

REGION III ANNUAL JAIL AUDIT

_____ **Date**

Sheriff/Administrator _____ **Jail:** _____ **Jail Address:** _____

Auditors: _____, _____, _____

Jail Bed Capacity: _____ **Total Jail Count** _____ **ODOC Contract Capacity** _____

ODOC Contract Count: _____ **Total Female Count:** _____ **Total Juvenile Count:** _____

J&S (Back Up) Inmate Count: _____.

Date of Last Health Department (Jail Division) Inspection: _____ **Date of Last Fire Marshall Inspection:** _____

Approval Date of Meal Menu by a Dietitian : _____ **Date of Last Outside Safety Inspection:** _____

Compliance/non-compliance will be noted in the Auditors Findings. If the facility is found non-compliant, the reason for this finding will also be detailed in this section. All other issues, recommendations and/or suggestions that do not constitute a finding of non-compliance will be addressed in the General Comment section.

SAFETY:

1. 1-CORE-1A-01 (**Mandatory**)
(Ref. 4-ALDF-1A-01)

The facility complies with all applicable laws and regulations of the governing jurisdiction. The following inspections are implemented:

- Weekly sanitation inspections of all facility areas by a qualified departmental staff member.
- Comprehensive and thorough monthly inspections by a safety/sanitation specialist.
- At least annual inspections by qualified persons.

Recommended documentation to support standard:

- Weekly sanitation inspections conducted by qualified jail staff.
- Training records for staff conducting weekly inspections.
- Monthly inspections conducted by a qualified safety/sanitation specialist.
- Qualifications/certification of staff member conducting monthly inspections.
- Annual Jail Division inspection report.

Auditor Findings:
Corrective Action:

2. 1-CORE-1A-02 (**Mandatory**)
(Ref. 4-ALDF-1A-02)

Disposal of liquid, solid, and hazardous material complies with applicable government regulations.

Recommended documentation to support standard:

- Waste disposal contracts (e.g., trash, grease, oil, etc.).
- Invoices of delivery of waste disposal services.

Auditor Findings:
Corrective Action:

3. 1-CORE-1A-03 (**Mandatory**)
(Ref. 4-ALDF-1A-03)

Vermin and pests are controlled.

Recommended documentation to support standard:

- Pest control contracts, or, certification of a jail staff to apply pesticides.
- Invoices of delivery of pest control services or log/documentation of application by staff.
- Observation.

Auditor Findings:
Corrective Action:

4. 1-CORE-1A-04
(Ref. 4-ALDF-1A-04)

The facility is clean and in good repair.

Recommended documentation to support standard:

- Daily reports by senior officer/shift supervisor.
- Maintenance Work Requests or other written documentation (e.g., shift/incident reports) indicating need for repairs of physical plant/equipment.
- Observation.

Auditor Findings:
Corrective Action:

5. 1-CORE-1A-05 (**Mandatory**)
(Ref. 4-ALDF-1A-07)

The facility's potable water source and supply, whether owned and operated by a 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.

Recommended documentation to support standard:

- Documentation from the approval agency of the facility's water supply (DEQ).
- Annual certification from the regulatory agency or independent outside source.

Auditor Findings:
Corrective Action:

6. 1-CORE-1A-06 (Existing, Renovation, Addition, New Construction)
(Ref. 4-ALDF-1A-09)

Single cells provide at least 35 square feet of unencumbered space. At least 70 square feet of total floor space is provided when the occupant is confined for more than ten hours per day.

Recommended documentation to support standard:

- Floor plans to include cell measurements.
- Observation.

Auditor Findings:
Corrective Action:

7. 1-CORE-1A-07 (Existing, Renovation, Addition, New Construction)
(Ref. 4-ALDF-1A-10)

Multiple-occupancy rooms/cells house between two and sixty-four occupants and provide 25 square feet of unencumbered space per occupant. When confinement exceeds ten hours per day, at least 35 square feet of unencumbered space is provided for each occupant.

Recommended documentation to support standard:

- Floor plans to include cell measurements.
- Observation.

Auditor Findings:
Corrective Action:

8. 1-CORE-1A-08 (Existing, Renovation, Addition, New Construction)
(Ref. 4-ALDF-1A-12)

Dayrooms with space for varied inmate activities are situated immediately adjacent to inmate sleeping areas. Dayrooms provide a minimum of 35 square feet of space per inmate (exclusive of lavatories, showers, and toilets) for the maximum number of inmates who use the dayroom at one time. No dayroom encompasses less than 100 square feet of space, exclusive of lavatories, showers, and toilets.

Recommended documentation to support standard:

- Day room floor plans to include measurements indicating total dayroom space.
- Observation.

Auditor Findings:
Corrective Action:

9. 1-CORE-1A-09
(Ref. 4-ALDF-1A-14, 1A-15)

All inmate rooms/cells provide the occupants with access to natural light. Lighting throughout the facility is sufficient for the tasks performed.

Recommended documentation to support standard:

- Most recent environmental survey conducted by ODOC Environmental Health and Safety with corrective action taken for any noted deficiencies.
- Observation.

Auditor Findings:
Corrective Action:

10. 1-CORE-1A-10 Revised August 2013
(Ref. 4-ALDF-1A-19, 1A-20)

A ventilation system supplies at least 15 cubic feet per minute of circulated air per occupant, with a minimum of five cubic feet per minute of outside air. Toilet rooms and cells with toilets have no less than four air changes per hour unless state or local codes require a different number of air changes. Air quantities are documented by a qualified technician and are checked not less than once per accreditation cycle. Temperatures are mechanically raised or lowered to acceptable comfort levels.

Recommended documentation to support standard:

- Most recent environmental survey conducted by ODOC Environmental Health and Safety with corrective action taken for any noted deficiencies.
- Maintenance and repair records
- Facility logs and reports.
- Observation.

Auditor Findings:
Corrective Action:

11. 1-CORE-1A-11
(Ref. 4-ALDF-1A-21)

Non-smoking inmates are not exposed to secondhand smoke.

Recommended documentation to support standard:

- Observation, to include posted signs prohibiting smoking and tobacco possession.

Auditor Findings:
Corrective Action:

12. 1-CORE-1B-01
(Ref. 4-ALDF-1B-03, 1B-04, 1B-06)

Transportation of inmates outside the facility, and security of facility vehicles are governed by policy and procedure. Staff involved with transportation of inmates are informed of all policies and procedures. Annual safety inspections are conducted on all vehicles used by the facility. Repairs are completed immediately. Vehicles are not used until repairs are completed.

Recommended documentation to support standard:

- Written policy and procedure governing use of vehicles.
- Documentation of staff informed of policy requirements.
- Annual inspections of all vehicles.
- Notification to appropriate staff of vehicle(s) in need of repair and documentation of completion.
- Transportation logs.
- Staff Interviews.

Auditor Findings:
Corrective Action:

13. 1-CORE-1C-01 (**Mandatory**)
(Ref. 4-ALDF-1C-01, 1C-05, 1C-06)

There is a plan that guides the facility response to emergencies. All facility personnel are trained annually in the implementation of the emergency plan. The emergency plan should include procedures to be followed in situations that threaten facility security. Such situations may include but are not limited to: **(1)** riots/disturbances, **(2)** hunger strikes, **(3)** escapes, **(4)** taking of hostages, and **(5)** staff work stoppage.

Recommended documentation to support standard:

- Facility's emergency plans(s) and/or index of plans. Plans should include each of the five (5) topics listed in the standard.
- Staff training records of annual training on emergency plans.
- Staff interviews.

Auditor Findings:
Corrective Action:

14. 1-CORE-1C-02 (**Mandatory**)
(Ref. 4-ALDF-1C-02)

An evacuation plan is used in the event of fire or major emergency. The plan is approved by an independent

outside inspector trained in the application of national fire safety codes and is reviewed annually, updated if necessary, and reissued to the local fire jurisdiction.

