. To the right and left were doors that led to cells. In the multipurpose room 2, there were approximately 15 men who had mattresses on the floor. This appeared to be their housing unit even though they had no access to running water or toilets. This is comparable to a dry-cell.

Through each of the doors, there were four or more cells. One unit of cells (G-Unit) did not have any bunkbeds or bedframes at all – only mattresses on the floor. Another unit of cells, which had 10 cells in an L-shape were in horrendous condition. It was impossible to have a clear view inside the cells as nearly every glass panel was shattered and badly damaged. Additionally, many (if not all) of the doors had padlocks on them.

Padlocks on cell doors add significant delay in reaching people in custody if there is an emergency (assault, fight, medical emergency, fire, etc.). A combination of staffing shortages, lack of visibility, and padlocks on the cell doors is of grave concern for how often individuals are being checked on and monitored. Additionally, it is unreasonable to expect one floor officer to conduct 40-minute (or random) tours and to do their due diligence of physically seeing every person in custody when visibility is near impossible, and padlocks are being used to secure the doors. Lastly, it is not possible for the officer to see or hear what is happening in any of the cells from the officer desk, or in the large open area in general. This also creates an extremely unsafe condition for staff who are forced to open the doors in order to check on individuals who undoubtedly are experiencing high-tensions due to the inhumane living conditions they are faced with.

Lack of Programs and Basic Services

The Oversight Coordinator spoke to the men in the Multipurpose Room 2 of Punahale who confirmed they had been living there for a long period of time. Additionally, they had concerns regarding visits, lack of basic services and hygiene products, and clothing. The Oversight Coordinator asked if they had used the grievance system, and they claimed they try to but never receive responses. Some of these concerns are detailed below:

- No in-person visits due to ongoing construction (*confirmed*)
- No outdoor recreation (*confirmed*)
- No soap or hygiene products (*did not witness any products out or near mattresses*)

- When laundry is sent out and returned, most items are still wet or soggy. (*witnessed clothing hanging on the wall*)
- Access to one uniform and no undergarments. Most uniforms were mismatched and torn. (*witnessed serious lack of uniforms*)
- Mail is taking over two weeks (*unconfirmed*)

Suicide/Safety Watch

During the tour, the Oversight Coordinator witnessed two individuals on suicide-watch (*assumption due to individuals wearing suicide smocks*) who were being held outside near the shipping container/covid pod (see below). It was unclear where they were being housed.

Commissioner Sakai noticed that two males in suicide watch were standing in the corridor next to the door to the dayroom. A female Adult Correction Officer (ACO) was with them throughout. Apparently, they were going to the bathroom in the corridor. Each went separately. When they were in the bathroom, the door was closed and there was no way they could be observed.

Note: During a second tour of HCCC on August 31, 2022, the Oversight Coordinator found two individuals on Safety Watch who were housed behind a door in Punahale, on the floor, in front of four cells in G Unit. This is of serious concern due to 1) lack of access to water and toilets, 2) lack of visibility from officer desk, 3) lack of privacy from 12+ people in custody within the cells, 4) no bedframe, 5) no area to store their property, and 6) a complete lack of humane treatment and decency as a whole towards individuals with potentially self-harming ideations and/or actions. This is of particular concern given the recent string of successful suicides within the Hawaii correction system.

Shipping Container/Covid-Housing

The Department of Public Safety used funding to acquire housing for those who are exposed to covid, or who have had a positive covid test. The housing is a shipping container that has four cells and, based on the cell size appeared to be made for two people in custody. However, each cell had a three-tiered bunk bed and a minimum of three to four people inside (where present, the fourth individual had a mattress on the floor). The cells had little circulation, no food slot, and a small window with low visibility for officers to see.

Note: During a second tour of HCCC on August 31, 2022, the Oversight Coordinator noticed two of the lights were not working in the first and fourth cell. Due to a lack of windows and lack of natural light, the cells were completely pitch black. An officer had expressed that they must use their flashlight to shine in the cells and see. These cells present a lack of space and sunlight in addition to concerns for officer safety since they must open the cell doors to give people their meals.

Recreation

The shipping container/covid-housing was placed where the recreation yard used to be. This yard was behind Punahale. During the tour, the Oversight Coordinator did not witness anyone throughout the facility outside for recreation. There was one small recreation yard that was near the back of the facility. It is unreasonable to believe that the facility has

enough staff to escort people in custody to and from the one recreation yard and allow everyone housed at HCCC the opportunity for one hour outside each day. Further, many of the people in custody cannot mix and cannot be escorted at the same time of others being escorted to law library, medical, and other services.

During the tour of Punahale, four or five men were in the large open space watching TV. They were cuffed at their feet and had belly chains. The men told the Oversight Coordinator and Commissioner Sakai that they were out of their cells for recreation. The Oversight Coordinator asked if they were given the option to go outside and the men responded no. Access to a dayroom does not suffice as recreation.

Visits

Staff confirmed that individuals housed in Punahale do not have access to any visits due to ongoing construction. It is unclear if others throughout the facility have access to in-person visits. Video visits do not suffice as a visiting option due to the cost alone. It is 25 cents per minute to have a video visit, which many people in custody and their families cannot afford.

Potential Federal Violations

Potential federal violations are presented in blue below and underlined for emphasis. The Oversight Coordinator chose to include these to highlight the necessity for immediate intervention of conditions at HCCC. This list is based on the *initial* impressions of the facility and are not exhaustive. This list corresponds to the Federal Performance Based Detention Standards Rev 11 May 2022. Although the detention standards are typically used to establish the performance level required by the Government to meet the detention contract requirements, the Coordinator finds it to be a reasonable tool for oversight standards. The Federal Performance Based Detention Standards have been shared with the Department of Public Safety and are attached to this report.

Quality Control

A.2.1 An internal quality control plan requires an annual review of the facility operations to ensure compliance with facility policies and procedures. Corrective measures are identified and completed.

Prisoner Hygiene

F.4.1 Prisoners have access to toilets and washbasins with temperature controlled hot and cold running water 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas.

Services and Programs

G.1.2 The classification process ensures prisoners are housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of staff, other prisoners, other prisoners, and the public. DOJ - Restrictive Housing Report

G.7.1 The facility has a prisoner visitation program to facilitate the maintaining of family and community ties. Sufficient space is provided for:

- G.7.2.a Prisoner visiting;
- G.7.2.b Screening and searching of prisoners and visitors; and
- G.7.2.c Storage of visitor's coats, handbags, and other personal items not allowed into the visiting area.

Security and Control

C.1.3 Correctional officer posts are located in the immediate prisoner living areas to permit officers to see, hear, and respond promptly to emergency situations.

C.1.4 Prisoners classified as medium or maximum security risks are personally observed by an officer at least every 40 minutes on an irregular schedule. Prisoners classified as minimum or low security risks are personally observed by an officer at least every 60 minutes on an irregular schedule.

C.1.11 A qualified person conducts at least weekly inspections of all security devices, identifying those needing repair or maintenance. Results of the weekly security inspections are reported in writing.

Safety and Sanitation

F.1.12 Use of padlocks and/or chains on cell doors and areas of assembly are prohibited.

F.2.1 The facility is kept clean and in good repair. A housekeeping and maintenance plan addresses all facility areas and provides for daily housekeeping and regular maintenance by assigning specific duties and responsibilities to staff and prisoners.

F.2.11 The number of prisoners does not exceed the facility's rated bed capacity.

F.2.11 Prisoner sleeping surfaces and mattresses are at a minimum 12 inches off the floor.

F.3.1 Facility clothing is properly fitted, climatically suitable, durable, and presentable.

F.3.2 Prisoners are issued clean well-maintained clothing items in a sufficient quantity of each item, or provided an opportunity to exchange or have laundered, each item on a weekly equivalent basis:

F.3.2.a Two outer garments (two shirts & pants, or two jumpsuits).

F.3.2.b Seven pairs of underwear (seven undershirts, seven drawers in accordance with gender needs).

F.3.2.c Seven pairs of socks.

F.3.3 Prisoners are issued one pair of facility footwear.

F.3.4 Prisoners are issued clean linens and towels in the following quantities and are provided the opportunity to exchange, or have laundered, these items each week:

F.3.4.a Two sheets.

F.3.4.b One pillowcase.

F.3.4.c One towel.

F.3.5 Prisoners are issued clean blankets in sufficient quantity to provide comfort under existing temperature controls.

F.3.5.a Prisoners blankets or dust covers are exchanged bi-weekly. Prisoners are issued one mattress, with cushion thickness of four inches.

F.4.4 A variety of articles for maintaining proper personal hygiene are available to all prisoners.

Discrimination Prevention

A.8.2 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.

Recreation

G.6.1 Prisoners have access to exercise opportunities and equipment, including at least one-hour daily of physical exercise outside the cell and outdoors, when weather permits. (Access to the housing unit's dayroom does not satisfy the standard's requirement.)

G.6.2 Prisoners have opportunities to participate in leisure-time activities outside their respective cell or living room on a daily basis. 4-ALDF-5C-02

Initial Steps Taken

On Monday August 29th, Commissioner Sakai shared initial observations and impressions with the Oversight Coordinator, the Correctional System Oversight Commission, and Director of Public Safety, Max Otani. The observations and impressions are attached to this report. On Tuesday, August 30th, Commissioner Sakai and Director Otani met in person to discuss the findings in detail. On Wednesday, August 31st the Oversight Coordinator conducted a second tour of HCCC with Tommy Johnson, Deputy Director for Corrections, Michael Hoffman, Institutions Division Administrator, and Warden Cramer Mahoe. After the tour, the four strategized on what steps could be take immediately and what plans could be initiated for future repairs and resolutions.

The following are the initial steps taken after the August 31st tour:

1. Tommy Johnson, Director for Corrections, immediately went to the courts on the Big Island and contacted Probation to ensure the following:

- a. All Sentenced Felony Probations, who have been returned to custody and have an incarceration sanction of more than 90 days, and providing they are not pending early release to a program and/or have new pending charges, will be temporarily transferred to HCF (Male) or WCCC (Female).
 - b. The list of Sentenced Felony Probationers shall be reviewed and verified by multiple parties (Probation and Corrections) to ensure the information in “a” above prior to any transfers taking place.
 - c. Once the list has been reviewed and finalized, the inmates will be on the scheduled flight a little later his month, or if there are enough, an additional flight(s) will be scheduled as needed to get the transfers done sooner than later.
2. Further plans are being developed for transferring sentenced misdemeanants to KCF, provided they are not pending new charges and have a yet to be determined period remaining prior to release.
3. The Department will work with other Wardens to request volunteer maintenance staff from other facilities to assist HCCC in immediate critical safety repairs, including, but not limited cell windows that are broken, cracked, etc., and other repairs as determined by Warden Mahoe and/or his facility maintenance supervisor. In order this to occur, HCCC agrees to ensure the following:
 - a. All work assignments, tools, and materials, etc., will be ready for the maintenance staff from other facilities upon their arrivals.
 - b. HCCC agrees to allow the maintenance staff from other facilities to utilize facility maintenance vehicles as needed.
 - c. HCCC agrees to pick up and drop off the maintenance staff at the airport and meal issues will be worked out with the staff.
4. Bunks removed from inmates’ cells that were flooding will be returned.
5. Lights in the portable isolation modular units will be repaired.
6. HCCC will make every effort to ensure inmates housed in the portable isolation modular units and other housing areas are let out for recreation in the area immediately behind the modular units or other suitable secure area providing adequate staffing are present, even if recreation time has run into 3rd shift from 2nd shift.
7. The Oversight Coordinator has shared federal standards with the Department of Public Safety to ensure all staff are aware the standards exist and must be adhered to.

8. The Department has agreed to a follow up plan with the Oversight Coordinator. This will encompass weekly updates, biweekly facility tours of HCCC from the Oversight Coordinator, and monthly updates from the Department of Public Safety to the Hawaii Correctional Oversight Commission during the monthly meetings.

Longer Term Oversight Plan

It is not the goal or intention of the Oversight Coordinator to set the Department of Public Safety up for failure. Therefore, there is no immediate plan to conduct a formal audit or survey of conditions within the facility. Instead, the Oversight Coordinator has shared the federal standards (NCJ 74323 1980 *Federal Standards for Prisons and Jails*) with the Department of Public Safety so that all staff are aware of what is to be expected in the future. Further, the Oversight Coordinator will continue to work with the Department of Public Safety on recommendations and policy changes to assist with all issues listed within this report. The Oversight Coordinator commits to:

- 1) Conducting biweekly tours of HCCC until the Hawaii Correctional System Oversight Commission and Oversight Coordinator agree tours can shift to a monthly schedule.
- 2) Publicly reporting on progress made within the facility. These monthly reports will focus on a few key areas:
 - a. Quality control of facility operations and ensuring the Department of Public Safety has a plan to actively fix all issues listed.
 - b. Hygiene
 - c. Services and Programs
 - d. Security and Control
 - e. Safety and Sanitation
 - f. Discrimination Prevention
 - g. Recreation
- 3) Adding an agenda item to the monthly Hawaii Correctional System Oversight Commission meetings so the Department of Public Safety has an opportunity to share progress that's been made.
- 4) Sharing this report and future reports with the Legislature to support funding to the Department of Public Safety for immediate facility and infrastructure improvements.
- 5) Requesting the Department of Public Safety initiates and releases a strategic plan for long-term fixes, particularly regarding overcrowding. The Oversight Coordinator can be a part of this plan if the Department finds the partnership conducive. The Oversight Coordinator expects this plan to include legislative action and working with other agencies (courts, prosecution, probation, etc.) who deeply affect the population the Department receives.

Initial Observations and Impressions

Based on Tour of the Hawaii Community Correctional Center on Thursday, August 25, 2022

Ted Sakai, Member, Hawaii Correctional System Oversight Commission

August 28, 2022

On Thursday, August 25, 2022, I accompanied Oversight Coordinator Christin Johnson on an orientation tour of the Kulani Correctional Facility (KCF) and the Hawaii Community Correctional Facility. We visited the KCF first, and left for HCCC at about 1:30 p.m. We met HCCC Warden Cramer Mahoe at Hale Nani. After a quick tour of Hale Nani, we went directly to the main HCCC facility, arriving at about 3:00. We visited every housing unit of the facility, and left for the airport at about 5:30 p.m. Warden Mahoe accompanied us throughout the tour.

The following focuses on the main HCCC Complex, which consists of three permanent buildings in which inmates are housed: Punahale, Komohana and Waianuenue. In addition, a temporary housing unit has been established in a container purchased with CARES Act funding, for COVID related housing. This container consists of four cells.

Observations:

- Every building at the main facility is egregiously overcrowded. In particular, crowding at Punahale is an unacceptable levels.
- Inmates are housed, perhaps for extended times, in units with no plumbing and no source of natural light.
- Many security locks on doors to cells in Punahale have failed. The facility is in the process of replacing the doors to these cells. Currently six cells are out of commission because of this project. Meanwhile, the cells with failed locks are secured by padlocks.
- The windows on virtually all the doors to the cells in the L-shaped corridor are badly damaged, impeding observation by staff into the cells. We were informed that each of the ten cells in this area house three or four inmates, although the cells should hold only one inmate. It is extremely difficult for staff to make effective security checks of these cells.
- About 15 inmates were housed in “the fishbowl”, a room originally designed for program purposes. There is no plumbing in this room.
- Five women inmates are housed in an observation room between the health care corridor and the control station. This room was designed for short-term observation of newly admitted inmates. There is no plumbing or natural light in this room. Not all of the five inmates were readily visible through the observation window.
- Several other rooms along the health care corridor also housed women inmates. These rooms have no plumbing and were designed for short-term holding of inmates newly admitted or being processed for release.
- The COVID container has been placed in the small outdoor recreation yard. At least one of the four cells held four inmates. My observation is that it should hold two inmates. An ACO was posted directly outside of the container.
-

Initial Observations and Impressions: HCCC
Ted Sakai, Member HCSOC
August 28, 2022.

- Because of the placement of the container, the only outside recreation area for the main facility has been decommissioned. As a result, Punahale inmates take “recreation” in the Punahale dayroom. This seriously limits access of out-of-cell time for inmates who are locked in their cells for most of their waking hours. For example, at one point in our tour, two inmates in leg irons were in the large dayroom, watching television. Because of their security status (max custody or segregation) there could be no other movement through the dayroom.
- I noticed that two male inmates in suicide watch were standing in the corridor next to the door to the dayroom. A female ACO was with them throughout. Apparently, they were going to the bathroom in the corridor. Each went separately. When they were in the bathroom, the door was closed and there was no way they could be observed.
- We later saw the same two inmates sitting in a narrow corridor next to the container. We are not certain where they were housed, even though they were on suicide watch. Inmates on suicide watch must be housed in suitable cells.
- The count in Komohana was 92. Komohana consists of 32 cells, designed to hold two inmates each. Its operational capacity is 64.
- Waianuenue consists of two sections, each with five open bays, intended to house four inmates each. Its operational capacity is 40. It held 78 inmates, almost double its capacity.

Impressions:

- The use of padlocks on cell doors is of serious concern, as the inmates in these cells cannot be readily evacuated in an emergency.
- The official capacity of Punahale is 22. This is because the cells are smaller than standard, at about 60 square feet per cell. With six cells out of commission, the capacity is 16. On August 25, 83 inmates were housed in the building.
- The inability for inmates to access the dayroom in Punahale is of serious concern, and it fosters high levels idleness among inmates who are cramped in severely overcrowded cells. Professional standards and the Commission’s official capacities assume that half the inmates assigned to a housing unit can access the dayroom at any given time during normal waking hours. We do not believe this is occurring.
- Professional Standards and the Commission’s official capacities require that inmates have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in sleeping areas. Most of the inmates housed in Punahale do not have such access.
- Professional standards and perhaps case law require that inmates have the opportunity for large motor exercise at least one hour per day. The facility is unable to provide this.

THE FEDERAL PERFORMANCE BASED DETENTION STANDARDS

The Federal Performance Based Detention Standards is based on the American Correctional Association Standards and is designed to establish the performance level required by the Government to meet the detention contract requirements. The Federal Performance Based Detention Standards is an aid for Subject Matter Experts designed to support the Government Contract Quality Assurance Program (Federal Acquisition Regulation Part 46).

TABLE OF CONTENTS
FEDERAL PERFORMANCE-BASED DETENTION STANDARDS
REVIEW BOOK

A	ADMINISTRATION AND MANAGEMENT	1
A.1	Policies and Procedures.....	1
A.2	Quality Control	1
A.3	Prisoner Records	1
A.4	Facility Admission and Orientation Program	2
A.5	Prisoner Property	3
A.6	Prisoner Transfers and Releases.....	4
A.7	Prisoners with Disabilities.....	4
A.8	Discrimination Prevention.....	5
A.9	Staffing	5
A.10	Staff Training.....	7
A.11	Emergency Plans	9
A.12	External Agency Notifications.....	10
B	HEALTH CARE	10
B.1	Health Care Administration	10
B.2	Intake Health Screening	12
B.3	Medical, Mental Health, and Dental Appraisals.....	14
B.4	Access to Health Care.....	15
B.5	Provision of Health Care	17
B.6	Incident Health Care	20
C	SECURITY AND CONTROL	24
C.1	Correctional Supervision	24
C.2	Prisoner Accountability.....	25
C.3	Control of Contraband.....	25
C.4	Use of Force/Non-Routine Application of Restraints	26
C.5	Weapons Control	28
C.6	Keys, Tools, and Medical Equipment Control.....	29
C.7	Post Orders	29
C.8	Prisoner Discipline	30

C.9	Prisoner Transportation.....	33
D	FOOD SERVICE	34
D.1	Food Service Administration	34
D.2	Food Service Employee/Worker Health	34
D.3	Food Storage and Preparation	35
D.4	Equipment, Utensils, and Linens.....	35
D.5	Prisoner Meals and Special Diets	37
E	RESTRICTIVE HOUSING.....	38
E.1	Prisoner Activity (Data, Records and Logs).....	38
E.2	Prisoner Transfer and Releases.....	39
E.3	Staffing.....	39
E.4	Administrative/Disciplinary	39
E.5	E.5 Restrictive Housing: Classification and Housing.....	43
F	SAFETY AND SANITATION	44
F.1	Fire Safety and Chemical Control	44
F.2	Sanitation and Environmental Control.....	46
F.3	Clothing and Bedding.....	47
F.4	Prisoner Hygiene.....	48
F.5	Emergency Power and Communication	48
G	SERVICES AND PROGRAMS	48
G.1	Classification and Housing	48
G.2	Access to the Courts and Legal Materials.....	49
G.3	Mail.....	50
G.4	Telephones	50
G.5	Religious Programs.....	51
G.6	Recreation.....	51
G.7	Visitation.....	51
G.8	Work Programs	52
G.9	Prisoner Request	53
G.10	Grievance Program	54
G.11	Prisoner Commissary	54
G.12	Detention Counselors.....	55

A ADMINISTRATION AND MANAGEMENT

A.1 Policies and Procedures

- A.1.1 The facility director ensures that written policies and procedures describe all facets of facility operation, maintenance, and administration. **4-ALDF-7D-06**
- A.1.2 Written policies and procedures are communicated to all employees unless security concerns justly limit access. **4-ALDF-7D-06**
- A.1.3 Prisoners can obtain copies of facility policies and procedures unless security concerns justly limit access. **4-ALDF-7D-06**
- A.1.4 Policies and procedures are reviewed and updated on an annual basis. **4-ALDF-7D-06**

A.2 Quality Control

- A.2.1 An internal quality control plan requires an annual review of the facility operations to ensure compliance with facility policies and procedures. Corrective measures are identified and completed. **4-ALDF-7D-09**
- A.2.2 At a minimum, the internal quality control plan addresses the following areas:
 - A.2.2.a Prisoner Health Care.
 - A.2.2.b Security and Control.
 - A.2.2.c Safety and Sanitation.
 - A.2.2.d Food Service.
 - A.2.2.e Prisoner Grievance Program.
 - A.2.2.f Staff Training/Professional Certifications.
- A.2.3 The grievance review process tracks and records the disposition of each grievance, identifies trends, and refers grievances alleging staff misconduct to the facility administrator.
- A.2.4 The facility maintains documentation of its internal and corporate quality control inspections, findings, and corrective action responses; and all previous government quality control review(s) and the corrective action measures.
- A.2.5 The facility administrator or assistant facility administrator, and designated department heads visit the facility's living and activity areas at least weekly to encourage information contact with staff and prisoners and to encourage informal contact with staff and prisoners and to informally observe living and working conditions. **4-ALDF-2A-06**

A.3 Prisoner Records

- A.3.1 The facility maintains custody records on all prisoners committed or assigned to the facility. Each prisoner custody record will include the following:
 - A.3.1.a Intake/booking information.
 - A.3.1.b Cash and property receipts.
 - A.3.1.c Reports of disciplinary actions, grievances, incidents, or crimes(s) committed while in custody.
 - A.3.1.d Frequency and cumulative length of restrictive housing placements.
DOJ-Restrictive Housing Report
 - A.3.1.e Records of program participation.
 - A.3.1.f Work assignments.
 - A.3.1.g Classification records.
- A.3.2 The contents of prisoner records are identified and separated according to a format approved by the facility director. **4-ALDF 7D-20**
- A.3.3 Prisoner files are located in a secured area and maintained in an appropriately confidential manner.
- A.3.4 Prisoner files remain active during the prisoner's stay at a facility and are closed and archived upon the prisoner's transfer, release, or removal.

A.4 Facility Admission and Orientation Program

- A.4.1 The admission process for newly admitted prisoners includes but is not limited to: **(4-ALDF 2A-21)**
 - A.4.1.a Recording basic personal data and information to be used for mail and visiting lists.
 - A.4.1.b Photographing and fingerprinting.
 - A.4.1.c Medical, dental, and mental health screenings.
 - A.4.1.d Screening to detect signs of drug/alcohol abuse
 - A.4.1.e Suicide screening.
 - A.4.1.f Searching of prisoners.
 - A.4.1.g Inventorying of prisoner property.
- A.4.2 Newly admitted prisoners are separated from the general population during the admission process. **4-ALDF-2A-22**
- A.4.3 Prior to placing a prisoner in general population, the prisoner is given the opportunity to shower and is issued clean laundered clothing. **4-ALDF-2A-26**
- A.4.4 Prior to being placed in the general population, each prisoner is provided with an orientation to the facility, which includes at a minimum:
4-ALDF-2A-27; 4-ALDF-4D-22
 - A.4.4.a Written materials describing facility rules and sanctions.

- A.4.4.b Explanation of mail and visiting procedures.
 - A.4.4.c Explanation of transportation options for visitors.
 - A.4.4.d Explanation of grievance procedures.
 - A.4.4.e Explanation of all fees, charges, or copayments that may apply.
 - A.4.4.f Description of services, programs, and eligibility requirements.
 - A.4.4.g Information on how to access health care.
 - A.4.4.h This information is contained in a written handbook that is given to each prisoner.
 - A.4.4.i The handbook is translated into those languages spoken by significant numbers of prisoners.
 - A.4.4.j Sexual Assault Prevention/Intervention.
 - A.4.4.k Sexual Assault Self-Protection.
 - A.4.4.l Reporting sexual abuse/assault.
 - A.4.4.m Sexual Assault Treatment and Counseling.
- A.4.5 Prisoners 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. **4-ALDF-4D-22-1**
- A.4.6 Prisoners verify, by signature, the receipt of their initial orientation and of the prisoner handbook and written orientation materials. Signed acknowledgement of the handbook is maintained in the prisoner's file. **4-ALDF-2A-28**
- A.4.7 The facility ensures for prisoners who do not speak English, or with limited English proficiency (LEP), interpretive or translation services are provided; and materials are translated via media which provides audio and/or visual output in the native language of the LEP prisoner. **4-ALDF-2A-28**

A.5 Prisoner Property

- A.5.1 An itemized inventory of all personal property of newly admitted prisoners is conducted during intake. An inventory receipt is provided to the prisoner listing all property being held until release. **4-ALDF-2A-23**
- A.5.2 Space is provided for storing personal property of prisoner's safely and securely. This includes prisoners relocated to the Restrictive Housing Unit. **4-ALDF 2A-24**
 - A.5.2.a When a prisoner is relocated to the RHU, within 30 minutes, the prisoner's property must be jointly inventoried by the prisoner and a staff member. Any exception is recorded in the prisoner file with written justification and approval of the facility administrator or designee.

- A.5.2.b Upon completion of the joint inventory, a copy of the joint property inventory sheet is provided to the prisoner indicating the name of the officer(s) who performed the joint inventory. The officer(s)' printed and signed name are included on the inventory form. Verified missing items must be retrieved or replaced.
 - A.5.2.c All legal documentation must accompany the prisoner to the RHU. The prisoner must sign for receipt of all legal documentation and or e-Discovery. The officer(s)' printed and signed name are included on the inventory form verifying legal materials were given to the prisoner.
 - A.5.2.d All prisoner property must be stored in tamper proof containers or property bags which can be sealed, resealed if opened and provide access controls. The storage container must protect stored property from being damaged.
 - A.5.2.e Prisoner property which is lost, stolen, or destroyed due to staff negligence is replaced at the expense of the contractor.
- A.5.3 A system for the tracking and maintenance of prisoner personal property and funds on deposit with the facility exists and is in use.

A.6 Prisoner Transfers and Releases

- A.6.1 Prisoners are only released or transferred with proper orders and notification from the agency of jurisdiction.
- A.6.2 Prior to releasing or transferring a prisoner, the facility verifies relevant paperwork/orders, as well as the identity of the prisoner being released.
- A.6.3 Absent a compelling reason, prisoners are not released directly from restrictive housing to the community. **DOJ-Restrictive Housing Report**
- A.6.4 All prisoners released or transferred from the facility are provided a 7-day supply of prescribed medication. Issuance is verified and documented by a medical and or/intake release supervisor prior to the prisoner's release.
- A.6.5 Time, place, and manner of release from a facility is consistent with safety considerations and takes into account the prisoner's initial place of confinement, home of record, and special vulnerabilities.
- A.6.6 Facilities which are not within one mile from public transportation should transport prisoners to local bus/train/subway stations prior to the time the last bus/train leaves such stations for the day.
- A.6.7 In situations where a prisoner being released has no personal clothing stored in their personal property, the prisoner is provided non-institutionalized, weather-appropriate clothing purchased via the prisoner welfare fund.

A.7 Prisoners with Disabilities

- A.7.1 Prisoners with disabilities, including temporary disabilities, are housed in a manner that provides for their safety and security. **4-ALDF-6B-04**
- A.7.2 Housing used by prisoners with disabilities, including temporary disabilities, is designed for their use and provides for integration with other prisoners. **4-ALDF-6B-04**
- A.7.3 Program and service areas are accessible to prisoners with disabilities housed at the facility. **4-ALDF-6B-04**
- A.7.4 Appropriately trained individuals are assigned to assist disabled prisoners who cannot otherwise perform basic life functions. **4-ALDF-6B-06**
- A.7.5 Prisoners with disabilities are provided with the education, equipment, facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment. **4-ALDF-6B-07**
- A.7.6 Reasonable accommodation is made to ensure that all parts of the facility that are accessible to the public are accessible and usable by visitors with disabilities. **4-ALDF-7E-05**

A.8 Discrimination Prevention

- A.8.1 There is no discrimination regarding administrative decisions or program access based on a prisoner's race, religion, national origin, gender, sexual orientation, or disability. **4-ALDF-6B-02**
- A.8.2 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.

A.9 Staffing

- A.9.1 A comprehensive staffing analysis is conducted annually. Essential posts and positions, as identified in the staffing plan, are consistently filled with qualified personnel. **4-ALDF 2A-14**
- A.9.2 Prior to entering on duty and /or start of in-service training, a background investigation is conducted, and conditional clearance granted on all new employees, contractors, and volunteers.
- A.9.3 Background investigations include:
 - A.9.3.a Criminal history.
 - A.9.3.b Employment References.
 - A.9.3.c Credit history.
 - A.9.3.d Verification of US citizenship.
 - A.9.3.e Pre-employment interview.
 - A.9.3.f Drug screening.

- A.9.4 A pre-employment physical examination is conducted for all potential Security personnel. **4-ALDF-7B-04**
- A.9.5 Within one year of each on-site employee's enter on duty date, the facility administrator, or designee, reviews, identifies, and resolves all derogatory information obtained during the background investigation.
- A.9.6 The facility conducts re-investigations of employees, contractors, and volunteers.
- A.9.7 Staff working in dual population contracts (State and Federal) meet the federal contract staffing criteria to work with federal prisoners.
- A.9.8 The facility has a written code of ethics that it provides to all employees. At a minimum the code: **(4-ALDF-7C-02; 4-ALDF-7C-01)**
 - A.9.8.a Prohibits staff, contractors, and volunteers from accepting any gift or gratuity from, or engaging in personal relations or business transactions with a prisoner or a prisoner's immediate family.
 - A.9.8.b Requires employees to immediately report arrests or other integrity violations relating to themselves or to fellow-employees.
 - A.9.8.c Prohibits the use/possession of illegal drugs.
- A.9.9 Sexual contact between staff and prisoners, or contract personnel and prisoners, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. **4-ALDF-4D-22-5**
- A.9.10 Staff acknowledges in writing 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. **4-ALDF-7C-03**
- A.9.11 The facility provides a confidential means for reporting staff misconduct by other staff and/or prisoners.
- A.9.12 An investigation is conducted and documented whenever a sexual assault or threat is reported. **4-ALDF-4D-22-2**
- A.9.13 Staff misconduct allegations are investigated and/or reported to appropriate law enforcement entities. Staff placed under investigation for allegations of staff misconduct will not have contact with federal prisoners until completion of the investigation and resolution.
 - A.9.13.a If the appropriate law enforcement agency declines to investigate the allegation, at a minimum the allegation shall be investigated at the vendor's corporate Office of Professional Responsibility or Internal Affairs level.
 - A.9.13.b Prisoners are protected from any form of retaliation resulting from allegations of staff misconduct.
- A.9.14 The agency of jurisdiction is notified within 24 hours of all employee sexual misconduct allegations made by prisoners.