Recommended documentation to support standard:

- Copy of fire evacuation plan(s).
- Documentation of plan approval by outside, independent source, State Fire Marshal or local fire department.
- Documentation of annual review of plan, and reissuance to local fire department if revised.
- Observation of evacuation of plans throughout the facility and appropriate placement/orientation.

Auditor Findings:
Corrective Action:

15. 1-CORE-1C-03 (**Mandatory**)
(Ref. 4-ALDF-1C-03, 1C-04)

There is a means for the immediate release of inmates from locked areas in case of emergency, and there are provisions for a backup system. The facility has exits that are properly positioned, are clear from obstruction, and are distinctly and permanently marked to ensure the timely evacuation of inmates and staff in the event of fire or other emergency. All housing areas and places of assembly for fifty or more persons have two exits.

Recommended documentation to support standard:

- Written procedure specifying release of inmates from locked areas and the backup system.
- Documentation of emergency drills, to include those in segregated/restrictive housing.
- Staff/inmate interviews.
- Observation.

Auditor Findings:
Corrective Action:

16. 1-CORE-1C-04 (**Mandatory**)
(Ref. 4-ALDF-1C-07)

The facility conforms to applicable federal, state, and/or local fire safety codes.

Recommended documentation to support standard:

- Facility inspection reports (daily/weekly and/or monthly).
- Annual State Fire Marshal Inspection with corrective action taken on any noted deficiencies.
- Documentation of fire alarm and detection system maintenance and testing.

Auditor Findings:
Corrective Action:

17. 1-CORE-1C-05 (**Mandatory**)
(Ref. 4-ALDF-1C-08, 1C-09)

The facility's fire prevention regulations and practices ensure the safety of staff, contractors, inmates, and visitors. There is a comprehensive and thorough monthly inspection of the facility by a qualified fire and safety officer for compliance with safety and fire prevention standards. There is an annual inspection by local or state fire officials or other qualified persons.

Recommended documentation to support standard:

- Facility's written fire prevention policy.
- Monthly inspections conducted by a qualified safety/sanitation specialist.
- Qualifications/certification of staff member conducting monthly inspections.
- Annual State Fire Marshal inspection with corrective action taken on any noted deficiencies.

Auditor Findings:
Corrective Action:

18. 1-CORE-1C-06 (**Mandatory**)
(Ref. 4-ALDF-1C-10)

Facility furnishings meet fire-safety-performance requirements.

Recommended documentation to support standard:

- Specifications of facility furnishings (e.g., mattresses, pillows, etc.).
- Invoices for purchasing of approved furnishings.
- Observation.

Auditor Findings:
Corrective Action:

19. 1-CORE-1C-07 (Mandatory)
4-ALDF-1C-11

Flammable, toxic, and caustic materials are controlled and used safely.

Recommended documentation to support standard:

- Training records of staff and inmates on the safe use of flammable, toxic, and caustic materials.
- Daily inventories and issuance logs of chemical/cleaning supplies.
- Weekly inspections of all chemical/cleaning supplies for leakage, etc.
- Observation.

Auditor Findings:
Corrective Action:

20. 1-CORE-1C-08
(Ref. 4-ALDF-1C-12)

Essential lighting and life-sustaining functions are maintained inside the facility or by the community in an emergency.

Recommended documentation to support standard:

- Inspection/testing of emergency equipment (generators, lights, etc.).
- Work orders/written reports for repair of lighting.
- Observation.

Auditor Findings:
Corrective Action:

21. 1-CORE-1C-09
(Ref. 4-ALDF-1C-14)

All equipment is in working order. Safety and security equipment is repaired or replaced immediately. Use of padlocks for security locks on cell or inmate housing doors is prohibited.

Recommended documentation to support standard:

- Security inspections/shift reports.
- Work orders/written reports for repair of equipment.
- Observation.

Auditor Findings:
Corrective Action:

SECURITY

1. 1-CORE-2A-01
(Ref. 4-ALDF- 2A-01)

The facility's security, life safety, and communications systems are monitored continuously from a secure location.

Recommended documentation to support standard:

- On site Observation.
- Post Review Post Orders.
- Copy of post logs.

Auditor Findings:
Corrective Action:

2. 1-CORE-2A-02
(Ref. 4-ALDF-2A-03, 2A-04)

Correctional officers' posts are located adjacent to inmate living areas to permit officers to see or hear and

respond promptly to emergency situations. There are written orders for every correctional officer's post.

Recommended documentation to support standard:

- Review post orders.
- On site observation.
- Copy of post log entries.

Auditor Findings:
Corrective Action:

3. 1-CORE-2A-03
(Ref. 4-ALDF- 2A-05, 2A-06)

Personal contact and interaction between staff and inmates is required. The facility administrator or designee visits the facility's living and activity areas at least weekly.

Recommended documentation to support standard:

- Review Unit Logs.
- Review Post Orders.
- On site observations.

Auditor Findings:
Corrective Action:

4. 1-CORE-2A-04
(Ref. 4-ALDF- 2A-07)

The facility perimeter ensures inmates are secured and that access by the general public is denied without proper authorization.

Recommended documentation to support standard:

- On site observations.
- Review post orders.
- Interview assigned Officer/Staff.

Auditor Findings:
Corrective Action:

5. 1-CORE-2A-06
(Ref. 4-ALDF- 2A-09)

No inmate or group of inmates is given control, or allowed to exert authority, over other inmates.

Recommended documentation to support standard:

- Review grievances.
- Interview staff and inmates.
- Review written grievance policy/procedure.

Auditor Findings:
Corrective Action:

6. 1-CORE-2A-07
(Ref. 4-ALDF-2A-10)

All inmate movement from one area to another is controlled by staff.

Recommended documentation to support standard:

- Review policy/procedure.
- Talk with officers on post.
- On site observation.

Auditor Findings:
Corrective Action:

7. 1-CORE-2A-08
(Ref. 4-ALDF- 2A-11)

Correctional staff maintains a permanent log and prepare shift reports that record routine information, emergency situations, and unusual incidents.

Recommended documentation to support standard:

- Review post logs.
- Review incident reports.
- Review shift reports/official reports.
- Talk with posted staff.

Auditor Findings:
Corrective Action:

8. 1-CORE-2A-09
(Ref. 4-ALDF- 2A-14)

Sufficient staff, including a designated supervisor, is provided at all times to perform functions relating to the security, custody, and supervision of inmates and, as needed, to operate the facility in conformance with the standards.

Recommended documentation to support standard:

- Review shift staffing reports.
- Review HR listing of all full and part time staff.

- Review shift rosters.
- On site observation.

Auditor Findings:
Corrective Action:

9. 1-CORE-2A-10
(Ref. 4-ALDF- 2A-16)

There is an inmate-population-management process that includes records on the admission, processing, and release of inmates.

Recommended documentation to support standard:

- Review count sheets.
- Inmate Rosters.
- Review Post logs.
- Review Count tracking sheets/reports.

Auditor Findings:
Corrective Action:

10. 1-CORE-2A-11
(Ref. 4-ALDF- 2A-17)

The facility has a system for physically counting inmates. At least one formal count is conducted for each shift, with no less than three counts daily.

Recommended documentation to support standard:

- Review Policy/Procedures.
- Count sheets.
- Review post logs.
- On site observation.

Auditor Findings:
Corrective Action:

11. 1-CORE-2A-12 (Renovation, Addition, New construction only).
(Ref. 4-ALDF- 2A-18)

Physical plant design facilitates continuous personal contact and interaction between staff and inmates in housing units. All living areas are constructed to facilitate continuous staff observation, excluding electronic surveillance, of cell or detention room fronts and areas such as dayrooms and recreation spaces.