A.10 Staff Training

A.10.1 Each new employee is provided with an orientation prior to assuming duties. At a minimum, the orientation includes **(4-ALDF-7B-05)**:

- A.10.1.a Working conditions.
- A.10.1.b Code of ethics.
- A.10.1.c Personnel policy manual.
- A.10.1.d Employees' rights and responsibilities.
- A.10.1.e Overview of the criminal justice system
- A.10.1.f Tour of the facility.
- A.10.1.g Facility goals and objectives.
- A.10.1.h Facility organization.
- A.10.1.i Staff rules and regulations.
- A.10.1.j Personnel policies.
- A.10.1.k Program overview.

A.10.2 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. The training plan is reviewed annually. **4-ALDF-7B-06**

A.10.3 All new professional and support employees, including contractors, who have regular or daily prisoner 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:

- A.10.3.a Security procedures and regulations.
- A.10.3.b Supervision of prisoners.
- A.10.3.c Signs of suicide risk.
- A.10.3.d Suicide precautions.
- A.10.3.e Use-of-force regulations and tactics.
- A.10.3.f Report writing.
- A.10.3.g Prisoner rules and regulations.
- A.10.3.h Key control.
- A.10.3.i Rights and responsibilities of prisoners.
- A.10.3.j Safety procedures.
- A.10.3.k Interpersonal relations.

- A.10.3.l Social/cultural lifestyles of the prisoner population.
- A.10.3.m Cultural diversity.
- A.10.3.n Communication skills.
- A.10.3.o Cardiopulmonary resuscitation (CPR)/first aid.
- A.10.3.p Counseling techniques.
- A.10.3.q Sexual harassment/sexual misconduct awareness.
- A.10.3.r Code of ethics.
- A.10.4 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: **(4-ALDF-7B-09)**
 - A.10.4.a The purpose, goals, policies, and procedures for the facility and parent agency.
 - A.10.4.b Security and contraband regulations.
 - A.10.4.c Key control.
 - A.10.4.d Appropriate conduct with prisoners.
 - A.10.4.e Responsibilities and rights of employees.
 - A.10.4.f Universal precautions.
 - A.10.4.g Occupational exposure.
 - A.10.4.h Personal protective equipment.
 - A.10.4.i Bio-hazardous waste disposal.
 - A.10.4.j An overview of the correctional field.
- A.10.5 All new correctional officers receive 160 hours of training during their first year of employment. At least 40 of these hours are completed prior to being independently assigned to any post. At a minimum, this training covers the following areas: **(4-ALDF-7B-10)**
 - A.10.5.a Security and safety procedures.
 - A.10.5.b Emergency and fire procedures.
 - A.10.5.c Supervision of offenders.
 - A.10.5.d Suicide intervention/prevention.
 - A.10.5.e Use-of-force.
 - A.10.5.f Offender rights.
 - A.10.5.g Key control.
 - A.10.5.h Interpersonal relations.
 - A.10.5.i Communications skills.

- A.10.5.j Standards of conduct.
- A.10.5.k Cultural awareness.
- A.10.5.l Sexual abuse/assault intervention.
- A.10.5.m Cultural diversity for prisoners and staff.
- A.10.5.n Code of ethics.
- A.10.5.o Correctional implications of young adult (age 18-24) brain development and associated de-escalation tactics.

DOJ- Restrictive Housing Report

- A.10.6 Written policy, procedure, and practice provide that all correctional officers receive at least 40 hours of annual training. This training includes at a minimum the following areas: **(4-ALDF-7B-10-1)**
 - A.10.6.a Standards of conduct/ethics.
 - A.10.6.b Security/safety/fire/medical/emergency procedures.
 - A.10.6.c Supervision of offenders including training on sexual abuse and assault.
 - A.10.6.d Use of force.
- A.10.7 Facility management and supervisory staff receive at least 40 hours of management and supervision training during their first year and at least 24 hours of management training each year thereafter. **4-ALDF-7B-11**
- A.10.8 All personnel authorized to use firearms receive appropriate training before being assigned to a post involving the possible use of such weapons. **4-ALDF-7B-14**
- A.10.9 Firearms' training covers the use, safety, and care of firearms and constraints on their use. **4-ALDF-7B-14**
- A.10.10 All personnel authorized to use firearms must demonstrate competency in their use at least annually. **4-ALDF-7B-14**
- A.10.11 All personnel authorized to use chemical agents receive thorough training in their use and in the treatment of individuals exposed to a chemical agent. **4-ALDF-7B-15**
- A.10.12 All security personnel are trained in self-defense and in the use of force to control prisoners. **4-ALDF-7B-16**

A.11 Emergency Plans

- A.11.1 There is a plan that specifies the procedures to be followed in situations that threaten facility security. Such situations include but are not limited to:
 - A.11.1.a Riots.
 - A.11.1.b Hunger strikes.
 - A.11.1.c Disturbances.

- A.11.1.d Escapes.
- A.11.1.e Hostage situations.
- A.11.2 The facility has written agreements securing the provision of emergency assistance and mutual aid agreements to include transportation and housing, as identified by the emergency plans. These agreements are reviewed annually and updated as needed.
- A.11.3 A plan provides for continuing operations in the event of a staff work stoppage or other adverse job action. Copies of this plan are available to appropriate supervisory personnel. **4-ALDF-1C-06**

A.12 External Agency Notifications

- A.12.1 The facility director ensures the immediate notification to the agency of jurisdiction of serious incidents including, but not limited to:
 - A.12.1.a Deaths.
 - A.12.1.b Suicide attempts.
 - A.12.1.c Hunger Strikes.
 - A.12.1.d Emergency medical trips.
 - A.12.1.e Escapes.
 - A.12.1.f Use of Force.
 - A.12.1.g Full or partial facility lock-down.
 - A.12.1.h Incidents impacting facility operations (Riots, Disturbances, Food Strikes, Fires, Natural Disasters).
 - A.12.1.i Assaults on staff or prisoners requiring medical attention.
 - A.12.1.j Prisoner transportation incidents.
 - A.12.1.k Incidents attracting unusual interest or publicity.

B HEALTH CARE

B.1 Health Care Administration

- B.1.1 The facility has a designated health authority with responsibility for health care services.
- B.1.2 The responsibilities of the health authority include: **4-ALDF 4D-01**
 - B.1.2.a Developing mechanisms, including written agreements, when necessary to assure that the scope of services is provided and properly monitored.
 - B.1.2.b Developing a facility's operational health policies and procedures.

- B.1.2.c Identifying the type of health care providers needed to provide the determined scope of services.
- B.1.2.d Establishing systems for the coordination of care among multidisciplinary health care providers.
- B.1.2.e Developing a quality management program.
- B.1.3 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. **4-ALDF 4D-01**
- B.1.4 Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians. **4-ALDF 4D-02**
- B.1.5 Health care services are provided by qualified health care personnel whose duties and responsibilities are governed by job descriptions that include qualifications and specific duties and responsibilities. **4-ALDF 4D-03**
- B.1.6 When prisoners are treated at the facility by health care personnel other than a licensed provider, the care is provided pursuant to written standing orders or direct orders by personnel authorized by law to give such orders. **4-ALDF 4D-03**
- B.1.7 All professional staff comply with applicable state and federal licensure, certifications, or registration requirements. Verification of current credentials are on file in the facility. **4-ALDF 4D-05**
- B.1.8 The health authority shares with the superintendent or the warden information regarding a prisoner's medical management. **4-ALDF 4D-13**
- B.1.9 The circumstances are specified when correctional staff are advised of a prisoner's health status. Only that information necessary to preserve the health and safety of a prisoner, other prisoners, volunteers, visitors, or the correctional staff is provided. Information provided to correctional, classification staff, volunteers, and visitors addresses only the medical need of the prisoner as it relates to housing, program placement, security, and transport. **4-ALDF 4D-13**
- B.1.10 Informed consent standards of the jurisdiction are observed and documented for prisoner care in a language understood by the prisoner. In case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. **4-ALDF 4D-15**
- B.1.11 When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any prisoner may refuse, in writing, medical, dental, and mental care. If the prisoner declines to sign the refusal form, it must be signed by at 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, and evaluation is done, especially if the refusal is for critical or acute care. **4-ALDF 4D-15**

- B.1.12 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 kits and written protocols for use by non-medical staff. **4-ALDF 4D-09**
- B.1.13 An automatic defibrillator is available for use at the facility. **4-ALDF 4D-09**
- B.1.14 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: **4-ALDF 4D-08**
- B.1.14.a Recognition of signs and symptoms and knowledge of action that is required in potential emergency situations.
 - B.1.14.b Administration of basic first aid.
 - B.1.14.c Certification in CPR.
 - B.1.14.d Methods of obtaining assistance.
 - B.1.14.e Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal.
 - B.1.14.f Procedures for patient transfers to appropriate medical facilities or health care providers.
 - B.1.14.g Suicide intervention.
- B.1.15 Individual health emergency (man-down) drills are conducted once a year on each shift where health staff are assigned, and each drill is evaluated. **NCCHC J-A-07**
- B.1.16 The method of recording entries in the health record and the format of the health record are approved by the responsible health authority and in a manner that ensures the health record file is complete and maintained in a uniform manner. At a minimum, the records should include diagnosis, orders, prognosis, follow-up and closure/resolution. **NCCHC J-H-01; 4-ALDF 4D-26**
- B.1.17 The confidentiality of a patient's written or electronic health record as well as orally conveyed health information is maintained. **NCCHC J-H-02**
- B.1.18 Active and inactive health record files are retained or transferred as permanent records in compliance with the legal requirements of the jurisdiction. **4-ALDF 4D-28**
- B.2 Intake Health Screening**
- B.2.1 All prisoners receive a medical and mental health screening upon admission to the facility. Screening will afford privacy and security for prisoner and staff. **4-ALDF 4C-22**

- B.2.2 Medical screenings are conducted by health trained or qualified health care personnel. **4-ALDF 4C-22**
- B.2.3 Medical screenings document the following:
 - B.2.3.a Inquiry into:
 - B.2.3.a.1 History of chronic illnesses, serious infections, or communicable diseases.
 - B.2.3.a.2 Current illness or health problems.
 - B.2.3.a.3 Dental problems.
 - B.2.3.a.4 Drug and alcohol use.
 - B.2.3.a.5 Pregnancy.
 - B.2.3.a.6 Other health problems designated by the responsible physician.
 - B.2.3.b Observation of the following: (**4-ALDF 4C-22; NCCHC J-E-02**)
 - B.2.3.b.1 Behavior including state of consciousness, mental status, appearance, conduct, tremor, and sweating.
 - B.2.3.b.2 Body deformities and other physical abnormalities.
 - B.2.3.b.3 Ease of movement.
 - B.2.3.b.4 Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse.
- B.2.4 A tuberculin skin test or radiograph is performed within 72 hours of arrival.
- B.2.5 Medical screenings result in one the following dispositions: cleared for general population; cleared for general population with prompt referral to appropriate health care service; or referral to appropriate health care service for emergency treatment. **4-ALDF 4C-22**
- B.2.6 Mental health screenings are conducted by mental-health trained or qualified mental-health personnel. **4-ALDF 4C-29**
- B.2.7 Mental health screenings document the following:
 - B.2.7.a Inquiry into whether the prisoner:
 - B.2.7.a.1 Has a present suicide ideation.
 - B.2.7.a.2 Has a history of suicidal behavior.
 - B.2.7.a.3 Is presently prescribed psychotropic medication.
 - B.2.7.a.4 Has current mental health complaint.
 - B.2.7.a.5 Is being treated for mental health problems.
 - B.2.7.a.6 Has a history of inpatient or outpatient psychiatric treatment.

- B.2.7.a.7 Has a history of treatment for substance abuse.
- B.2.7.a.8 Has a history of sexually aggressive behavior.
- B.2.7.a.9 Is at risk for sexual victimization.
- B.2.7.b Observation of the following: (**4-ALDF 4C-29; 4-ALDF 4D-22-4**)
 - B.2.7.b.1 General appearance and behavior.
 - B.2.7.b.2 Evidence of abuse and/or trauma.
 - B.2.7.b.3 Current symptoms of psychosis, depression, anxiety, and/or aggression.
- B.2.8 Mental health screenings result in one of the following dispositions: cleared for general population; cleared for general population with prompt referral to appropriate mental-health care service; or referral to appropriate mental-health care service for emergency treatment. **4-ALDF 4C-29**

B.3 Medical, Mental Health, and Dental Appraisals

- B.3.1 A comprehensive health appraisal for each prisoner is completed by a qualified health care professional 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. **4-ALDF 4C-24**
- B.3.2 Health appraisals include the following: (**4-ALDF 4C-24; NCCHC J-E-04**)
 - B.3.2.a A review of the intake screen.
 - B.3.2.b Collection of additional data to complete the medical, dental, mental health, and immunization histories.
 - B.3.2.c Recording of vital signs.
 - B.3.2.d Physical Examination, as indicated by the patient's gender, age, and risk factors.
 - B.3.2.e Review of the results of the medical examination, tests, and identification of problems.
 - B.3.2.f Immunizations, when appropriate.
 - B.3.2.g Initiation of therapy, when appropriate.
 - B.3.2.h Development and implementation of treatment plan, including recommendations concerning housing, job assignment, and program participation, when appropriate.
- B.3.3 Medical appraisal results are reviewed by a physician or other qualified health care personnel. **NCCHC J-E-04**

- B.3.4 Prisoners referred receive a comprehensive mental health appraisal by a qualified mental health person 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. **4-ALDF-4C-30**
- B.3.5 The comprehensive mental health appraisal includes:
 - B.3.5.a History of:
 - B.3.5.a.1 Psychiatric hospitalization and outpatient treatment.
 - B.3.5.a.2 Suicidal behavior.
 - B.3.5.a.3 Violent behavior.
 - B.3.5.a.4 Victimization.
 - B.3.5.a.5 Special education placement (Education/Needs Accommodation).
 - B.3.5.a.6 Cerebral trauma or seizures.
 - B.3.5.a.7 Sex offenses.
 - B.3.5.b Current status of:
 - B.3.5.b.1 Psychotropic medications.
 - B.3.5.b.2 Suicidal ideation.
 - B.3.5.b.3 Drug or alcohol use.
 - B.3.5.c Orientation to person, place, and time.
 - B.3.5.d Emotional response to incarceration.
 - B.3.5.e Screening for intellectual functioning. **ALDF 4C-30; NCCHC J-E-05**
 - B.3.5.f Postpartum prisoners should be screened for postpartum depression.
- B.3.6 An oral screening by a dentist or qualified health care professional trained by a dentist is performed within 14-days of admission. **4-ALDF 4C-20**
- B.3.7 Oral screening includes (unless completed during intake screening): **4-ALDF 4C-20; NCCHC J-E-06**
 - B.3.7.a Visual observation of the teeth and gums and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.
 - B.3.7.b Instructions on dental hygiene.
- B.3.8 The health record contains results of the medical, mental health, and dental appraisals with documentation of the referral or initiation of treatment when indicated.

B.4 Access to Health Care

- B.4.1 All prisoners are informed about how to access health services during the intake/admission process in a manner understood by the prisoner to include translation into languages spoken by a significant number of prisoners, or verbally communicated to the prisoner if literacy is an issue. **NCCHC 4C-01**
- B.4.2 If the facility charges prisoners a co-payment fee, prisoners are informed of the guidelines of the co-payment program during the intake/admission process. **NCCHC 4C-02**
- B.4.3 Prisoners are not denied access to health services due to an inability to pay co-payment fees.
- B.4.4 Co-payment fees are not applied to appointments, services, or follow-up appointments initiated by medical staff. **NCCHC 4C-02**
- B.4.5 Using readily available forms, all prisoners may request health care services (sick call) on a daily basis. These requests are triaged daily by health professionals or health trained personnel, with a priority system used to schedule clinical services. **NCCHC 4C-03**
 - B.4.5.a Emergency sick call request are seen within 24 hours.
 - B.4.5.b Urgent sick call request are seen withing 72 hours.
 - B.4.5.c Routine sick call request are seen within 7 days.
 - B.4.5.d Medical request drop boxes are located inside Prisoner housing units and accessed only by medical personnel.
- B.4.6 Clinical services are available to prisoners in a clinical setting at least five days a week and are performed by a physician or other qualified health care professional. **NCCHC 4C-03**
- B.4.7 Prisoners who require health care beyond the capacity of the facility, as determined by the responsible physician, are transferred under appropriate security to a facility where such care is available. (All non-emergency outside care of USMS prisoners require pre-authorization of the USMS to ensure consistency with USMS prisoner Health Care Standards). **NCCHC 4C-05**
- B.4.8 There are 24-hour emergency medical dental and mental health services. Services include the following: **(NCCHC 4C-08)**
 - B.4.8.a On-site emergency first aid and crisis intervention.
 - B.4.8.b Emergency evacuation of the prisoner from the facility.
 - B.4.8.c Use of one or more designated hospital emergency rooms or other appropriate health facilities.
 - B.4.8.d Emergency on-call physician, dentist, and mental health professional services are available 24-hours per day when the emergency health facility is not located in the community.

B.4.9 Health encounters including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the prisoner's privacy. Female prisoners are provided a female escort for encounters with a male health care provider. **4-ALDF-4D-19**

B.5 Provision of Health Care

B.5.1 If infirmary care is provided, it includes the following at a minimum:
(4-ALDF-4C-09; NCCHC J-G-03)

B.5.1.a Definition of the scope of infirmary care services available.

B.5.1.b A physician on call or available 24-hours a day.

B.5.1.c A supervising registered nurse is on-site at least once every 24- hours.

B.5.1.d Prisoner patients are within sight or sound of a qualified health care professional.

B.5.1.e A manual of nursing care procedures is consistent with the state's nurse practicing act and licensing requirements.

B.5.1.f The frequency of physician and nursing rounds is commensurate with the category of care being provided.

B.5.2 Patients with chronic diseases are identified and enrolled in a chronic disease program to decrease the frequency and severity of symptoms, prevent disease progression and complication, and foster improved function. Chronic diseases include, but are not limited to asthma, diabetes, high blood cholesterol, HIV, hypertension, seizure disorder, tuberculosis, and major mental illnesses.
NCCHC J-G-01

B.5.3 Chronic care treatment programs include but are not limited to:
(NCCHC J-G-01; 4-ALDF-4C-19)

B.5.3.a Documenting Medical Evaluations on a consistent basis (i.e., 3, 6 or 9 months).

B.5.3.b Adjusting the treatment modality as clinically indicated.

B.5.3.c Indicating the type and frequency of diagnostic testing and therapeutic regimens.

B.5.3.d Instructions on diet and exercise.

B.5.4 The health authority maintains a list of chronic care patients. **NCCHC J-G-01**

B.5.5 A proactive program exists that provides care for special needs patients who require medical supervision or multidisciplinary care. Special needs patients include, but are not limited to developmentally disabled individuals, frail/elderly, physical impairments which impair mobility, and patients with serious mental health needs. **NCCHC J-G-02**

B.5.6 The health authority maintains a list of special needs patients. **NCCHC J-G-02**

- B.5.7 Female prisoners receive gynecological and obstetrical treatment and examinations, including pap smears and mammograms, in accordance with community medical standards for those prisoners in uninterrupted custody or 12 months or more.
- B.5.8 Pregnant and postpartum prisoners receive timely and appropriate prenatal care, specialized obstetrical services, counseling and when indicated, physical therapist and psychologist/psychiatrist services to address common postpartum conditions. **NCCHC J-G-07**
- B.5.9 There is a written plan that addresses the management and reporting to applicable local, state, and federal agencies of infections and communicable diseases. **4-ALDF-4C-14**
- B.5.10 There is a written plan addressing the management of infections and communicable diseases including, but not limited to:
(4-ALDF-4C-15; 4C-16; 4C-17)
- B.5.10.a Tuberculosis.
- B.5.10.b Hepatitis A, B, & C.
- B.5.10.c HIV.
- B.5.11 Written plans addressing the management of infectious and communicable diseases include: **(ACA-4-ALDF-4C-15; 4C-16; 4C-17; NCCHC J-B-01)**
- B.5.11.a Identification.
- B.5.11.b Surveillance.
- B.5.11.c Treatment, when indicated.
- B.5.11.d Follow-up and isolation, when indicated (Active TB patients are housing in negative pressure rooms).
- B.5.12 Immunizations are provided to prevent disease where appropriate. **NCCHC J-B-01**
- B.5.13 Management of bio-hazardous waste and decontamination of medical and dental equipment complies with applicable local, state, and federal regulations. **4-ALDF 4C-18**
- B.5.14 Detoxification, when performed at the facility, is done only under the medical supervision in accordance with local, state, and federal laws. 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. **4-ALDF 4C-36**
- B.5.15 Prisoners experiencing severe, life threatening intoxication (overdose) or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available. **4-ALDF 4C-36**
- B.5.16 Prisoners have access to a chemical dependency treatment program. **4-ALDF 4C-37**

- B.5.16.a Pregnant prisoners are counseled about withdrawal risks.
- B.5.16.b
- B.5.17 Management of pharmaceuticals includes: **(4-ALDF-4C-38; NCCHC J-D-01; NCCHC J-D-02)**
 - B.5.17.a A formulary.
 - B.5.17.b A formalized method for obtaining non-formulary medications.
 - B.5.17.c Prescription medications are administered or delivered to the patient only on the order of a physician, dentist, or other legally authorized individual.
 - B.5.17.d Secure storage and perpetual inventory of all controlled substances, syringes, and needles.
 - B.5.17.e Administration of medication is by persons properly trained and under the supervision of the health authority and facility administrator or designee.
 - B.5.17.f Providing a 7-day supply of prescribed medication to prisoners transferring/releasing from the facility.
 - B.5.17.g Keep On Persons (KOP) medications are documented on a Medication Administration Record (MAR) and compliance checks conducted every 7 days for KOP medications. Non-compliant issued KOP results in termination of KOP privilege.
- B.5.18 Prisoners entering the facility on prescription medications continue to receive the medication in a timely fashion as prescribed, or acceptable alternate medications are provided as clinically indicated. **NCCHC J-D-02**
 - B.5.18.a Prisoners entering the facility on prescription psychotropic medications, are not to be automatically discontinued from prescribed medication until newly prescribed, or acceptable alternate medications are available and provided as clinically indicated.
 - B.5.18.b Prisoners entering the facility on prescription psychotropic medications as a result of a completed study order are to remain on those medications.
- B.5.19 Mental Health services include at a minimum: **(4-ALDF-4C-27)**
 - B.5.19.a Screening for mental health problems on intake.
 - B.5.19.b Referral for the detection, diagnosis, and treatment of mental illness.
 - B.5.19.c Crisis intervention, and management of acute psychiatric episodes.
 - B.5.19.d Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.
 - B.5.19.e Referral to licensed mental health facilities for prisoners with psychiatric needs exceeding the treatment capacity of the facility.

- B.5.19.f Obtaining and documenting consent.
- B.5.20 Routine and emergency dental care is provided to each prisoner under the direction and supervision of a licensed dentist.
4-ALDF-4C-20; NCCHC J-E-06
- B.5.21 Dental care includes the following: **(4-ALDF-4C-20; NCCHC J-E-06)**
 - B.5.21.a Intake dental screening.
 - B.5.21.b Instruction in oral hygiene and preventative oral care.
 - B.5.21.c Oral treatment is timely and includes prompt access for urgent or painful conditions.
 - B.5.21.d Oral treatment is provided within the scope of the USMS prisoner Health Care Standards.
 - B.5.21.e Prisoners in USMS custody for more than 12 months receive an oral examination.
- B.5.22 The use of prisoners for medical, pharmaceutical, or cosmetic experiments is prohibited, unless written authorization is provided by the agency of jurisdiction.
4-ALDF-4D-18
- B.5.23 Investigational or Experimental drugs, devices, and procedures are not covered. For procedures, services, and supplies that are experimental or investigational, and/or not approved by the FDA, if the prisoner is taking an investigational drug on a compassionate use basis at the time of arrest, he or she may continue it as long as it involves no cost to the government, and as long as the investigational protocol does not require the prisoner to make visits anywhere outside of the facility to which he or she is confined.
USMS Prisoner Health Care Standard – Publication 100

B.6 Incident Health Care

- B.6.1 Prisoner Suicides
 - B.6.1.a The facility suicide prevention program is approved by the health authority and the facility warden or designee.
 - B.6.1.b The suicide prevention program includes specific procedures for:
 - B.6.1.b.1 Staff training.
 - B.6.1.b.2 Intake/admission procedures.
 - B.6.1.b.3 Identifying suicidal prisoners.
 - B.6.1.b.4 Referring suicidal prisoners for mental health intervention.
 - B.6.1.b.5 Housing observation, and Suicide watch.
 - B.6.1.b.6 Incident review/debriefing.
 - B.6.1.b.7 Follow-up monitoring.

- B.6.1.c All staff who supervise prisoners receive suicide prevention/response training annually.
 - B.6.1.d Staff training in suicide prevention/response includes, but is not limited to:
 - B.6.1.d.1 Identifying warning signs and symptoms of impending suicide behavior.
 - B.6.1.d.2 Responding to suicidal and depressed prisoners.
 - B.6.1.d.3 Use of referral procedures.
 - B.6.1.d.4 Housing observation and suicide watch procedures.
 - B.6.1.e Prisoners referred for suicide intervention are evaluated promptly by a designated health professional, who is able to direct the intervention and assure follow-up treatment/evaluation as needed.
 - B.6.1.f Actively suicidal prisoners and potentially suicidal prisoners who are placed in isolation are maintained under constant supervision.
 - B.6.1.g Housing for suicidal prisoners facilitates staff observation and utilizes suicide resistant fixtures.
 - B.6.1.h Suicide review debriefings include administration, health services, and security representatives.
 - B.6.1.i The agency of jurisdiction received notification of the incident.
- B.6.2 Hunger Strikes
- B.6.2.a The facility's hunger strike management program is reviewed by the health authority.
 - B.6.2.b Medical staff receives training in hunger strike evaluation and treatment and remain up to date on these procedures.
- B.6.3 Medical Restraints/Therapeutic Seclusion
- B.6.3.a Clinically ordered restraint and seclusion are available for patients exhibiting behavior dangerous to self or others as a result of medical or mental illness. **NCCHC J-I-01**
 - B.6.3.b The procedures for the use of medical restraints/seclusion include: **(NCCHC J-I-01; 4-ALDF-4D-21)**
 - B.6.3.b.1 Authorization by a physician or qualified health care professional as permitted by law, who has determined use of medical restraints/seclusion is warranted. Medical restraints/seclusion shall be permitted when all other less restrictive methods fail. Upon authorized use the facility will immediately notify the agency of jurisdiction no more than 24 hours after use authorization.
 - B.6.3.b.2 The types of restraints to be used.

- B.6.3.b.3 Documentation of 15-minute checks by health-trained personnel or health services of prisoners placed in medical restraints.
- B.6.3.b.4 How proper hydration, nutrition, and toileting are provided.
- B.6.3.b.5 Documentation of efforts for less restrictive treatment alternatives as soon as possible.
- B.6.3.b.6 The use of restraints on pregnant and postpartum women is prohibited unless the prisoner poses an immediate and credible flight risk that cannot reasonably be prevented by other means; poses an immediate and serious threat of harm to themselves or others that cannot reasonably be prevented by other means; or a healthcare professional responsible for the health and safety of the prisoner determines use of restraints are appropriate for the medical safety of the prisoner. See FPBDS Security and Control Section C.4. Use of Force/Non-Routine Application of Restraints.

B.6.4 Sexual Assaults

- B.6.4.a Prisoners identified as high risk with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional. Prisoners with a history of sexually assaultive behavior are identified, monitored, and counseled. **4-ALDF-4D-22-3**
- B.6.4.b Prisoners identified as at risk for sexual victimization are assessed by a mental health or other qualified professional. Prisoners at risk for sexual victimization are identified, monitored, and counseled. **4-ALDF-4D-22-4**
- B.6.4.c 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: **(4-ALDF-4D-22-6)**
 - B.6.4.c.1 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 victim's consent, the examination includes collection of evidence from the victim, using a kit approved by the appropriate authority.
 - B.6.4.c.2 Provision is made for testing of sexually transmitted diseases and counseling as appropriate.
 - B.6.4.c.3 Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims as appropriate.

- B.6.4.c.4 Following the physical examination, an evaluation by a mental health professional is made available to assess the need for crisis intervention counseling and long-term follow-up.
- B.6.4.c.5 A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant.
- B.6.4.c.6 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. **4-ALDF-4D-22-8**
- B.6.4.c.7 In order to establish a strong, effective reporting culture among staff and ensure the agency and facility receive timely information about sexual assault, sexual abuse, sexual harassment or retaliation, and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, all allegations of sexual assault must result in immediate notification of the agency of jurisdiction within 24 hours of the initial report.
- B.6.4.c.8 Immediate notification and documented proof of notification is made to the external reporting jurisdiction, such as the police or rape crisis center. This does not include internal or corporate authorities.
- B.6.4.c.9 The facility administrator ensures facility staff report all allegations, while taking steps to protect the confidentiality of sexual abuse information by sharing internally with only those who need to know.

B.6.5 Prisoner Deaths

- B.6.5.a In the event of a prisoner death, the facility will immediately notify the agency of jurisdiction. **4-ALDF-4D-23**
- B.6.5.b All deaths are reviewed to determine the appropriateness of clinical care; to ascertain whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study. This process will ensure: **(NCCHC J-A-10)**
 - B.6.5.b.1 All deaths are reviewed within 30 days and a copy of the post-mortem review is provided to the agency of jurisdiction not less than 24 hours after completion of the 30-day report.
 - B.6.5.b.2 A death review consists of:
 - B.6.5.b.2.a An administrative review.