Recommended documentation to support standard:

- Physical plant diagram.

- On site observation.
- Reviews with on-site personal.

Auditor Findings:
Corrective Action:

12. 1-CORE-2A-15 Revised August 2013
(Ref. 4-ALDF-2A-27)

Prior to being placed in the general population, each inmate is provided with an orientation that includes facility rules and regulations, including access to medical care. Facility rules and regulations are available during their confinement. The written and/or electronic materials are translated into those languages spoken by a significant number of inmates.

Recommended documentation to support standard:

- Copy of orientation handbook.
- Copy of inmate's signature verifying receipt of handbook.
- Copy of orientation handbook in different language, (Hispanic or other language of inmate incarcerated at the jail.
- On site observation of pod bulletin boards or copy on unit for checkout by inmates.

Auditor Findings:
Corrective Action:

13. 1-CORE-2A-18
(Ref. 4-ALDF- 2A-34)

Inmates not suitable for housing in multiple occupancy cells are housed in single occupancy cells.

Recommended documentation to support standard:

- Onsite observation.
- Staff interviews.
- Copies of housing orders.

Auditor Findings:
Corrective Action:

14. 1-CORE-2A-21
(Ref. 4-ALDF- 2A-44)

The facility administrator or designee can order immediate segregation when it is necessary to protect an inmate or others. The action is reviewed within 72 hours by the appropriate authority.

Recommended documentation to support standard:

- Policy or procedures showing procedures to follow for protective measures and requirement of a 72

- hour review.
- Copies of completed housing orders with showing protective measures with signatures showing 72 hour review.
- Incident reports.

Auditor Findings:
Corrective Action:

15. 1-CORE-2A-22 (**Mandatory**)
(Ref. 4-ALDF- 2A-45)

When an inmate is transferred to segregation, health care personnel are informed immediately and provide assessment and review, as indicated by the protocols established by the health authority.

Recommended documentation to support standard:

- Policy/Procedures or medical protocols.
- Official reports.
- Staff and inmate interviews.

Auditor Findings:
Corrective Action:

16. 1-CORE-2A-23
(Ref. 4-ALDF- 2A-51)

Segregation housing units provide living conditions that approximate those of the general inmate population. All exceptions are clearly documented. Segregation cells/rooms permit the inmates assigned to them to be able to converse with and be observed by staff members.

Recommended documentation to support standard:

- Policy and/or procedures.
- Onsite observation.
- Staff and inmate interviews.

Auditor Findings:
Corrective Action:

17. 1-CORE-2B-01 (**Mandatory**)
(Ref. 4-ALDF- 2B-01)

The use of physical force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. In no event is physical force used as punishment.

Recommended documentation to support standard:

- Policy/procedures showing standard requirements.
- Incident reports, which documents of use of forces.

Auditor Findings:
Corrective Action:

18. 1-CORE-2B-02
(Ref. 4-ALDF- 2B-02)

Restraint devices are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application.

Recommended documentation to support standard:

- Policy/procedures.
- Incident report.

Auditor Findings:
Corrective Action:

19. 1-CORE-2B-04
(Ref. 4-ALDF- 2B-04, 2B-05)

Procedures govern the availability, control, inventory, storage, and use of firearms, less lethal devices, and related security devices, and specify the level of authority required for their access and use. Chemical agents and electrical disablers are used only with the authorization of the facility administrator or designee. Access to storage areas is restricted to authorized persons and the storage space is located in an area separate and apart from inmate housing or activity areas.

Recommended documentation to support standard:

- Policy/Procedures.
- Inventory sheets of firearms, chemical agents, electrical disablers and other security devices.
- Check out sheets.
- On site observation.
- Staff interviews.

Auditor Findings:
Corrective Action:

20. 1-CORE-2B-05
(Ref. 4-ALDF- 2B-07)

Written reports are submitted to the facility administrator or designee no later than the conclusion of the tour of duty when any of the following occur:

- discharge of a firearm or other weapon.
- use of less lethal devices to control inmates.

- use of force to control inmates.
- inmate(s) remaining in restraints at the end of the shift.
- routine and emergency distribution of security equipment.

Recommended documentation to support standard:

- Policy/Procedures.
- Incident reports.
- Staff interviews.

Auditor Findings:
Corrective Action:

21. 1-CORE-2C-01
(Ref. 4-ALDF- 2C-01)

Procedures guide searches of facilities and inmates to control contraband.

Recommended documentation to support standard:

- Policy/Procedures.
- Search Reports.

Auditor Findings:
Corrective Action:

22. 1-CORE-2C-03
(Ref. 4-ALDF- 2C-04)

A strip search of a general population inmate is only conducted when there is reasonable belief that the inmate may be in possession of an item of contraband or when the inmate leaves the confines of the facility to go on an outside appointment or work detail and upon return from such outside appointment or work detail. The least-invasive form of search is conducted.

Recommended documentation to support standard:

- Policy/Procedures.
- Incident Reports.

Auditor Findings:
Corrective Action:

23. 1-CORE-2C-04
(Ref. 4-ALDF- 2C-05)

Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the inmate is concealing contraband and when authorized by the facility administrator or designee. Health care personnel conduct the inspection in private.

Recommended documentation to support standard:

- Policy/Procedures.
- Incident Reports.

Auditor Findings:
Corrective Action:

24. 1-CORE-2D-01 (**Mandatory**)
(Ref. 4-ALDF-2D- 01, 2D-02, 2D-03)

Keys, tools, culinary equipment, and medical/dental instruments and supplies (syringes, needles and other sharps) are inventoried and use is controlled.

Recommended documentation to support standard:

- Policy/Procedures.
- Inventory sheets.
- Master inventory sheets.
- Daily check out forms.
- On site observation.
- Staff and Inmate interviews.

Auditor Findings:
Corrective Action:

ORDER

1. 1-CORE-3A-01
(Ref. 4-ALDF- 3A-01, 3A-02, 2A-50)

Disciplinary procedures governing inmate rule violations address the following:

- rules of inmate conduct that specify prohibited acts and appropriate sanctions for each prohibited act.
- minor and major violations.
- criminal offenses.
- disciplinary reports.
- pre-hearing actions/investigation.
- pre-hearing detention.
- placement of an inmate in disciplinary detention for a rule violation only after a hearing.
- maximum sanction for a rule violation is no more than sixty days.

Recommended documentation to support standard:

- Written policy and procedure.
- Rules.
- Inmate handbook.
- Report formats.
- Sanctioning schedule.

- Disciplinary records.
- Inmate and staff interviews.
- Documentation that sanctioning schedule has been communicated to inmates.
- Documentation of facility administrator review and approval.

Auditor Findings:
Corrective Action:

2. Section 4.8—Discipline **(Mandatory)**:

All inmates shall be provided with a copy of the jail rules and procedures.

- rules of inmate conduct that specify prohibited acts and appropriate sanctions for each prohibited act.
- inmate’s orientation handbook/guide.

Recommended documentation to support standard:

- Documentation of inmate signature(s) receiving orientation on rules of conduct, prohibited acts, and sanctions that could be imposed.
- Copy of inmate’s orientation handbook/guide.

Auditor Findings:
Corrective Action:

3. Section 4.8—Discipline **(Mandatory)**:

The Contractor will maintain a log and will make it available to the Department to record whenever an inmate is deprived of any usually authorized item or activity. The facility will provide complete, accurate, and detailed reports to the host facility within seven (7) working days of the finalized disciplinary action.

- Maintain facility misconduct report record (Form DOC 060125D).