- B.6.5.b.2.b A clinical mortality review.
 - B.6.5.b.2.c A psychological autopsy if death is by suicide.
 - B.6.5.b.3 Treating staff are informed of the clinical mortality review and administrative review findings.
 - B.6.5.b.4 Corrective actions identified through the mortality review process are implemented and monitored.
 - B.6.6 Restrictive Housing
 - B.6.6.a When a prisoner is transferred to restrictive housing, health care personnel are informed immediately and provide assessment and review of medical and mental health risk factors as indicated by the protocols established by the health authority. **4-ALDF-2A-4**
 - B.6.6.b If a prisoner with serious mental illness is placed in restrictive housing: **(DOJ-Restrictive Housing Report)**
 - B.6.6.b.1 Mental health staff conduct a mental health consultation at the time of the prisoner's placement;
 - B.6.6.b.2 The prisoner receives intensive, clinically appropriate mental health treatment for the entirety of the prisoner's placement in restrictive housing;
 - B.6.6.b.3 At least once per week, a qualified mental health practitioner, assigned to supervise mental health treatment in the restrictive housing unit, conducts face-to-face clinical contact with the prisoner, to monitor the prisoner's mental health status and identify signs of deterioration.
 - B.6.6.c After 30 days in restrictive housing, and every 30 days thereafter, all prisoners in restrictive housing receive a face-to-face psychological review by mental health staff. If at any point a prisoner shows signs of psychological deterioration while in restrictive housing, the prisoner is immediately evaluated by mental health staff.
DOJ-Restrictive Housing Report

C SECURITY AND CONTROL

C.1 Correctional Supervision

- C.1.1 Space is provided for a 24-hour secure control center for monitoring and coordinating the facility's security, life safety, and communications systems.
4-ALDF-2A-01
- C.1.2 The secure control center is staffed continuously. **4-ALDF-2A-02**

- C.1.3 Correctional officer posts are located in the immediate prisoner living areas to permit officers to see, hear, and respond promptly to emergency situations. **4-ALDF-2A-03**
- C.1.4 Prisoners classified as medium or maximum security risks are personally observed by an officer at least every 40 minutes on an irregular schedule. Prisoners classified as minimum or low security risks are personally observed by an officer at least every 60 minutes on an irregular schedule. **4-ALDF-2A-05**
- C.1.5 When both males and females are housed in a facility, at least one male staff member and one female staff member are on duty at all times. **4-ALDF 2A-08**
 - C.1.5.a Staff of the opposite gender announce their presence when entering opposite gender housing units and areas of assembly or congregation.
- C.1.6 No prisoner or group of prisoners is given control, or allowed to exert authority, over other prisoners. **4-ALDF-2A-09**
- C.1.7 All prisoner movement from one area of the facility to another is controlled by staff. **4-ALDF-2A-10**
- C.1.8 Correctional staff maintain a permanent log recording routine information, emergency situations, and unusual incidents. **4-ALDF-2A-11**
- C.1.9 Correctional supervisors review permanent logs on each shift to provide responsible department heads/shift supervisors with relevant information. These reviews are documented. **4-ALDF-2A-11**
- C.1.10 Supervisory staff conduct a daily patrol, including holidays and weekends, of all areas occupied by prisoners. Unoccupied areas are to be inspected at least weekly. Patrols and inspections are documented. **4-ALDF-2A-12**
- C.1.11 A qualified person conducts at least weekly inspections of all security devices, identifying those needing repair or maintenance. Results of the weekly security inspections are reported in writing. **4-ALDF-2A-13**

C.2 Prisoner Accountability

- C.2.1 There is a prisoner population management system that includes records of the admission, processing, and release of prisoners. **4-ALDF-2A-16**
- C.2.2 The facility has a system for physically counting prisoners. The system includes strict accountability for prisoners being counted outside of their assigned living area. **4-ALDF-2A-17**
- C.2.3 At least one complete institution count is conducted for each shift, with no less than three complete institution counts being conducted in a 24-hour period. **4-ALDF-2A-17**

C.3 Control of Contraband

- C.3.1 Procedures guide searches of facilities and prisoners to control contraband and provide for its disposition. **4-ALDF-2C-01**
- C.3.2 Procedures govern the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or institution regulation. At a minimum, the procedures address the following:
(4-ALDF-2C-06)
 - C.3.2.a Chain of custody.
 - C.3.2.b Evidence handling.
 - C.3.2.c Location and storage requirements.
 - C.3.2.d Manner of disposition.
- C.3.3 A search of a prisoner's body and attire is conducted upon arrival to the facility and prior to transport out of the facility.
 - C.3.3.a Prisoners are searched after contact with the public or when returning from public areas.
 - C.3.3.b Prisoner searches are conducted in an appropriate setting and by staff of the same gender.
- C.3.4 A strip search of general population prisoners is only conducted when there is reasonable belief that the prisoner may be in possession of an item of contraband. The least invasive form of search is conducted. **4-ALDF-2C-04**
- C.3.5 Manual or instrument inspection of body cavity is conducted only when there is reasonable belief that the prisoner is concealing contraband and when authorized by the facility administrator or designee. Health care personnel conduct the inspection in private. **4-ALDF-2C-05**

C.4 Use of Force/Non-Routine Application of Restraints

- C.4.1 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. **4-ALDF-2B-01**
- C.4.2 Physical force and restraints are not used as punishment. **4-ALDF-2B-01; 4-ALDF-2B-02**
- C.4.3 The use of restraints on pregnant and postpartum women is prohibited unless the prisoner poses an immediate and credible flight risk that cannot reasonably be prevented by other means, poses an immediate and serious threat of harm to themselves or others that cannot reasonably be prevented by other means, or a healthcare professional responsible for the health and safety of the prisoner determines use of restraints are appropriate for the medical safety of the prisoner.
 - C.4.3.a When authorized, only handcuffs placed in the front may be used when restraining a pregnant or postpartum prisoner.

- C.4.3.b Restraints used on pregnant and postpartum prisoners, if approved for use, must be removed at the earliest opportunity when safe to do so.
- C.4.3.c Notify the agency of jurisdiction not less than 24 hours after restraints are used on a pregnant or postpartum prisoner. Notifications should include the reasoning for use, duration, and any resulting physical effects on the prisoner.
- C.4.4 The application of four/five-point restraints complies with the following criteria: **(4-ALDF-2B-03)**
 - C.4.4.a Four/five-point restraints are used only in extreme instances and only when other types of restraints have proven ineffective.
 - C.4.4.b Advance approval is secured from the facility administrator/designee before a prisoner is placed in a four/five-point restraint.
 - C.4.4.c The health authority or designee is notified to assess the prisoner's medical and mental health condition.
 - C.4.4.d The health authority or designee determines if, whether based on serious danger to self or others, the prisoner should be in a medical/mental health unit for emergency involuntary treatment with sedation and/or other medical/mental health unit.
- C.4.5 In the event a prisoner is placed in four/five-point restraints, the following procedures are followed: **(4-ALDF-2B-03)**
 - C.4.5.a Direct visual observation by staff is continuous prior to obtaining approval from the health authority or designee.
 - C.4.5.b Subsequent visual observation is made at least every 15 minutes.
 - C.4.5.c Restraint procedures are in accordance with guidelines approved by the designated health authority.
 - C.4.5.d All decisions and actions are documented.
- C.4.6 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: **(4-ALDF-2B-07)**
 - C.4.6.a Discharge of firearm or other weapon.
 - C.4.6.b Use of less lethal devices to control prisoners.
 - C.4.6.c Use of force to control prisoners.
 - C.4.6.d Prisoner(s) remaining in restraints at the end of the shift.
- C.4.7 All calculated Use of Force Incidents and Non-Routine Application of Restraints are supervised and videotaped.
- C.4.8 The agency of jurisdiction is immediately notified of any Use of Force Incident or Non-Routine Application of Restraints.

- C.4.9 All Use of Force incidents are reviewed by the facility administrator to ensure compliance with the facility's Use of Force policy. At a minimum the process will:
 - C.4.9.a Gather all relevant information, to include witness statements from staff and prisoners, and surveillance video, if applicable;
 - C.4.9.b Determine whether policy and procedures were followed;
 - C.4.9.c Make recommendations for improvement, if any; and
 - C.4.9.d Complete after-action report within 3 days post incident to record the review and findings.

C.5 Weapons Control

- C.5.1 Procedures govern the availability, control, and use firearms, less lethal devices, and related security devices, and specify the level of authority required for their access and use. **4-ALDF-2B-04**
- C.5.2 Chemical agents and electrical disablers are used only with the authorization of the facility administrator or designee. **4-ALDF-2B-04**
- C.5.3 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. **4-ALDF-2B-08**
- C.5.4 Storage space is provided for the secure storage of less lethal devices and related security equipment, and this space is located in an area separate and apart from prisoner housing or activity areas. **4-ALDF-2B-05**
- C.5.5 Access to the weapons storage space is restricted to authorized persons only. **4-ALDF-2B-05**
- C.5.6 The facility maintains a written record of routine and emergency distribution of security equipment. **4-ALDF-2B-06**
- C.5.7 Firearms, chemical agents, and related security equipment are inventoried at least monthly to determine their condition and expiration dates. **4-ALDF-2B-06**
- C.5.8 Firearms, chemical agents, and related security equipment are issued only to qualified staff.
- C.5.9 Visiting Law Enforcement Officers secure their weapons in a locker located outside the secure perimeter of the facility. **4-ALDF-2B-08**
- C.5.10 Employees on duty use only firearms or other security equipment that have been approved by the facility administrator. **4-ALDF-2B-08**
- C.5.11 Appropriate equipment is provided to facilitate safe unloading and loading of firearms. **4-ALDF-2B-08**
- C.5.12 Incidents of missing weapons are reported promptly to supervisory security personnel.

C.6 Keys, Tools, and Medical Equipment Control

C.6.1 The use of keys is controlled and inventoried. **4-ALDF-2D-01**

C.6.2 Emergency keys:

C.6.2.a Are kept in a secure but accessible location.

C.6.2.b Reach every area of the facility.

C.6.2.c Usage is limited to authorized staff.

C.6.2.d Usage is documented.

C.6.2.e Keys are physically tested on a quarterly basis with the results documented.

C.6.3 The use of tools and culinary equipment is controlled and inventoried. **4-ALDF-2D-02**

C.6.3.a Culinary Class “A” tools to include all tools with blades, serrated and sharp cutting edges, poking and probing tools such as meat thermometers and heat probes, if used by prisoners, are tethered and under supervision of kitchen security officer(s).

C.6.3.b Shadowed in Red.

C.6.4 In the event prisoner workers are assigned to work details involving the use of Class “A” tools, facility policy identifies what tools may be used by prisoners and identifies the level of required staff supervision.

C.6.4.a Use of Class “A” tools and equipment such as a floor buffer, equipment extension cords and ropes exceeding 10 feet in length, and all ladders or equipment which can be used for escape are secured behind two levels of security.

C.6.5 Key rings, including those for gun lockers, are securely fastened to a belt with a metal clip or chain. Fastening keys to a holster or belt loop is prohibited.

C.6.6 Medical and dental instruments, equipment, and supplies (syringes, needles, and other sharps) are controlled and inventoried. **4-ALDF-2D-03**

C.6.7 An employee who loses, misplaces, or otherwise cannot account for a key or key ring immediately alerts the shift supervisor and within an hour submits a written lost key report.

C.6.8 Incidents of missing keys, tools, culinary equipment, medical and dental equipment, and supplies are reported promptly to security personnel. Efforts will be made to locate the lost item; results must be documented. **4-ALDF-2D-03**

C.7 Post Orders

C.7.1 There are current written orders for every correctional officer post, which clearly outline duties, responsibilities, and expectations of that post. **4-ALDF-2A-04**

- C.7.2 Post orders for armed posts contain instructions regarding the proper care and safe handling of firearms and specific instructions stating when and under what circumstances their use is authorized.
- C.7.3 Officers assigned to those posts acknowledge in writing that they have read and understand the orders and record the date. **4-ALDF-2A-04**
- C.7.4 The facility administrator or designee reviews post orders annually and updates them as needed. **4-ALDF-2A-04**

C.8 Prisoner Discipline

- C.8.1 Rules of prisoner conduct specify acts prohibited within the facility and the range of penalties that can be imposed for various degrees of violations. **4-ALDF-3A-01**
- C.8.2 Disciplinary Segregation, as a penalty for committing a prohibited act, is reserved for offenses involving violence, escape, or posing a threat to institutional safety by encouraging others to engage in such conduct. **DOJ - Restrictive Housing Report**
- C.8.3 There is a sanctioning schedule for rule violations. The maximum sanction for rule violations is no more than 60 days of disciplinary segregation for all violations arising out of one incident. **4-ALDF-2A-50**
- C.8.4 A prisoner who allegedly commits an act covered by criminal law is referred to the appropriate criminal justice agency. **4-ALDF-6C-02**
- C.8.5 There are written guidelines for resolving minor prisoner 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; prisoner may waive the hearing. **4-ALDF-6C- 01**
- C.8.6 When rule violations require formal resolutions, staff members prepare a disciplinary report and forward it to the designated supervisor before the end of the duty day on which the violation occurred. **4-ALDF-6C-03**
- C.8.7 Disciplinary reports include, but are not limited to, the following: **(4-ALDF-6C-04)**
 - C.8.7.a Specific rule violated.
 - C.8.7.b Formal statement of the charge.
 - C.8.7.c An explanation of the event that includes who was involved, what transpired, and the time and location of the occurrence.
 - C.8.7.d Any physical evidence and disposition.
 - C.8.7.e Any immediate action, including use of force.
 - C.8.7.f Reporting staff member's signature and date and time of incident.

- C.8.8 When an alleged rule violation is reported, an appropriate investigation is initiated within 24 hours of the time the violation is reported and is completed without delay, unless there are exceptional circumstances for delaying; justifiable delays must be documented in the record and approved by the facility administrator. **4-ALDF-6C-05**
- C.8.9 Absent compelling circumstances, such as a pending criminal investigation, a prisoner does not remain in investigative segregation for a longer period of time than the maximum term of disciplinary segregation permitted for the most serious offense charged. **DOJ - Restrictive Housing Report.**
- C.8.10 A prisoner charged with a rule violation receives a written statement of the charge(s) including a description of the incident and specific rules violated. The prisoner is given the statement at the same time the disciplinary report is filed with the disciplinary committee or within 24 hours of the incident. Disciplinary hearings cannot be held in less than 24 hours, without the prisoner's written consent. **4-ALDF-6C-07**
- C.8.10.a Charges may not be changed during the Disciplinary Hearing.
- C.8.10.b Prisoners are provided a copy of the Incident Report and notice of charges immediately after conclusion of the investigation and at least 24 hours prior to the disciplinary hearing.
- C.8.11 Prisoners charged with rule violations are present at the hearing unless they waive that right in writing or through their behavior. Any prisoner's absence or exclusion is documented. **4-ALDF 6C-08**
- C.8.12 Disciplinary hearings are convened as practical but no later than seven days, excluding weekends and holidays, after the alleged violation. Prisoners are notified of the hearing at least 24 hours in advance of the hearing. Reasons for postponement or continuance are documented. **4-ALDF 6C-09; 4-ALDF 6C-10**
- C.8.13 The disciplinary hearing is conducted by a correctional official outside the regular chain of command at the institution where the inmate is housed. **DOJ - Restrictive Housing Report**
- C.8.14 The Disciplinary Hearing Officer (DHO) has a minimum of 1-year experience as a facility investigator or DHO. DHO does not have collateral duties or serve as an alternate investigator.
- C.8.14.a The disciplinary hearing is conducted by a correctional official outside the regular chain of command at the institution where the Prisoner is housed.
- C.8.14.b The hearing officer's training includes:
- C.8.14.b.1 Determination of finding(s), rule violations(s) and prohibited act(s).
- C.8.14.b.2 Preponderance of evidence.
- C.8.14.b.3 Evidence/discovery review. **4-ALDF 6C-14**
- C.8.14.b.4 Document/recording of hearing; written or electronic.

- C.8.14.b.5 Finding(s) and adjudication(s).
- C.8.14.b.6 Penalties and sanctions.
- C.8.14.b.7 Notification and decision.

- C.8.15 Hearings for prisoners in general population are conducted in a location or setting with appropriate sight and sound privacy.
- C.8.16 Hearings for prisoners housed in the restrictive housing unit are not conducted at cell doors or common public dayroom settings.
 - C.8.16.a Prisoners are provided a copy of the Incident Report and notice of charges immediately after conclusion of the investigation and at least 24 hours prior to the disciplinary hearing.

- C.8.17 Prisoners 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. **4-ALDF-6C-12**
- C.8.18 A staff member or agency representative assists prisoners at disciplinary hearings when it is apparent that a prisoner is not capable of collecting and presenting evidence on his or her own behalf. **4-ALDF 6C-13**
- C.8.19 When a disciplinary hearing officer is confronted with a prisoner who demonstrates symptoms of mental illness, the disciplinary officer consults with qualified mental health services professionals to provide input as to: **(DOJ - Restrictive Housing Report)**
 - C.8.19.a The prisoner's competence to participate in the disciplinary hearing;
 - C.8.19.b Responsibility for charged behavior;
 - C.8.19.c Information of known mitigating factors in regard to the behavior; and
 - C.8.19.d Impact of applicable sanctions on the prisoner's mental health treatment plan.
- C.8.20 Disciplinary decisions are based solely on information obtained in the hearing process, including video reviews, staff reports, the statements of the prisoner charged, and the evidence derived from both staff and prisoner witnesses and documents. **4-ALDF 6C-14**
- C.8.21 The prisoner's behavior while in investigative segregation is given consideration by the disciplinary hearing officer. **DOJ - Restrictive Housing Report**
- C.8.22 Time spent in investigative segregation is credited towards the term of disciplinary segregation. **DOJ - Restrictive Housing Report**

- C.8.23 Disciplinary sentences for offenses resulting from the same incident are served concurrently. Executing disciplinary sentences consecutively is strictly prohibited. **DOJ - Restrictive Housing Report**
- C.8.24 A written report is made of the decision and supporting reasons, and a copy is given to the prisoner. The hearing record and supporting documentation are kept in the prisoner's file.
- C.8.25 The facility administrator or designee reviews all disciplinary hearings and dispositions to assure conformity with policy and regulations. **4-ALDF-6C-17**
- C.8.26 Prisoners may appeal decisions of the disciplinary hearing officer. Appeals of disciplinary actions must be affirmed or reversed within 15 days of the appeal. **4-ALDF 6C-18**
 - C.8.26.a Disciplinary hearing appeals are not heard via the grievance process.