Recommended documentation to support standard:

- Copies (quarterly) of misconduct report record, to include sanction(s)/restrictions (Form DOC 060125D)

Auditor Findings:
Corrective Action:

CARE

1. 1-CORE-4A-01 **(Mandatory)**
(Ref. 4-ALDF- 4A-07)

The facility’s dietary allowances are reviewed (*per contract, Section 4.3—Food Service; and approved by a qualified nutritionist or dietician*) at least annually by a qualified nutritionist or dietician to ensure that they meet the nationally recommended dietary allowances for basic nutrition for appropriate age groups. Menu

evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings.

Recommended documentation to support standard:

- Written policy and procedure.
- Recommended dietary allowances.
- Annual approved menu.
- Nutritionist or dietician qualifications.
- Documentation of at least annual review and quarterly menu evaluations.

Auditor Findings:
Corrective Action:

2. 1-CORE-4A-02
(Ref. 4-ALDF-4A-09, 4A-10)

Therapeutic and/or special diets are provided as prescribed by appropriate clinicians or when religious beliefs require adherence to religious dietary laws.

Recommended documentation to support standard:

- Diet manual; special diet menus.
- Diet request form.
- Medical professionals' order for special diet.
- Diet records or forms.
- Observation.
- Interviews.
- Documentation of chaplain's approval.

Auditor Findings:
Corrective Action:

3. 1-CORE-4A-03 (**Mandatory**)
(Ref. 4-ALDF- 4A-11)

There is documentation by an independent, outside source that food service facilities and equipment meet established government health and safety codes. Corrective action is taken on any deficiencies.

Recommended documentation to support standard:

- Health and safety codes.
- Documentation of compliance with codes.
- Inspection reports; Oklahoma Depart. of Corrections' Environmental Health Occupational Safety. Inspection Report, Oklahoma Health Department's Annual Inspection Report.

Auditor Findings:
Corrective Action:

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4. 1-CORE-4A-03-1
Revised August 2011.

All staff, contractors, and inmate 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.

Recommended documentation to support standard:

- Written policy and procedure for food service safety.
- Qualification(s) of staff.
- Training record for staff and/or trustees.

Auditor Findings:
Corrective Action:

5. 1-CORE-4A-04 (**Mandatory**)
(Ref. 4-ALDF-4A-13)

There is adequate health protection for all inmates and staff in the facility and for inmates and other persons working in food service. All persons involved in the preparation of the food receive a pre-assignment medical examination to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils.

Recommended documentation to support standard:

- List of all personnel working in food service; staff and/or trustees.
- Documentation of medical clearance to work in food service; staff and/or trustees.
- Inspection reports, completed forms, including documentation that identified deficiencies were corrected.
- Inmate and staff interviews.
- Observation; monitoring for health and cleanliness.

Auditor Findings:
Corrective Action:

6. 1-CORE-4A-05 (**Mandatory**)
(Ref. 4-ALDF- 4A-15)

If food services are provided by the facility, there are weekly inspections of all food services areas, including dining and food preparation areas and equipment. Water temperature is checked and recorded daily.

Recommended documentation to support standard:

- Inspection forms and formats.
- Process Indicators:
- Measurement; daily log(s) for refrigerator temperature, freezer temperature, mechanical dishwasher water temperature.
- Instructions on water temperature requirements for chemical agents used with dishwashing

- machinery, if applicable.
- Inspection reports, completed forms, including documentation that identified deficiencies were corrected.
- Observation.

Auditor Findings:
Corrective Action:

7. 1-CORE-4A-06
(Ref. 4-ALDF-4A-17, 4A-18)

Three meals, including at least two hot meals, are prepared, delivered, and served under staff supervision at regular times during each twenty-four hour period, with no more than fourteen 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.

Recommended documentation to support standard:

- Meal schedules.
- Approved menu(s).
- Observation.
- Inmate interviews.
- Records of meals served and times served.
- Facility records and logs; documenting time meals served as schedule indicates.

Auditor Findings:
Corrective Action:

8. 1-CORE-4B-01
(Ref. 4-ALDF-4B-02)

Inmates are issued suitable, clean bedding and linens. There is provision for linen exchange, including towels, at least weekly.

Recommended documentation to support standard:

- Laundry Schedule.
- Documentation of issue and exchange.
- Documentation issuance and exchange occurred according to schedule.
- Inmate interview.
- Observation.

Auditor Findings:
Corrective Action:

9. 1-CORE-4B-02
(Ref. 4-ALDF-4B-03)

Inmates are issued clothing that is properly fitted and suitable for the climate. There are provisions for inmates to exchange clothing at least twice weekly.

Recommended documentation to support standard:

- Documentation of cleaning and storage (i.e., storage inventory, items, number, and sizes).
- Documentation of clothing issue.
- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

10. 1-CORE-4B-03
(Ref. 4-ALDF- 4B-06)

Articles and services necessary for maintaining proper personal hygiene are available to all inmates including items specifically needed for females.

Recommended documentation to support standard:

- Documentation of availability of canteen items.
- Listing of authorized personal property items.
- Listing of indigent issue items.
- Documentation that items are provided.
- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

11. 1-CORE-4B-04
(Ref. 4-ALDF-4B-08, 4B-09, 4C-10)

Inmates, including those in medical housing units or infirmaries, have access to showers, toilets, and washbasins with temperature-controlled hot and cold running water twenty-four hours per day. Inmates are able to use toilet facilities without staff assistance when they are confined in their cells/sleeping areas. Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit.

Recommended documentation to support standard:

- Facility plans/specifications.
- Applicable building codes and regulations.
- Documentation of periodic measurement of water temperature.
- Provide documentation that sinks/showers water temperature is thermostatically controlled.
- Documentation of water temperatures are within range of specified limits.
- Inmate housing records.
- Measurement.
- Inspection/Maintenance records or reports (recommend use of ODOC inspection forms; or at a minimum, internal inspection forms include areas specified in ODOC inspection forms).

- Ratio documentation.
- Observation.

Auditor Findings:
Corrective Action:

12. 1-CORE-4C-01 (**Mandatory**)
(Ref. 4-ALDF- 4C-01, 4C-02, 4C-03)

At the time of admission/intake, all inmates are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an inmate's ability to pay. There is a process for all inmates to initiate requests for health services on a daily basis. These requests are triaged by qualified health professionals or processed by health-trained persons to ensure that needs are addressed in a timely manner in accordance with the severity of the illness. When the necessary medical, dental, or mental health care is not available at the facility, inmates are referred to and given timely access to the needed clinical services in another appropriate setting.

Recommended documentation to support standard:

- Inmate handbook; to include access to healthcare services.
- Grievance procedure.
- Documentation that inmates are informed about health care and grievance system (new reception; inmate orientation process).
- Inmate grievances.
- License/certification of healthcare service providers.
- Sick call request form.
- Clinical provider schedules.
- Observation.
- Interviews.

Auditor Findings:
Corrective Action:

13. 1-CORE-4C-03 (**Mandatory**)
(Ref. 4-ALDF- 4C-08)

Inmates have access to twenty-four-hour emergency medical, dental, and mental health services, including on-site first aid, basic life support, and transfer to community-based services.

Recommended documentation to support standard:

- Written services agreement with outside medical treatment facility(s), and ambulance service(s).
- Staff training record verifying CPR training.
- Documentation of inmate transport for emergency medical treatment.
- Interviews.

Auditor Findings:
Corrective Action:

14. 1-CORE-4C-07 (**Mandatory**)
(Ref. 4-ALDF- 4C-19)

Inmates with chronic medical conditions, such as diabetes, hypertension, and mental illness receive periodic care by a qualified health care provider in accordance with individual treatment plans that include monitoring of medications and laboratory testing.

Recommended documentation to support standard:

- Documentation of issuance of prescribed medication(s), to include refills and refill process.
- Chronic care protocols and forms.

Auditor Findings:
Corrective Action:

15. 1-CORE-4C-12 (**Mandatory**)
(Ref. 4-ALDF- C-27, 4C-28)

Inmates have access to mental health services as clinically warranted in accordance with protocols established by the health authority that include:

- screening for mental health problems.
- referral to outpatient services, including psychiatric care.
- crisis intervention and management of acute psychiatric episodes.
- stabilization of the mentally ill and prevention of psychiatric deterioration in the facility.
- referral and admission to inpatient facilities.
- informed consent for treatment.

Recommended documentation to support standard:

- Job descriptions for mental health personnel.
- Health records
- Completed screening forms.
- Documentation of review by mental health personnel.
- Provider qualifications and time and attendance records.
- Observations.
- Interviews.

Auditor Findings:
Corrective Action:

16. 1-CORE-4C-13 (**Mandatory**)
(Ref. 4-ALDF-4C-32)

A suicide-prevention program is approved by the health authority and reviewed by the facility or program administrator. The program must include specific procedures for handling intake, screening, identifying, and continually supervising the suicide-prone inmate. All staff responsible for supervising suicide-prone inmates are trained annually on program expectations.

Recommended documentation to support standard:

- Suicide Prevention Plan approved by a qualified mental health authority.
- Training curriculum and lesson plans.
- Documentation of staff training; and attendance roster(s).
- Suicide-watch logs or forms.
- Documentation of suicide watches and critical incident debriefings.
- Observations.
- Interviews.

Auditor Findings:
Corrective Action:

17. 1-CORE-4C-15 (**Mandatory**)
(Ref. 4-ALDF-4C-38)

Pharmaceuticals are managed in accordance with policies and procedures approved by the health authority and in compliance with state and federal laws and regulations. The policies require dispensing and administering prescribed medications by qualified personnel, adequate management of controlled medications, and provision of medications to inmates in special management units.

Recommended documentation to support standard:

- Format for documentation of medication, inventory, and storage of medication.
- Completed medication administration, inventory, and storage forms.
- Documentation of training for dispensing medication by non-medical staff.

Auditor Findings:
Corrective Action:

18. 1-CORE-4D-05 (**Mandatory**)
(Ref. 4-ALDF-4D-08)

Emergency medical care, including first aid and basic life support, is provided by all health care professionals and those health-trained correctional staff specifically designated by the facility administrator. All staff responding to medical emergencies are certified in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization. The health authority approves policies and procedures that ensure that emergency supplies and equipment, including automatic external defibrillators (AEDs), are readily available and in working order.

Recommended documentation to support standard:

- Written policy and procedure.
- Documentation of monthly inspections of first aid kit(s), supplies, and equipment.
- An on-site Automated External Defibrillator (AED).
- Documentation of staff training in the use of on-site AED.
- Documentation of staff training in CPR, to include valid CPR cards.
- Training attendance roster(s).
- Interviews.

Auditor Findings:
Corrective Action:

19. 1-CORE-4D-10 (**Mandatory**)
(Ref. 4-ALDF-4D-18)

The use of inmates in medical, pharmaceutical, or cosmetic experiments is prohibited. This expected practice does not preclude inmate access to investigational medications on a case-by-case basis for therapeutic purposes in accordance with state and federal regulations.

Recommended documentation to support standard:

- Written policy and procedure.
- Health records.
- Interviews.

Auditor Findings:
Corrective Action:

20. 1-CORE-4D-11
(Ref. 4-ALDF-4D-19)

Health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmates' privacy.

Recommended documentation to support standard:

- Facility diagram.
- Clinical area for patient care (clinic diagram to include exam area).
- Observation.
- Interviews.

Auditor Findings:
Corrective Action:

21. 1-CORE-4D-13
(Ref. 4-ALDF-2A-29)

Information is provided to inmates about sexual abuse/assault including:

- prevention/intervention.
- self-protection.
- reporting sexual abuse/assault.
- treatment and counseling.

The information is communicated orally and in writing, in a language clearly understood by the inmate, upon arrival at the facility.

Recommended documentation to support standard:

- Completed receipt forms as documentation of orientation.
- Inmate handbook.
- Observation.
- Inmate Interviews.

Auditor Findings:
Corrective Action:

22. 1-CORE-4D-14
(Ref. 4-ALDF-4D-22-1, 4D-22-5)

Sexual conduct between staff and detainees, volunteers or contract personnel and detainees, regardless of consensual status, is prohibited and subject to administrative, disciplinary, and criminal sanctions.

Recommended documentation to support standard:

- Written policy and procedure.
- Documentation of orientation of staff, inmates, volunteers, and contract personnel.
- Orientation attendance roster(s).
- Documentation of staff awareness, e.g. annual in-service training curriculum.
- Documentation of reported incident(s).

Auditor Findings:
Corrective Action:

23. 1-CORE-4D-15
(Ref. 4-ALDF-4D-22-2)

An investigation is conducted and documented whenever a sexual assault or threat is reported.

Recommended documentation to support standard:

- Documentation of reported incident; copies of form OP- 050108 attachment H.
- Referral records; request for outside independent investigation(s).
- Investigative reports.

Auditor Findings:
Corrective Action:

24. 1-CORE-4D-16 **(Mandatory)**
(Ref. 4-ALDF-4D-22-6)

Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. If these procedures are performed in-house, the following guidelines are used:

- A history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victim's consent, the examination includes collection of evidence from the victim, using a kit approved by the appropriate authority.
- Provision is made for testing for sexually transmitted diseases (for example HIV, gonorrhea, hepatitis, and other diseases) and counseling, as appropriate.
- Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate.
- Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up.
- A report is made to the facility administrator or designee to assure separation of the victim from his or her assailant.

Recommended documentation to support standard:

- Inter-organization; memorandum of agreement for community treatment.
- Referral documents.
- Medical records (i.e., documentation of service provided).

Auditor Findings:
Corrective Action:

25. Contract Section 4.12--Conditions of Confinement; item 1 **(Mandatory)**:

Inmates given the opportunity to shower and shave at least three times per week.

Recommended documentation to support standard:

- Schedule of dayroom access; access to showers.
- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

26. Contract Section 4.12--Conditions of Confinement; item 2:

Inmates should be allowed to have visitors according to the Department Memorandum OP- 030118 Visitation unless there is substantial and documented reason for withholding visiting privileges.

Recommended documentation to support standard:

- Visitation schedule.
- List of approved inmate visitors.
- Documentation of visitor background checks.
- Inmate visitor attendance log, sign-in/sign-out roster for contact visit(s).
- Documentation for withholding visiting privileges.
- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

27. Contract Section 4.12--Conditions of Confinement; item 3:

Inmates are to be protected from personal abuse, corporal punishment, personal injury, property damage, and harassment.

Recommended documentation to support standard:

- Written policy and procedure.
- Documentation of orientation of staff, inmates, volunteers, and contract personnel.
- Orientation attendance roster(s).
- Documentation of staff awareness, e.g. annual in-service training curriculum.
- Documentation of reported incident(s).

Auditor Findings:
Corrective Action:

28. Contract Section 4.12--Conditions of Confinement; item 4:

Inmates are provided four (4) sets of underclothing, to include socks, two sets of outer clothing, and one set of footwear (*unless contract stipulates otherwise*). Clothing will conform to Department of Corrections' guidelines and will not be degrading.

Recommended documentation to support standard:

- Documentation of issue and exchange.
- Inmate interview.
- Observation.

Auditor Findings:
Corrective Action:

29. Contract Section 4.12--Conditions of Confinement; item 5 (**Mandatory**):

At a minimum, inmates are provided with a bunk above the floor, a mattress, a pillow, sheets, pillowcase, blanket, and towels. Laundering of clothing and bedding is provided weekly.