C.9 Prisoner Transportation

- C.9.1 Prisoner transportation vehicles receive an annual safety inspection in accordance with State statutes by qualified personnel. **4-ALDF-1B-03**
- C.9.2 Transportation vehicles are secured when not in use.
- C.9.3 Transportation vehicles are equipped with serviceable air conditioning and heating systems.
- C.9.4 Transportation vehicles are available to accommodate disabled or movement impaired prisoners.
- C.9.5 Transportation vehicles are equipped with serviceable communication equipment.
- C.9.6 Transportation vehicles are equipped with a serviceable fire extinguisher.
- C.9.7 Transportation vehicles are compartmentalized to permit the secure separation of male and female prisoners if they are transported in the same vehicle.
- C.9.8 Transportation vehicles are equipped with security screens between the operator compartment and the prisoner compartment.
- C.9.9 The facility's vehicle sally port provides a secure environment for the loading and unloading of prisoners.
- C.9.10 The facility's prisoner intake and discharge area provides a secure area for processing, transferring, searching, and applying/removing retraining devices.
- C.9.11 Prisoners are searched prior to boarding a vehicle.
- C.9.12 Prisoners are fully restrained (handcuffs, waist chains, and leg irons) during transportation. Medical exceptions are documented and approved. Pregnant/ and postpartum prisoner restraint restrictions apply to transportation (see Section C.4.3).
 - C.9.12.a Transport officers possess acknowledged and signed Post Orders.

- C.9.12.b Prisoners are restrained in the most secure manner which does not interfere with medical procedures or harms the Prisoner.
- C.9.12.c Two extremities are secured to the frame of the bed (one arm and one leg).
- C.9.12.d Use of nylon straps and flex-cuffs are approved by USMS District Supervisory staff when deemed necessary only by hospital staff.
- C.9.12.e Two armed staff are present with the Prisoner in the hospital room at all times.

Prisoner logbook is signed by visiting supervisory staff once every 8 hours.

- C.9.13 Transportation officers consist of a minimum of two armed escorts when utilizing a sedan or van and a minimum of two armed escorts in addition to the driver when utilizing a bus to transport prisoners.
- C.9.14 Transport vehicles are searched for contraband prior to and after each prisoner movement.

D FOOD SERVICE

D.1 Food Service Administration

- D.1.1 A person who is experienced in food service management supervises food service operations and is certified by a food protection manager certification program.
4-ALDF-4A-04; 2013 U.S. Food Code: 2-102.11, 2-102.12, 2-102.20, 2-103.11
- D.1.2 The Food Service Administrator or designee conducts daily inspections of all food service areas, including dining and food preparation areas and equipment.
4-ALDF-4A-15
- D.1.3 The facility's food service operation is reviewed by an independent, outside source to ensure the food service facilities and equipment meet established governmental health and safety codes. Corrective action is documented for all deficiencies. **4-ALDF-4A-11**
- D.1.4 Meals are prepared, delivered, and served under staff supervision. **4-ALDF-4A-17**
- D.1.5 All staff, contractors, and volunteer prisoner workers who work in the food service department are trained in the use of food service equipment and in the safety procedures to be followed in the food service department. **4-ALDF-4A-12-1**

D.2 Food Service Employee/Worker Health

- D.2.1 Volunteer, prisoner food service workers receive a pre-assignment medical examination and periodic reexamination to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils. **4-ALDF-4A-13**

- D.2.2 Food service employees/workers are required to report information about their health and activities as they relate to diseases that are transmissible through food, in a timely manner and sufficient detail to reduce the risk of foodborne disease transmission. **2013 U.S. Food Code: 2-201.11, 3-103.11(3)**
- D.2.3 Food service employees/workers are required to clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment, and utensils. **2013 U.S. Food Code: 2-301.11, 2-301.12, 2-301.14**
- D.2.4 Food service employees/workers are required to clean their hands in a handwashing sink or approved automatic handwashing facility and may not clean their hands in a sink used for food preparation or ware washing, or in a service sink or a curbed cleaning facility used for the disposal of mop water and similar liquid waste. **2013 U.S. Food Code 2-301.15**
- D.2.5 Food service employees/workers are required to wear clean outer clothing to prevent contamination of food, equipment, utensils, linens, and single- service and single-use articles. **2013 U.S. Food Code 2-304.11**
- D.2.6 Food Service employees/workers are required to wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing to keep their hair from contacting exposed food; clean equipment, utensils, and linens. **2013 U.S. Food Code 2-402.11**
- D.2.7 Food service employees and Prisoner workers eat or drink only in designated areas where contamination of exposed food, clean equipment, utensils or other items cannot occur. **2013 U.S. Food Code 2-401.11**

D.3 Food Storage and Preparation

- D.3.1 Refrigerated, potentially hazardous food deliveries are checked on delivery to ensure compliance with Food Code. **2013 U.S. Food Code 3-202.11, 3-202.15**
- D.3.2 Food is stored in a manner compliant with Food Code. **2013 U.S. Food Code 3-3**
- D.3.3 Food is protected from contamination from equipment, utensils, and linens in a manner compliant with Food Code. **2013 U.S. Food Code 3-305.11, 3-305.12**
- D.3.4 During preparation (Cooking, Freezing, Reheating), unpackaged food is protected from environmental sources of contamination in a manner compliant with Food Code. **2013 U.S. Food Code 3-4, 3-5**

D.4 Equipment, Utensils, and Linens

- D.4.1 Utensils and food contact surfaces are designed and constructed of materials compliant with Food Code. **2013 U.S. Food Code 4-1, 4-2**
- D.4.2 Ware washing (dishwashing) machines are operating within designed specifications and/or in a manner compliant with Food Code. **2013 U.S. Food Code: 4-204.113, 4-204.114, 4-204.115, 4-204.117, 4-204.118, 4204.119, 4-501.110, 4-501.112, 4-501.113, 4-501.114, 4-501.116**

- D.4.3 Manual ware washing operations utilize at least 3 sufficiently sized compartments for manually washing, rinsing, and sanitizing equipment and utensils; and are compliant with Food Code.
2013 U.S. Food Code 4- 301.12, 4-301.13, 4-501.114, 4-501.111
- D.4.4 If hot water is used for sanitization in manual ware washing operations, the sanitizing compartment is compliant with Food Code.
2013 U.S. Food Code 4-204.116, 4-204.119
- D.4.5 Drain boards, utensil racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation is provided for necessary utensil holding before cleaning and after sanitizing.
2013 U.S. Food Code 4-301.13
- D.4.6 Ventilation hood systems and devices are sufficient in number and capacity to prevent grease or condensation from collecting on walls and ceilings.
2013 U.S. Food Code 4-301.14
- D.4.7 Food temperature measuring devices are readily accessible for used in ensuring attainment and maintenance of food temperatures and the manual washing and sanitizing temperatures as specified under Food Code.
2013 U.S. Food Code 4-302.12, 4-302.13
- D.4.8 A test kit or other device that accurately measures the concentration sanitizing solutions is provided. **2013 U.S. Food Code 4-302.14**
- D.4.9 Food service equipment is cleaned, maintained in good repair and in a manner compliant Food Code. **2013 U.S. Food Code 4-501.11, 4-501.12, 4-501.14**
- D.4.10 Food service equipment is used in accordance with the manufacturer's operating instructions and in a manner compliant with Food Code.
2013 U.S. Food Code 4-501.15, 4-501.16
- D.4.11 Cleaning agents are used in accordance with the manufacturer's label instructions. **2013 U.S. Food Code 4-501.17**
- D.4.12 In manual ware washing operations, the wash, rinse, and sanitize solutions are maintained clean and temperatures maintained in accordance with the cleaning agent manufacturer's label instructions or as required by Food Code.
2013 U.S. Food Code 4-501.18, 4-501.19
- D.4.13 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils are clean to sight and touch. **2013 U.S. Food Code 4-601.11a**
- D.4.14 The food-contact surfaces of cooking equipment and pans are kept free of encrusted grease deposits and other soil accumulations.
2013 U.S. Food Code 4-601.11b
- D.4.15 Nonfood-contact surfaces of equipment are kept free of an accumulation of dust, dirt, food residue, and other debris. **2013 U.S. Food Code 4-601.11c**

- D.4.16 Equipment, food-contact surfaces, utensils, cooking equipment, baking equipment, non-food contact surfaces, and linens, are cleaned in frequency and method compliant with Food Code. **2013 U.S. Food Code: 4-602.11, 4-602.12, 4-602.13, 4-603.11, 4-603.12, 4-603.13, 4-603.14, 4-603.15, 4-603.16, 4-603.17, 4-701.10, 4-702.11, 4-703.11, 4-801.11, 4-802.11, 4-803.11, 4-803.12, 4-803.13**
- D.4.17 Clean and sanitized equipment and utensils are dried in accordance with Food Code. **2013 U.S. Food Code: 4-901.11, 4-901.12, 4-904.14**
- D.4.18 Food service equipment maintenance is performed in a manner, which does not contaminate food contact services and is compliant with Food Code. **2013 U.S. Food Code: 4-902.11, 4-902.12**
- D.4.19 Food service equipment, utensils, linens, and single service and single use articles are stored in a manner compliant with Food Code. **2013 U.S. Food Code: 4-903.11, 4-903.12, 4-904.11, 4-904.12, 4-904.13**

D.5 Prisoner Meals and Special Diets

- D.5.1 Prisoner meal menus and religious diets are reviewed annually by a qualified nutritionist or dietician to ensure that they meet the nationally recommended dietary allowances for basic nutrition for appropriate age groups. **4-ALDF-4A-07**
- D.5.2 Special diets to include supplemental meals for juveniles, pregnant prisoners, and prisoners with wasting conditions are nutritionally certified and prescribed through medical.
- D.5.3 Prepared prisoner meals adhere to the approved menus. Meal substitutions are nutritionally equivalent. Product substitutions for menu deviations are documented and approved by the facility administrator. **4-ALDF-4A-08**
- D.5.4 Accurate records are maintained of all meals served. **4-ALDF-4A-06**
- D.5.5 Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings. **4-ALDF-4A-07**
- D.5.6 The planning and preparation of all meals takes into consideration food flavor, texture, temperature, appearance, and palatability. **4-ALDF-4A-08**
- D.5.7 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. **4-ALDF-4A-18**
- D.5.8 Therapeutic, special, and pregnant female diets are provided as prescribed by appropriate clinicians. **4-ALDF-4A-09**
- D.5.9 Clinical orders for medical diets include the type of diet, the duration for which it is to be provided, and any special instructions. **NCCHC J-F-02**
- D.5.10 Special diets are provided for prisoners whose religious beliefs require the adherence to religious dietary laws when approved by the facility chaplain **4-ALDF-4A-10**

E RESTRICTIVE HOUSING

E.1 Prisoner Activity (Data, Records and Logs)

E.1.1 Frequency and cumulative length of restrictive housing placement.

DOJ - Restrictive Housing Report

- E.1.1.a Facility-wide data. This data describes the incidence and prevalence of restrictive housing, including the total number of prisoners in each type of restrictive housing, restrictive housing recidivism rates, and average length of stay. Information should be publicly available on corrections websites. It should include demographic information for prisoners, including race, national origin, religion, gender, gender identity, sexual orientation, disability status, and age, to the extent that the collection and publication of such information complies with all applicable laws.
- E.1.1.b Prisoner records contain RHU placement history throughout their facility stay; including changes in status (i.e., from investigative segregation to disciplinary segregation to administrative segregation).
- E.1.1.c Staff operating restrictive housing units maintain a permanent log that contains at a minimum the following information for each prisoner admitted to restrictive housing:
 - E.1.1.c.1 Name.
 - E.1.1.c.2 Number.
 - E.1.1.c.3 Housing location.
 - E.1.1.c.4 Date admitted.
 - E.1.1.c.5 Type of infraction or reason for admission.
 - E.1.1.c.6 Tentative/actual transition date.
 - E.1.1.c.7 Special medical or mental health issues.
- E.1.2 Restrictive Housing management maintains RHU operations data which includes:
 - E.1.2.a Total number of each type of restrictive housing placement.
 - E.1.2.b Restrictive housing recidivism rates (Restrictive housing recidivism rate means the percentage of time individual prisoners repeatedly end up in restrictive housing during their stay).
 - E.1.2.c Average length of restrictive housing placement.
 - E.1.2.d Demographic information of prisoners placed in restrictive housing to include race, national origin, religion, gender, gender identity, sexual orientation, disability, and age. **DOJ - Restrictive Housing Report**
- E.1.3 All visitors to the restrictive housing unit are documented on a permanent log.

- E.1.3.a Prisoners not assigned to the RHU are prohibited from working in or entering the RHU.

E.2 Prisoner Transfer and Releases

- E.2.1 Absent a compelling reason, prisoners are not released directly from restrictive housing to the community. **DOJ - Restrictive Housing Report**

E.3 Staffing

- E.3.1 Compliance with restrictive housing policies is reflected in the employee-evaluations of staff assigned to restrictive housing units.

DOJ - Restrictive Housing Report

- E.3.2 Staff assigned, on a regular basis, to work directly with prisoners in restrictive housing are selected based on criteria that includes:

- E.3.2.a Completion of a 1-year probationary period (Staff of USMS contract facilities must have also received final employment approval).

- E.3.2.b Experience.

- E.3.2.c Suitability for this population.

- E.3.2.d Specialized training which includes:

- E.3.2.d.1 A review of restrictive housing policy and procedures, and

- E.3.2.d.2 Identifying and reporting signs of mental health decompensation of prisoners in restrictive housing.

DOJ - Restrictive Housing Report

- E.3.3 Staff assigned to restrictive housing units are closely supervised and their performance is documented annually. There are provisions for rotation to other duties/posts.

E.4 Administrative/Disciplinary

- E.4.1 The reason for placing and retaining a prisoner in restrictive housing is clearly articulated, supported by objective evidence, and serves a specific penological purpose. **DOJ - Restrictive Housing Report**

- E.4.2 Policy identifies the conditions in which a prisoner may be placed in restrictive housing in response to an alleged disciplinary violation. Such placements are limited to an investigation into those offenses for which disciplinary segregation is an approved sanction. (Offenses involving violence, escape, or a threat to institutional safety by encouraging others to engage in such misconduct.)

DOJ - Restrictive Housing Report.

- E.4.3 Policy prohibits the placement of juveniles in restrictive housing.

DOJ - Restrictive Housing Report

E.4.4 The facility administrator or designee can order immediate placement in restrictive housing when it is necessary to protect the prisoner or others. The action is approved, denied, or modified within 24 hours by an appropriate and higher authority not involved in the initial placement.

E.4.5 Prisoners are not placed in restrictive housing unless correctional officials conclude, based on evidence, that no other form of housing will ensure the prisoner's safety and the safety of staff, other prisoners and the public.

DOJ - Restrictive Housing Report

E.4.5.a Prisoners are not placed in the RHU more than 72 hours for refusing housing.