Recommended documentation to support standard:

- Documentation of issue and exchange.
- Inmate interview.
- Observation.

Auditor Findings:

Corrective Action:

30. Contract Section 4.12--Conditions of Confinement; item 6 **(Mandatory)**:

Clothing, linens, and mattresses are cleaned and disinfected before they are issued to another inmate.

Recommended documentation to support standard:

- Documentation of sanitation process.
- Documentation of issue and exchange.
- Inmate interview.
- Observation.

Auditor Findings:
Corrective Action:

31. Contract Section 4.12--Conditions of Confinement; item 7 **(Mandatory)**:

Indigent inmates, when identified by the host facility, will be issued on a weekly basis articles necessary for maintaining proper hygiene to include deodorant, comb, soap, toothpaste, and toothbrush as well as four sheets of writing paper, two envelopes and two postage stamps at the Contractor's expense. Hygiene items are provided to inmates for their personal use through the commissary or through indigent procedures. The Department of Corrections indigent guidelines apply. The Contractor will keep records to indicate the date and quantities of supplies that have been provided to each inmate.

Recommended documentation to support standard:

- Monthly record of indigent inmates.
- Listing of indigent issue items.
- Documentation that items are provided.
- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

32. Contract Section 4.12--Conditions of Confinement; item 8:

Inmates are to have access to telephones in accordance with the Department of Corrections policy. Telecommunication costs for inmate phone calls shall be comparable to those in Department of Corrections operated facilities. Inmates are allowed correspondence and mail delivery services in accordance with Department of Corrections' policy.

Recommended documentation to support standard:

- Documentation of current telephone cost of inmate phone calls.
- Record of mail delivery services.
- Record of inmate legal correspondence, and privilege correspondence.
- Observation.

- Inmate interviews.

Auditor Findings:
Corrective Action:

33. Contract Section 4.12--Conditions of Confinement; item 9 **(Mandatory)**:

Inmates shall be provided at least one hour of exercise outside their cell seven (7) days per week (outdoor recreation or inside recreation during inclement weather).

Recommended documentation to support standard:

- Documentation of daily outside exercise provided for inmate population as required.
- Documentation of inside recreation provided as stipulated for inmate population.
- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

34. Contract Section 4.12--Conditions of Confinement; item 10:

State inmates may be allowed to work inside the secure area with the approval of the Oklahoma Department of Corrections (ODOC). Any inmate work assignments outside the secure perimeter must be approved by the host facility and be in accordance with ODOC policy. Direct supervision of all participating inmates is required. Direct supervision shall be defined as within sight of staff. Staff members include: contract jail staff, Department of Corrections trained PPWP supervisors, and ODOC approved volunteers. No medium security inmate will work outside the confines of the jail. Furthermore, all work performed inside the jail by medium security inmates must be approved by the facility head of the host facility.

Recommended documentation to support standard:

- Documentation of ODOC approval of state inmate(s) work assignment within secure area; also documentation facility head of host facility approval for medium security state inmates.
- Documentation of host facility approval of inmate(s) work assignment outside secure perimeter (*note – medium security inmates cannot work outside confines of the jail).
- Documentation of direct supervision.
- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

35. Contract Section 4.12--Conditions of Confinement; item 11:

The facility provides access for inmates to a commissary comparable in goods and prices to those of Department of Corrections' facilities.

Recommended documentation to support standard:

- Documentation of available commissary/canteen goods to include prices.
- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

36. Contract Section 4.12--Conditions of Confinement; item 12:

Provisions must be made for the inmate to be housed in an area that does not exceed Office of the State Fire Marshal capacity; to have access to natural light; to have fresh air ventilation; to be housed separately from county inmates except as agreed to by the parties.

Recommended documentation to support standard:

- Documentation of annual State Fire Marshal inspection, to include correction of any deficiencies.
- Oklahoma Depart. of Corrections' Environmental Health Occupational Safety Inspection Report.
- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

37. Contract Section 4.12--Conditions of Confinement; item 13 **(Mandatory)**:

The inmate will be allowed to participate in self-help/rehabilitative programs and/or work programs provided within the secure area of the facility.

Recommended documentation to support standard:

- Documentation of available programs.
- List of ODOC approved program volunteers.
- Documentation of inmate participation.
- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

38. OAR; 310: 670-5-6 (17) **(Mandatory)**:

Haircuts shall be available to prisoners based on arrangements specified in facility policy and procedures.

Recommended documentation to support standard:

- Written policy and procedure.
- Documentation of haircuts provided.
- Supplies and inventory of supplies to facilitate haircuts.
- Observation.
- Inmate Interviews.

Auditor Findings:
Corrective Action:

PROGRAM AND ACTIVITY:

1. 1-CORE-5A-01
(Ref. 4-ALDF-5A-01)

Inmate programs, services and counseling are available. Community resources are used to supplement these programs and services.

Recommended documentation to support standard:

- Schedule of facility programs.
- Program sign in/out logs or attendance rosters.
- Inmate interviews.
- Observation.

Auditor Findings:
Corrective Action:

2. 1-CORE-5B-01
(Ref. 4-ALDF-5B-01, 5B-02, 5B-03, 5B-04)

The number of visitors an inmate may receive and the length of visits are limited only by the facility's schedule, space, and personnel constraints or when there are substantial reasons to justify such limitations. Visitors are required to identify themselves and register on entry into the facility. Conditions under which visits may be denied and visitors may be searched are defined in writing. Provisions are made for special visits.

Recommended documentation to support standard:

- Written policy and procedure.
- Facility visitation schedule.
- Facility Visitor Sign in/out Logs.
- Documentation of approved special visits.
- Denied visitor application.
- Denied special visit requests.
- Facility Diagrams.
- Inmate interviews.
- Observation.

Auditor Findings:

Corrective Action:

3. 1-CORE-5B-02
(Ref. 4-ALDF-5B-06, 5B-08, 5B-09)

Inmates may send and receive mail. Indigent inmates receive a specified postage allowance. Both incoming and outgoing mail may be opened to intercept cash, checks, and money orders and inspected for contraband. Mail is read, censored, or rejected based on legitimate facility interests of order and security. Inmates are notified in writing when incoming or outgoing letters are withheld in part or in full. Staff, in the presence of the inmate, may be allowed to inspect outgoing privileged mail for contraband before it is sealed. Mail to inmates from this privileged class of persons and organizations may be opened only to inspect for contraband and only in the presence of the inmate, unless waived in writing, or in circumstances, which may indicate contamination.

Recommended documentation to support standard:

- Written policy and procedure.
- Documentation of justification for reading, censoring, or rejecting mail.
- Staff and Inmate interviews.
- Indigent Log.

Auditor Findings:
Corrective Action:

4. 1-CORE-5B-03
(Ref. 4-ALDF-5B-11)

Inmates are provided with access to telephones.

Recommended documentation to support standard:

- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

5. 1-CORE-5C-01
(Ref. 4-ALDF-5C-01, 5C-02)

Inmates have access to exercise and recreation opportunities. When available, at least one hour daily is outside the cell or outdoors when weather permits. In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire should be made available to the inmates who desire to take advantage of their authorized exercise time.

Recommended documentation to support standard:

- Facility plans/specifications.

- Schedules.
- Observation.
- Facility logs and activity records indicating the number of inmates attending outside recreation.
- Documentation of inmates who refused to participate in recreation.