E.4.6 Prisoners who are lesbian, gay, bisexual, transgender, intersex (LGBTI), gender nonconforming, or whose appearance or manner does not conform to traditional gender expectations are not placed in restrictive housing solely on the basis of such identification or status. If a prisoner in this category faces a legitimate threat from other prisoners, correctional officials shall seek alternative housing, with conditions comparable to those of general population. DOJ-Restrictive Housing Report.

E.4.7 Prisoners who are pregnant, who are postpartum, who recently had a miscarriage, or who recently had a terminated pregnancy are not placed in restrictive housing. If a prisoner in this category is placed in restrictive housing, the decision must be approved by senior correctional officials above the facility administrator and in consultation with health officials who are above the facility clinical director. This review must be completed within 24-hours of the initial placement and reviewed every 24-hours thereafter. Upon authorized placement the facility will immediately notify the agency of jurisdiction within 24 hours of authorization.

DOJ - Restrictive Housing Report

E.4.8 When a prisoner is transferred to restrictive housing, health care personnel are informed immediately and provide assessment and review of medical and mental health risk factors as indicated by the protocols established by the health authority.

E.4.9 Prisoners with serious mental illness are not placed in restrictive housing, unless:

DOJ - Restrictive Housing Report

E.4.9.a The prisoner presents such an immediate and serious danger that there is no reasonable alternative;

E.4.9.b A qualified mental health practitioner determines:

E.4.9.b.1 That placement in restrictive housing would not harm the prisoner;

E.4.9.b.2 The prisoner is not a suicide risk;

E.4.9.b.3 The prisoner does not have active psychotic symptoms;

- E.4.9.b.4 In disciplinary circumstances, the prisoner's lack of responsibility due to mental illness or mitigating factors related to the mental illness preclude the prisoner's placement in restrictive housing.
- E.4.10 If a prisoner with serious mental illness is placed in restrictive housing:
DOJ - Restrictive Housing Report
 - E.4.10.a Mental health staff conduct a mental health consultation at the time of the prisoner's placement; Assessments are conducted in confidential and safe environment when security concerns are not an issue.
4-ADLF-A-45
 - E.4.10.b A multidisciplinary committee is conducted weekly and includes, at a minimum, the Warden, Chief of Security, Health Services Administrator, Classification and Case Managers.
 - E.4.10.c Prisoner is present and participates in the review. Reason for non-participation by prisoner is documented if the prisoner is not present.
 - E.4.10.d The prisoner receives enhanced opportunities for in-cell and out-of-cell therapeutic activities and additional unstructured out-of-cell time, to the extent such activities can be conducted while ensuring the safety of the prisoner, staff, other prisoners and the public.
 - E.4.10.e After 30 days in restrictive housing, the prisoner is removed from restrictive housing, unless the facility administrator certifies that transferring the Prisoner to alternative housing is clearly inappropriate. This determination includes an evaluation by mental health staff.
- E.4.11 Unless medical attention is needed more frequently, all prisoners in restrictive housing receives a daily visit from a qualified health care provider. The presence of a health care provider in restrictive housing is announced and recorded.
- E.4.12 Clinical encounters are conducted out-of-cell to ensure patient privacy and reduce barriers to treatment. **DOJ - Restrictive Housing Report**
- E.4.13 After 30 days in restrictive housing, and every 30 days thereafter, all prisoners in restrictive housing receives a face-to-face psychological review by mental health staff. **DOJ - Restrictive Housing Report**
- E.4.14 A prisoner's initial and ongoing placement in restrictive housing is reviewed every seven days by a multi-disciplinary staff committee, which includes facility leadership and medical and mental health professionals. prisoners are afforded the opportunity to be present at the multi-disciplinary committee meeting.
DOJ - Restrictive Housing Report
- E.4.15 To incentivize conduct that furthers institutional safety, prisoners who demonstrate good behavior during disciplinary segregation are provided consideration by the multi-disciplinary committee for early release from segregation.
DOJ - Restrictive Housing Report

- E.4.16 For every prisoner in restrictive housing correctional staff develop a clear plan for returning the prisoner to less restrictive conditions as promptly as possible. This plan is shared with the prisoner, unless doing so would jeopardize the safety of the prisoner, staff, other prisoners, or the public.
DOJ - Restrictive Housing Report
- E.4.17 Prisoners placed in restrictive housing for preventative purposes are provided an opportunity to participate in a step-down program to allow them to progress to less restrictive housing. **DOJ - Restrictive Housing Report**
- E.4.18 There is a defined process for releasing a prisoner from restrictive housing.
- E.4.19 Continuous confinement in restrictive housing for more than 30 days requires the review and approval of the facility administrator.
- E.4.20 Restrictive housing units provide living conditions that approximate those of the general prisoner population. All exceptions are clearly documented.
4-ALDF-2A-51
- E.4.21 Restrictive housing cells/rooms permit the prisoners assigned to them converse with and be observed by staff members. **4-ALDF-2A-51**
- E.4.22 Written policy, procedure, and practice require all special management prisoners are personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Prisoners who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; self-harm and suicidal prisoners are under continuous observation. Identification of the type of observation (minimal to constant) is determined and documented on a log by a qualified mental health professional during regular hours or medical staff after hours.
- E.4.23 Prisoners in restrictive housing receive daily visits from the facility administrator or designee, and weekly visits from members of the program staff.
- E.4.24 Written policy, procedure, and practice provide all prisoners in restrictive housing are provided medication as prescribed. **4-ALDF-2A-56**
- E.4.25 Written policy, procedure, and practice provide all prisoners in restrictive housing are provided suitable clothing, and access to basic personal items for use in their cells unless there is imminent danger that a prisoner or any other prisoner(s) will destroy an item or induce self-injury. **4-ALDF-2A-56-1**
- E.4.26 Prisoners in restrictive housing units have the opportunity to shave and shower at least three times per week. prisoners in restrictive housing units receive laundry and hair care services and are issued and exchange clothing, bedding, and linen on the same basis as prisoners in general population. Exceptions are permitted only when determined to be necessary. Any exception is recorded in the unit log and justified in writing. **4-ALDF-2A-57**
- E.4.27 When a prisoner in restrictive housing is deprived of any usual authorized item or activity, a report of the action is made and forwarded to the facility administrator or designee. **4-ALDF-2A-58**

- E.4.28 If a prisoner uses food or food service equipment in a manner that is hazardous to self, staff, or other prisoners, 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. **4-ALDF-2A-59**
- E.4.29 Prisoners in restrictive housing units can write and receive letters on the same basis as prisoners in the general population. **4-ALDF-2A-60**
- E.4.30 Prisoners in restrictive housing units have opportunities for visitation unless there are substantial reasons for withholding such privileges. All denials for visitation are documented. **4-ALDF-2A-61**
- E.4.31 Prisoners in restrictive housing units have access to legal materials. **4-ALDF-2A-62**
- E.4.32 Prisoners in restrictive housing units have access to reading materials. **4-ALDF-2A-63**
- E.4.33 Prisoners in restrictive housing units are offered a minimum of one hour of exercise five days a week outside of their cells unless security or safety considerations dictate otherwise. **4-ALDF-2A-64**
- E.4.34 In addition to the minimum period of recreation, the multi-disciplinary committee identifies ways to increase out-of-cell opportunities for recreation, education, clinically appropriate treatment therapies, skill-building, and social interaction with staff and other prisoners. **DOJ - Restrictive Housing Report**
- E.4.35 Prisoners in disciplinary detention are allowed limited telephone privileges consisting of telephone calls related to specifically to access to the judicial process and family emergencies as determined by the facility administrator or designee. **4-ALDF-2A-65**
- E.4.36 Prisoners in restrictive housing have access to programs and services that include, but are not limited to the following:
 - E.4.36.a Educational services.
 - E.4.36.b Commissary services.
 - E.4.36.c Library services.
 - E.4.36.d Social services.
 - E.4.36.e Religious guidance.
 - E.4.36.f Recreational programs.
 - E.4.36.g Telephone access.
 - E.4.36.h Medical and behavioral health services.

E.5 Restrictive Housing: Classification and Housing

- E.5.1 The classification process ensures prisoners are housed in the least restrictive

setting necessary to ensure their own safety, as well as the safety of staff, other prisoners, other prisoners, and the public.

DOJ - Restrictive Housing Report

- E.5.2 Classification systems identify the most common reasons that prisoners request protective housing (e.g., prior cooperation with law enforcement, conviction for sex offense, gang affiliation, and sex or gender identification) and identify procedures for safely housing these prisoners outside restrictive housing units. **DOJ - Restrictive Housing Report**

F SAFETY AND SANITATION

F.1 Fire Safety and Chemical Control

- F.1.1 The facility conforms to applicable federal, state, and/or local fire safety codes; in addition to those set forth by the National Fire Protection Association (NFPA), and the Occupational Safety and Health Administration (OSHA).
- F.1.2 The facility's fire prevention regulations and practices ensure the safety of staff, prisoners, and visitors. These include, but are not limited to: **(4-ALDF-1C-08)**
- F.1.2.a An adequate fire protection service.
- F.1.2.b Availability of fire hoses or extinguishers at appropriate locations throughout the facility.
- F.1.3 A fire alarm and automatic detection system is required. The jurisdiction having authority approves any variances, exceptions, or equivalencies and these must not constitute a life-safety threat to the occupants of the facility. **4-ALDF-1C-07**
- F.1.4 Where the fire alarm system is out of service for more than 4 hours in a 24- hour period, the authority having jurisdiction is notified, and the building evacuated, or an approved fire watch is provided for all occupants left unprotected by the shutdown until the fire alarm system has been returned to service.
NFPA Life Safety Code 101 - 9.6.1.6
- F.1.5 The facility fire safety inspection includes: **(4-ALDF-1C-09)**
- F.1.5.a A weekly fire and safety inspection of the facility by a qualified departmental staff member;
- F.1.5.b A comprehensive and thorough monthly inspection of the facility by a qualified fire and safety officer for compliance with safety and fire prevention standards;
- F.1.5.c An annual inspection by local or state fire officials; and
- F.1.5.d Documented corrective action for all areas of non-compliance.
- F.1.6 Fire safety equipment is tested at least quarterly. **4-ALDF-1C-09**
- F.1.7 Facility furnishings meet fire safety performance requirements.
4-ALDF-1C-10

- F.1.8 An evacuation plan is used in the event of a 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: **(4-ALDF-1C-02)**
- F.1.8.a Location of building/room floor plan;
 - F.1.8.b Use of exit signs and directional arrows for flow of traffic; and
 - F.1.8.c Location of publicly posted plan.
- F.1.9 There is a means for the immediate release of prisoners from locked areas in case of emergency and provisions for a back-up system. **4-ALDF-1C-03**
- F.1.10 The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuations of prisoners and staff in the event of fire or other emergency. **4-ALDF-1C-04**
- F.1.11 Fire drills are conducted (NFPA Life Safety Code 101 Section 4.7).
- F.1.11.a Fire drills are conducted monthly or with sufficient frequency that observed fire drills demonstrate fire drill procedures are a matter of routine.
 - F.1.11.b Fire drill locations and times are varied and unexpected.
 - F.1.11.c Fire drills are documented and evaluated for:
 - F.1.11.c.1 Arrival Time of emergency keys.
 - F.1.11.c.2 Health Care Response.
 - F.1.11.c.3 Incident Command.
 - F.1.11.c.4 Response urgency.
 - F.1.11.c.5 Prisoner control and accountability to and from evacuation point.
 - F.1.11.c.6 Shakedowns prior to re-accessing the housing unit/pod.
 - F.1.11.c.7 Post drill briefing and documentation of drill.
- F.1.12 Use of padlocks and/or chains on cell doors and areas of assembly are prohibited.
- F.1.13 The use and storage of flammable, toxic, and caustic chemicals includes:
- F.1.13.a Controlled access.
 - F.1.13.b Proper storage.
 - F.1.13.c A current inventory.
 - F.1.13.d Safety Data Sheets.
 - F.1.13.e Personal Protective Equipment.
 - F.1.13.f Staff and Prisoner safety training.

F.2 Sanitation and Environmental Control

- F.2.1 The facility is kept clean and in good repair. A housekeeping and maintenance plan addresses all facility areas and provides for daily housekeeping and regular maintenance by assigning specific duties and responsibilities to staff and prisoners. **4-ALDF-1A-04**
- F.2.2 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: **(4-ALDF-1A-01)**
- F.2.2.a Weekly Sanitation inspection of all facility areas by a qualified department staff member;
 - F.2.2.b Comprehensive and thorough monthly inspection by a safety/sanitation specialist; and
 - F.2.2.c An annual inspection by federal, state, and/or local sanitation and health officials.
- F.2.3 Areas of non-compliance identified during sanitation inspections are reported and corrective action measures are implemented.
- F.2.4 Vermin and pests are controlled through monthly inspections and treatment by a qualified pest control technician. **4-ALDF-4D-04**
- F.2.5 Smoking is not permitted in the facility. **4-ALDF-1A-21**
- F.2.6 Disposal of liquid, solid, and hazardous materials complies with applicable government regulations. **4-ALDF-1A-02**
- F.2.7 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. **4-ALDF-1A-07**
- F.2.8 A program exists to monitor environmental conditions of the facility. This program ensures:
- F.2.8.a Lighting throughout the facility is sufficient for the tasks performed. Lighting levels in prisoner cells/rooms are at least 20 ft. candles in grooming and writing surface areas. **4-ALDF-1A-14**
 - F.2.8.b Temperature and humidity are mechanically raised or lowered to acceptable comfort levels. **4-ALDF-1A-20**
 - F.2.8.c A ventilation system supplies at least 15 cubic ft. per minutes of circulated air per occupant with a minimum of five cubic ft. per minute of outside air. Toilet rooms, and cells with toilets, have no less than four air changes. Air quantities are documented by a qualified technician not less than once every three years. **4-ALDF-1A-19**

- F.2.8.d Noise levels in prisoner housing 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 checked not less than every three years.
- F.2.9 Areas of non-compliance identified during environmental control monitoring are reported and corrective action measures are implemented.
- F.2.10 The number of prisoners does not exceed the facility's rated bed capacity.
4-ALDF-1A-05
- F.2.11 Prisoner sleeping surfaces and mattresses are at a minimum 12 inches off the floor. **4-ALDF-1A-11**
- F.2.12 Prisoners are provided a place to store clothes and personal belongings.
- F.2.13 All bunk beds in facility housing units have integrated ladders to support ascending to and descending from the upper bunk.

F.3 Clothing and Bedding

- F.3.1 Facility clothing is properly fitted, climatically suitable, durable, and presentable.
4-ALDF-4B-03
- F.3.2 Prisoners are issued clean well-maintained clothing items in a sufficient quantity of each item, or provided an opportunity to exchange or have laundered, each item on a weekly equivalent basis:
 - F.3.2.a Two outer garments (two shirts & pants, or two jumpsuits).
 - F.3.2.b Seven pairs of underwear (seven undershirts, seven drawers in accordance with gender needs).
 - F.3.2.c Seven pairs of socks.
- F.3.3 Prisoners are issued one pair of facility footwear.
- F.3.4 Prisoners are issued clean linens and towels in the following quantities and are provided the opportunity to exchange, or have laundered, these items each week:
 - F.3.4.a Two sheets.
 - F.3.4.b One pillowcase.
 - F.3.4.c One towel.
- F.3.5 Prisoners are issued clean blankets in sufficient quantity to provide comfort under existing temperature controls. **4-ALDF-4B-02**
 - F.3.5.a Prisoners blanket or dust covers are exchanged bi-weekly.
- F.3.6 Prisoners are issued one mattress, with cushion thickness of four inches.
4-ALDF-4B-02
- F.3.7 The volunteer prisoner workers are provided clothing appropriate for their work assignments.