Auditor Findings:
Corrective Action:

6. 1-CORE-5C-02
(Ref. 4-ALDF-5C-03)

Both outdoor and covered/enclosed exercise areas for general population inmates are provided in sufficient number to ensure that each inmate is offered at least one hour of access daily. Use of outdoor areas is preferred, but covered/ enclosed are available for use in inclement weather. Covered/enclosed areas may be designed for multiple uses as long as the design and furnishings do not interfere with scheduled exercise activities. The minimum space requirements for exercise areas are as follows:

- Outdoor exercise areas in facilities where 100 or more inmates utilize one recreation area—15 square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 1,500 square feet of unencumbered space.
- Outdoor exercise areas in facilities where less than 100 inmates have unlimited access to an individual recreation area—15 square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 750 square feet of unencumbered space.
- Covered/enclosed exercise areas in facilities where 100 or more inmates utilize one recreation area have 15 square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 1,000 square feet of unencumbered space.
- Covered/enclosed exercise areas in facilities where less than 100 inmates utilize one recreation area have 15 square feet per inmate for the maximum number of inmates expected to use the space at one time, but not less than 500 square feet of unencumbered space.

Recommended documentation to support standard:

- Schedules for indoor and outdoor recreation.
- Facility diagram for inside and outside recreation in include maximum number of inmate's that can occupy that space at time of usage.
- Observation of posted occupancy signs.
- Staff and inmate interviews.
- Facility logs and activity records documenting when recreation and exercise was offered.

Auditor Findings:
Corrective Action:

7. 1-CORE-5C-03 Revised August 2013
(Ref. 4-ALDF-5C-04)

Segregation units have either outdoor uncovered or outdoor covered exercise areas. The minimum space requirements for outdoor exercise areas for segregation units are as follows:

- Group yard modules: 330 square feet of unencumbered space can accommodate two inmates. For each additional 150 square feet of unencumbered space, an additional inmate may use the exercise area simultaneously. (Formula: for each 150 square feet of unencumbered space exceeding the base

requirement of 180 square feet for the first inmate equals the maximum number of inmates who may use the recreation area space simultaneously). No more than five inmates are to use a group module at one time.

- Individual yard modules: 180 square feet of unencumbered space.

In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire should be made available to the inmates who desire to take advantage of their authorized exercise time.

Recommended documentation to support standard:

- Facility plans/specifications.
- Schedules.
- Observation.
- Facility logs and activity records documenting where recreation/exercised was offered.

Auditor Findings:
Corrective Action:

8. 1-CORE-5C-04
(Ref. 4-ALDF-5C-05)

Library services are available to inmates.

Recommended documentation to support standard:

- Library service schedule.
- Inmate request for getting a book.
- Observation.
- Staff and inmate interviews.
- Inventory of library books.

Auditor Findings:
Corrective Action:

9. 1-CORE-5C-05 (Mandatory)
(Ref. 4-ALDF-5C-11)

Inmate working conditions comply with all applicable federal, state, or local work safety laws and regulations.

Recommended documentation to support standard:

- Inside observation.
- External inspection reports from Health Department Jail Inspections, Fire Marshall Inspection, EHOS inspections, and Corrective Actions for each.
- Inmate and staff interviews.

Auditor Findings:
Corrective Action:

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10. 1-CORE-5C-06
(Ref. 4-ALDF-5C-17)

Inmates have the opportunity to participate in practices of their religious faith consistent with existing state and federal statutes.

Recommended documentation to support standard:

- Schedule or activity roster for religious services.
- Documentation of reasons for limitations and reason for limitation/denial.
- Chaplain interviews.
- Inmate interviews.

Auditor Findings:
Corrective Action:

11. 1-CORE-5C-07
(Ref. 4-ALDF-5C-25)

An inmate commissary or canteen may be available from which inmates can purchase approved items that are not furnished by the facility. The commissary/ canteen's operations are strictly controlled using standard accounting procedures.

Recommended documentation to support standard:

- Commissary list and records indicating how often commissary be re – ordered.
- Fiscal procedures i.e. canteen request from inmate and receipt of purchase from commissary.

Auditor Findings:
Corrective Action:

JUSTICE

1. 1-CORE-6A-01
(Ref. 4-ALDF-6A-01)

The right of inmates to have access to courts is ensured.

Recommended documentation to support standard:

- Sign in/out log for law library.
- Log showing out counts to law library.
- Library schedules.
- Inmate request for host facility to transfer for law library purposes.
- Inmate request for attorney visit.
- Inmate interviews.

Auditor Findings:

Corrective Action:

2. 1-CORE-6A-02
(Ref. 4-ALDF-6A-02)

Inmate access to counsel is ensured. Such contact includes, but is not limited to telephone communications, uncensored correspondence, and visits.

Recommended documentation to support standard:

- Legal mail log.
- Attorney visit request.
- Attorney visit sign in/out sheet.

Auditor Findings:
Corrective Action:

3. 1-CORE-6A-03
(Ref. 4-ALDF-6A-03)

Inmates have access to legal materials.

Recommended documentation to support standard:

- Legal mail log.
- Inmate interviews.
- Documentation request for legal material.
- Logs showing signed in/out for law library.

Auditor Findings:
Corrective Action:

4. 1-CORE-6A-05
(Ref. 4-ALDF-6A-06)

Foreign nationals have access to the diplomatic representative of their country of citizenship.

Recommended documentation to support standard:

- Letter approving request for access to diplomatic representative.
- List of Embassy's.
- Letter of no occurrence.

Auditor Findings:
Corrective Action:

5. 1-CORE-6A-06 (**Mandatory**)
(Ref. 4-ALDF- 6A-07)

Inmates are not subjected to personal abuse, corporal punishment, personal injury, disease, property damage, or harassment.

Recommended documentation to support standard:

- Written policy and procedure.
- Grievance Log.
- Inmate interviews.
- Staff training records of "Inmate Rights and Responsibilities".

Auditor Findings:
Corrective Action:

6. 1-CORE-6A-07
(Ref. 4-ALDF- 6A-08)

Inmates are allowed freedom in personal grooming except when a valid governmental interest justifies otherwise.

Recommended documentation to support standard:

- Razor issuance log.
- Barber schedule.
- Indigent issuance log.
- Observation.
- Canteen issuance schedule.

Auditor Findings:
Corrective Action:

7. 1-CORE-6A-08
(Ref. 4-ALDF-6A-09)

An indigent inmate's access to health care, programs, services, and activities is not precluded by inability to pay.

Recommended documentation to support standard:

- Indigent issuance log.
- Observation.
- Inmate interviews.

Auditor Findings:
Corrective Action:

8. 1-CORE-6B-01
(Ref. 4-ALDF- 6B-01)

An inmate grievance procedure is made available to all inmates and includes at least one level of appeal.

Recommended documentation to support standard:

- Written policy and procedure.
- Grievance log.
- Inmate handbook.
- Appeal example.

Auditor Findings:
Corrective Action:

9. 1-CORE-6B-02
(Ref. 4-ALDF-6B-02, 6B-03)

There is no discrimination regarding administrative decisions or program access based on an inmate's race, religion, national origin, gender, sexual orientation, or disability. When both males and females are housed in the same facility, available services and programs are comparable.

Recommended documentation to support standard:

- Inmate handbook.
- Grievance log.
- Staff and inmate interviews.
- Program/Activity schedule.

Auditor Findings:
Corrective Action:

10. 1-CORE-6B-03
(Ref. 4-ALDF-6B-04)

Inmates with disabilities, including temporary disabilities, are housed and managed in a manner that provides for their safety and security. Housing used by inmates with disabilities, including temporary disabilities, is designed for their use and provides for integration with other inmates. Program and service areas are accessible to inmates with disabilities.

Recommended documentation to support standard:

- Facility diagram.
- Observation.
- Staff/Inmate Interviews.

Auditor Findings:
Corrective Action:

11. 1-CORE-6C-01
(Ref. 4-ALDF- 6C-01)

There are written guidelines for resolving minor inmate infractions. Serious infractions are handled consistent with the requirements for limited due process.