- F.3.8 Prisoner food service workers are permitted to exchange clothing daily. Other prisoner workers are permitted to exchange clothing on a schedule appropriate to their work assignment.
- F.3.9 There is no delay in replacing clothing, linen, and bedding. **4-ALDF-4B-04**

F.4 Prisoner Hygiene

- F.4.1 Prisoners have access to toilets and washbasins with temperature controlled hot and cold running water 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas. **4-ALDF-4B-08**
- F.4.2 Prisoners have access to operable showers with temperature controlled hot and cold running water. **4-ALDF-4B-09**
- F.4.3 Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit to ensure the safety of Prisoners and to promote hygienic practices. **4-ALDF-4B-09**
- F.4.4 A variety of articles for maintaining proper personal hygiene are available to all prisoners. **4-ALDF-4B-06**
- F.4.5 Prisoners have access to hair care services. Hair care tools and equipment are cleaned and disinfected. **4-ALDF-4B-07**
 - F.4.5.a Prisoners scheduled for court receive a haircut within 72 hours of their court appearance.

F.5 Emergency Power and Communication

- F.5.1 Essential lighting and life sustaining functions are maintained inside the facility and have the ability to operate in an emergency. **4-ALDF-1C-12**
- F.5.2 Preventative maintenance is guided by a plan, which provides for emergency repair or replacement. **4-ALDF-1C-13**
- F.5.3 Safety and security equipment is repaired or replaced immediately by qualified personnel. **4-ALDF-1C-14**
- F.5.4 Emergency equipment and systems are tested quarterly. Power generators are inspected weekly, and load tested quarterly at a minimum, or in accordance with the manufacturer's recommendations and instruction manual. **4-ALDF-1C-15**

G SERVICES AND PROGRAMS

G.1 Classification and Housing

- G.1.1 There is a formal classification process that starts at admission, for managing and separating prisoners, and administering the facility. **4-ALDF-2A-30**

- G.1.2 The classification process ensures prisoners are housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of staff, other prisoners, other prisoners, and the public. **DOJ - Restrictive Housing Report**
- G.1.3 The classification process uses verifiable and documented data about prisoners. **4-ALDF-2A-30**
- G.1.4 The classification system is used to separate prisoners into groups that reduce the probability of assault and disruptive behavior. **4-ALDF-2A-30**
- G.1.5 Classification systems identify the most common reasons that prisoners request protective housing (e.g., prior cooperation with law enforcement, conviction for sex offense, gang affiliation, and sex or gender identification) and identify procedures for safely housing these prisoners outside restrictive housing units. **DOJ - Restrictive Housing Report**
- G.1.6 At a minimum, the classification system evaluates the following: **(4-ALDF-2A-30; 4-ALDF-4D-22-3; 4-ALDF-4D-22-4)**
 - G.1.6.a Mental and emotional stability.
 - G.1.6.b Escape history.
 - G.1.6.c History of assaultive behavior.
 - G.1.6.d Risk of sexual victimization.
 - G.1.6.e Medical status.
 - G.1.6.f Age.
 - G.1.6.g Need to keep separate.
- G.1.7 The initial classification is completed prior to reassignment from intake and short-term holding. **4-ALDF-2A-25**
- G.1.8 The classification process reviews custody classification of prisoners housed in general population every 30 days and those in the RHU every seven days.
 - G.1.8.a The RHU seven-day review considers prisoner custody level, and level changes (High, Medium, Low) in response to prisoner behavior.
 - G.1.8.b The RHU seven-day review considerations for step-down or alternative housing assignments, consideration for step-down work assignment and behavioral modification programming (when available).
 - G.1.8.c The RHU seven-day review is clearly articulated and documented in the prisoner file. **4-ALDF-2A-31**
- G.1.9 Prisoner housing assignments consider classification factors to include age, gender, legal status, custody level needs, disabilities, security threats, vulnerabilities and behavior. **4-ALDF-2A-32**
- G.1.10 Prisoners are informed and provided the opportunity to appeal custody classification and housing assignment.

G.2 Access to the Courts and Legal Materials

- G.2.1 The right of prisoners to have access to courts is ensured. **4-ALDF-6A-01**
- G.2.2 Prisoners access to counsel is ensured. Prisoners are assisted in making confidential contact with attorneys and their authorized representatives. Such contact includes, but is not limited to: **(4-ALDF-6A-02)**
 - G.2.2.a Telephone communications.
 - G.2.2.b Uncensored correspondence.
 - G.2.2.c Visits.
- G.2.3 Prisoners have access to a law library if available, to include legal materials and equipment to facilitate the preparation of documents.
 - G.2.3.a Pro-Se Prisoners have maximum access to the law library if available, to include legal materials, electronic discovery, equipment to view, prepare and print documents.
 - G.2.3.b Copies of Pro-Se orders are maintained in the Prisoner's record.
 - G.2.3.c A roster of all Pro-Se Prisoners is maintained and updated weekly by the mail clerk.

G.3 Mail

- G.3.1 Prisoners are allowed to send and receive mail. When the prisoner bears the mailing cost, there is no limit in the volume of letters he/she can send or receive or on the length, language, content, or source of mail publications, except when there is a reasonable belief that limitations are necessary to protect public safety or maintain facility order and security. **4-ALDF-5B-05**
- G.3.2 Indigent prisoners receive a specified postage allowance to maintain community ties, and necessary postage for privileged correspondence. **4-ALDF-5B-06**
- G.3.3 Prisoners are permitted to send sealed letters 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 prisoner, may be allowed to inspect outgoing privileged mail for contraband before it is sealed. Mail to prisoners from this specified class of persons and organizations may be opened only to inspect for contraband and only in the presence of the prisoner, unless waived in writing, or in circumstances, which may indicate contamination or a security threat. **4-ALDF-5B-09**
- G.3.4 All incoming and outgoing non-privileged mail is inspected for contraband.
- G.3.5 Excluding weekends and holidays or emergency situations, incoming and outgoing letters are held for no more than 24-hours, and packages are held for not more than 48-hours. **4-ALDF-5B-10**

G.4 Telephones

- G.4.1 Prisoners are provided with access to telephones. **4-ALDF-5B-11**

- G.4.2 Prisoners with hearing and/or speech disabilities, and prisoners who wish to communicate with parties, who have such disabilities, are afforded access to a telecommunications device for the deaf (TDD), or comparable equipment.
- G.4.3 Telephones with volume control are also made available to prisoners with a hearing impairment. **4-ALDF-5B-11**
- G.4.4 Staff ensures prisoner telephones are operable.
- G.4.5 Prisoner telephone restrictions are documented.

G.5 Religious Programs

- G.5.1 Prisoners have the opportunity to participate in practices 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. **4-ALDF-5C-17**
- G.5.2 There is a chaplain 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. **4-ALDF-5C-19**
- G.5.3 The chaplain, in cooperation with the facility administrator and/or designee, 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 prisoner population. **4-ALDF-5C-20**
- G.5.4 The chaplain and religious coordinator have physical access to all areas of the facility to minister to prisoners. **4-ALDF-5C-21**
- G.5.5 When a religious leader of a prisoner's faith is not represented through the chaplaincy staff or volunteers, the religious coordinator and chaplain assist the prisoner in contacting such a person. That person must have the appropriate credentials from the faith's judiciary and may minister to the prisoner under the supervision of the religious coordinator or chaplain. **4-ALDF-5C-22**
- G.5.6 The facility provides space and equipment adequate for conducting and administering religious programs. **4-ALDF-5C-23**

G.6 Recreation

- G.6.1 Prisoners have access to exercise opportunities and equipment, including at least one-hour daily of physical exercise outside the cell and outdoors, when weather permits. (Access to the housing unit's dayroom does not satisfy the standard's requirement.) **4-ALDF-5C-01**
- G.6.2 Prisoners have opportunities to participate in leisure-time activities outside their respective cell or living room on a daily basis. **4-ALDF-5C-02**

G.7 Visitation

- G.7.1 The facility has a prisoner visitation program to facilitate the maintaining of family and community ties.
- G.7.2 Sufficient space is provided for: **4-ALDF 5B-01**
 - G.7.2.a Prisoner visiting;
 - G.7.2.b Screening and searching of prisoners and visitors; and
 - G.7.2.c Storage of visitor's coats, handbags, and other personal items not allowed into the visiting area.
- G.7.3 The number of visitors a prisoner may receive, and the length of visits are limited only by the facility's schedule, space, and personal constraints or when there are substantial reasons to justify such limitations. **4-ALDF 5B-02**
- G.7.4 Conditions under which visits may be denied are defined in writing. **4-ALDF 5B-02**
- G.7.5 Special visits are provided. **4-ALDF-5B-03**
- G.7.6 Visitors identify themselves and register on entry into the facility. The circumstances under which visitors are searched are described in writing. **4-ALDF-5B-04**

G.8 Work Programs

- G.8.1 The facility has a prisoner work assignment program. **4-ALDF-5C-06**
- G.8.2 Prisoner working conditions comply with all applicable federal, state, or local work safety laws and regulations. **4-ALDF-5C-11**
- G.8.3 Prisoner work assignments do not compromise the security of the facility.
- G.8.4 Prisoners work under the direction of staff and not under other prisoners.
- G.8.5 Pretrial and un-sentenced prisoners are not required to work except to do personal housekeeping and to clean their housing area. **4-ALDF-5C-08**
- G.8.6 Prisoners are allowed to volunteer for work assignments. A work/volunteer agreement document is on file for all prisoners participating in non-routine housekeeping and sanitation work assignments. **4-ALDF-5C-08**
- G.8.7 Prisoners receive specific task workforce training related to equipment and working environment.
 - G.8.7.a Prisoner workforce training is documented and placed in work site and prisoner's permanent record.
 - G.8.7.b Prisoners are provided personal protective equipment (PPE) conducive to the work site and work to be performed (industrial aprons, anti-slip work shoes, protective gloves).

- G.8.7.c Prisoner PPE is accounted for daily using an equipment issue and return program. PPE is not authorized for storage in living spaces unless the living space is the workspace. All prisoner PPE is inventoried and secured when not in use.
- G.8.7.d Prisoner PPE which can be used to aid in escape (rubber gloves, rubber boots, leather or work gloves, anti-slip work shoes, washware and scullery operations aprons, etc.) are inventoried daily and controlled.
- G.8.7.e Improvised PPE is not authorized.
- G.8.8 Prisoners receive monetary compensation for participation in work programs; non-monetary compensation is prohibited (food, extended privileges, free commissary). The facility has an established system that ensures prisoners receive all pay owed during confinement at the facility and before transfer or released. **4-ALDF-5C-12**
- G.8.9 A prisoner may be removed from a work detail for:
 - G.8.9.a Unsatisfactory performance;
 - G.8.9.b Misconduct, disruptive behavior, security threats;
 - G.8.9.c Failure to perform; and
 - G.8.9.d Loss of work privilege due to disciplinary sanctions.
- G.8.10 When a prisoner is removed from a work detail, the facility administrator places written documentation of the circumstances and reasons in the prisoner detention file.

G.9 Prisoner Request

- G.9.1 The facility has policy and procedures for the routing and responding to prisoner requests to facility officials.
 - G.9.1.a Prisoner requests are routed without altering or impeding arrival to office of destination.
 - G.9.1.b Prisoner requests are tracked and monitored separate from the grievance process.
 - G.9.1.c Routine prisoner requests are answered within 24 hours (request for clothing, indigent supplies, staff assistance).
- G.9.2 The prisoner's request is a 3-part triplicate, carbon copy form and is separate from the facility 3-part triplicate carbon copy grievance form.
- G.9.3 Prisoner's request process includes option to seal request in an envelope addressed with name, title, and/or office to which the request is to be forwarded.
- G.9.4 Prisoner request forms are not used as, or substituted for, the prisoner grievance form.

G.9.5 Prisoners receive a written response to a non-routine request within 72 hours from the facility.

G.10 Grievance Program

G.10.1 A grievance procedure is made available to all prisoners and includes at least one level of appeal. **4-ALDF-6B-01**

G.10.2 Prisoner grievance form is a 3-part triplicate, carbon copy form and is separate from the facility 3-part triplicate carbon copy prisoner request form.

G.10.3 Grievance forms are readily available and easily accessible to prisoners.

G.10.4 Prisoners have unfettered access to grievance forms which require no assistance or facilitation from staff to obtain forms or deposit grievance forms in the mail; regardless of housing location.

G.10.5 The grievances coordination process as a minimum includes:

G.10.5.a A grievance form receipt log;

G.10.5.b Numerical inventory or tracking control number;

G.10.5.c Date and Time receipt stamp; and

G.10.5.d Basis and disposition of each complaint before dissemination to the appropriate department head for response.

G.10.6 Grievance Coordinator notifies Facility Administrator of failure of response from department heads who fail to provide responses to submitted grievances within 72 hours.

G.10.7 Time limits are not imposed on when a prisoner may submit a formal grievance.

G.10.8 Prisoner's grievance forms provide the opportunity for prisoners to retain a copy of the filed grievance and facility response provided.

G.10.9 Prisoners are provided a written response within three business days of submitting the grievance.

G.11 Prisoner Commissary

G.11.1 The Warden and designated staff conduct quarterly "townhall" meetings with the prisoner population to add, remove and discuss commissary product cost and product availability.

G.11.2 Quarterly commissary townhall meeting minutes addressing all topics and issues discussed are provided to the COR within 5 business days of conclusion of the meeting.

G.11.3 Commissary reconciliation sales, inventory adjustments, and Receiving Reports are reconciled with the Standard General Ledger monthly.

G.11.4 A copy of the commissary inventory is provided to the COR monthly.

- G.11.5 Commissary purchases by prisoners do not exceed \$40.00 per purchase opportunity (weekly).
- G.11.6 Markup of merchandise is no more than: 0% for postage stamps, religious items, education course/resource requirements; 5% for Special Purchase Orders (SPO) purchased at retail cost; 30% on standard/SPOs purchased at non-retail cost.
- G.11.7 Preprinted sales prices printed on packaging is sold at the preprinted price.
- G.11.8 Expenditures from the prisoner Welfare fund that exceed \$10,000 are approved by the COR and contractor's corporate office.
- G.11.9 Records of prisoner Welfare fund expenditures are maintained on site at the contract facility and provided to the COR monthly.
- G.11.10 Efforts are made to provide more benefits/services for the prisoner population and/or reduce the cost of products sold when the Prisoner Welfare Fund Account exceeds established recommended reserve balances.
- G.11.11 Welfare Fund Account excessive balance adjustment efforts are reported to the COR monthly for the duration of the period in which the Welfare Fund Account exceeds established recommended reserve balance.
- G.11.12 Procedures are established for transferring prisoner personal funds upon release from the detention facility, transfer to another detention facility or when a prisoner requests a funds transfer to an outside source.

G.12 Detention Counselors

- G.12.1 A Detention Counselor is assigned to each housing unit with a population greater than 20 prisoners.
- G.12.2 Detention Counselors office and work location is in the prisoner housing unit (where and when practical).
- G.12.3 Detention Counselors are not used to perform correctional officer duties and are not assigned collateral duties associated with prisoner custody.
- G.12.4 Detention Counselors are assigned supervision outside of the custody and security department.
- G.12.5 Detention Counselors possess a minimum of 3 years correctional officer experience.
- G.12.6 Detention Counselors maintain a record or log of prisoner support and contact activities to include:
 - G.12.6.a Name and Prisoner Register Number;
 - G.12.6.b Nature of assistance, support or counseling provided;
 - G.12.6.c Documented disposition of support or resolution provided; and
 - G.12.6.d Transfer or referral office or facility staff for final disposition.

- G.12.7 Detention Counselors provide weekly trend and issue reports to the COR which include but are not limited to:
 - G.12.7.a Facility responses to prisoner grievance and request responses;
 - G.12.7.b Facility responses to prisoner sick call;
 - G.12.7.c Facility response to prisoner hygiene (barbering, nail cutters, toilet paper, needed uniform items, etc.);
 - G.12.7.d Functionality of housing unit phones, televisions, television remote controls, microwaves, games, recreation equipment, etc.; and
 - G.12.7.e Status of maintenance operations and prisoner living conditions to include in cell broken or leaking sinks and toilets, broken light fixtures, heavily graffitied cell walls, clogged air return vents, unserviceable mattresses, unserviceable mirrors, tampered or covered light fixtures and cell temperatures.