Recommended documentation to support standard:

- Written policy and procedure.
- Misconduct log.
- Facility rules.
- Inmate handbook.

Auditor Findings:
Corrective Action:

12. 1-CORE-6C-02
(Ref. 4-ALDF-6C-03)

When rule violations require formal resolutions, a staff member prepares a disciplinary report that describes the alleged violation and forwards it to the designated supervisor.

Recommended documentation to support standard:

- Misconduct examples.
- Record of training for investigators and hearing officers.

Auditor Findings:
Corrective Action:

13. 1-CORE-6C-03
(Ref. 4-ALDF- 6C-07, 6C-11)

An inmate charged with a rule violation receives a written statement of the charge(s), including a description of the incident and specific rules violated. The inmate is given the statement at the same time the disciplinary report is filed with the disciplinary committee but no less than 24 hours prior to the disciplinary hearing. The hearing, conducted by an impartial person or panel of persons, may only be held in less than 24 hours, with the inmate's written consent. A record of the proceedings is made and retained

Recommended documentation to support standard:

- Misconduct.
- Investigation.
- Disciplinary hearing.
- Disciplinary hearing CD or proof that they are conducted.

Auditor Findings:
Corrective Action:

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14. 1-CORE-6C-04
(Ref. 4-ALDF-6C-08, 6C-18)

An inmate charged with rule violations is present at the hearing, unless the inmate waives that right in writing or through behavior. An inmate may be excluded during testimony. An inmate's absence or exclusion is documented. Inmates have an opportunity to appeal disciplinary decisions.

Recommended documentation to support standard:

- Disciplinary hearing report.
- Misconduct log with record of appeal.

Auditor Findings:
Corrective Action:

ADMINISTRATION AND MANAGEMENT:

1. 1-CORE-7B-01
(Ref. 4-ALDF7B-03)

A criminal record check is conducted on all new employees, contractors, and volunteers prior to their assuming duties to identify if there are criminal convictions that have a specific relationship to job performance. This record check includes comprehensive identifier information to be collected and run against law enforcement indices. If suspect information on matters with potential terrorism connections is returned on a desirable applicant, it is forwarded to the local Joint Terrorism Task Force (JTTF) or another similar agency.

Recommended documentation to support standard:

- List of jail staff to include hire dates.
- List of approved volunteers.
- Documentation/verification of background checks conducted for employees/volunteers hired/approved within the previous 12 months.

Auditor Findings:
Corrective Action:

2. CONTRACT – Section 5.3 A. Training Agreement

The Department will provide the training for the Contractor to train jailers in 120 hours of detention officers training (at a minimum). This training covers the following areas:

1. Security Procedures.
2. Supervision of Inmates.
3. Signs of Suicide.
4. Suicide Precaution.
5. Use of Force Regulations and Tactics.
6. Report Writing.
7. Inmates Rules and Regulations.

8. Rights and responsibilities of Inmates.
9. Fire and Emergency Procedures.
10. Life Safety Training.
11. Safety Procedures.
12. Key Control.
13. Interpersonal Relations.
14. Social/Cultural Lifestyles of the Inmate Population.
15. Communication Skills.
16. Counseling Skills.
17. Cultural Diversity.
18. Mental Health.
19. Blood Borne Pathogens.

Recommended documentation to support standard:

- List of all jail staff to include hire dates.
- Review training rosters verifying training on the 19 subjects listed in this standard have been received by jailers.

Auditor Findings:
Corrective Action:

3. CONTRACT – Section 5.3 B. Training Agreement

The contractor will have two years, from the original date of the initial contract, to complete the personnel training and one year from the date of hire for new personnel to be trained. The Contractor must show due diligence that they are in compliance with Department of Corrections standards and personnel will be sent to training when it is available.

Recommended documentation to support standard:

- List of all jail staff to include hire dates.
- Review training rosters verifying training was received two years after the initial contract and one year from the hire date of new personnel.

Auditor Findings:
Corrective Action:

4. 1-CORE-7B-02
(Ref. 4-ALDF-7B-05)

Prior to assuming duties, each employee is provided with an orientation, which may include:

- working conditions.
- code of ethics.
- personnel policy manual.
- employees' rights and responsibilities.
- overview of the criminal justice system.
- tour of the facility.
- facility goals and objectives.
- facility organization.

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- staff rules and regulations.
- personnel policies.
- program overview.

Recommended documentation to support standard:

- List of all jail staff to include hire dates.
- Verification of new employee orientation conducted for those hired within the previous 12 months.

Auditor Findings:
Corrective Action:

5. 1-CORE-7B-03
(Ref. 4-ALDF- 7B-08)

All professional, support, clerical, and health care employees, including contractors, receive continuing annual training, which may include:

- security procedures and regulations.
- supervision of inmates.
- signs of suicide risk.
- suicide precautions.
- use-of-force regulations and tactics.
- report writing.
- inmate rules and regulations.
- key control.
- rights and responsibilities of inmates.
- safety procedures.
- all emergency plans and procedures.
- interpersonal relations.
- social/cultural lifestyles of the inmate population.
- cultural diversity.
- CPR/first aid.
- counseling techniques.
- sexual harassment/sexual misconduct awareness.
- purpose, goals, policies, and procedures for the facility and parent agency.
- security and contraband regulations.
- appropriate conduct with inmates.
- responsibilities and rights of employees.
- universal precautions.
- occupational exposure.
- personal protective equipment.
- bio-hazardous waste disposal.
- overview of the correctional field.

Recommended documentation to support standard:

- List of all jail staff to include hire dates.
- Rosters of annual training which includes the 26 subjects listed in this standard.

Auditor Findings:
Corrective Action:

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6. 1-CORE-7B-04
(Ref. 4-ALDF- 7B-10)

Prior to assuming duties, all correctional officers receive training in the facility under the supervision of a qualified officer. Training may include:

- facility policies and procedures.
- suicide prevention.
- use of force.
- report writing.
- inmate rules and regulations.
- key control.
- emergency plans and procedures.
- cultural diversity.
- communication skills.
- cardiopulmonary resuscitation (CPR) /first aid.
- sexual misconduct.

Recommended documentation to support standard:

- List of all jail staff to include hire dates.
- Documentation of qualifications of employee conducting training (Training for Trainers, or CLEET certified).
- Rosters of training received by new employees prior to assuming duties.

Auditor Findings:
Corrective Action:

7. 1-CORE-7B-05
(Ref. 4-ALDF-7B-10-1)

In each subsequent year of employment, correctional officers receive documented in-service training in critical areas of the operation.

Recommended documentation to support standard:

- List of all jail staff to include hire dates.
- Review of training rosters for jailers verifying in-service training.

Auditor Findings:
Corrective Action:

8. 1-CORE-7B-06 (Mandatory)
(Ref. 4-ALDF-7B-15)

All personnel authorized to use firearms and less-than-lethal weapons must demonstrate competency in their use at least annually. Training includes decontamination procedures for individuals exposed to chemical agents.

Recommended documentation to support standard:

- List of all jail staff authorized to use firearms/chemical agents.
- Review of training rosters annual documenting firearms training/chemical agents training.

Auditor Findings:
Corrective Action:

9. 1-CORE-7D-01
(Ref. 4-ALDF-7D-06, 7D-08)

Written policies and procedures describe all facets of facility operation, maintenance, and administration, are reviewed annually and updated, as needed. New or revised policies and procedures are disseminated to staff, and, where appropriate, to contractors, volunteers, and inmates, prior to implementation.

Recommended documentation to support standard:

- Documentation of annual review of all jail procedures.
- Documentation/verification that new or revised procedures are disseminated to staff, and where appropriate; contractors, volunteers, and inmates prior to implementation.

Auditor Findings:
Corrective Action: